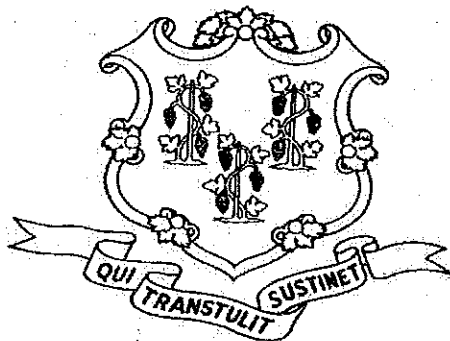


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Cook Willow Convalescent Hospital, Inc.	
Address (No. & Street, City, State, Zip Code) 81 Hillside Avenue, Plymouth, CT 06782	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 932-C	RHNS	(Specify)	Medicare Provider 07-5349
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Medicaid Provider Numbers:	CCNH 7226948	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Cook Willow Convalescent Hospital, Inc.	License No. 932-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator) <i>Susan MacDonald</i>		Date 2/4/16	Signed (Owner) <i>Susan MacDonald</i>		Date 2/4/16
Printed Name (Administrator) Susan MacDonald			Printed Name (Owner) Susan MacDonald		
Subscribed and Sworn to before me:	State of CT	Date 2/4/16	Signed (Notary Public) <i>Julie Schott</i>		Comm. Expires 7/31/2018
Address of Notary Public 155 MAIN ST THOMASTON CT 06787					

(Notary Seal)

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Cook Willow Convalescent Hospital, Inc.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 81 Hillside Avenue, Plymouth, CT 06782				
Report Prepared By Craig J. Lubitski Consulting LLC		Phone Number 860-610-9009	Date 2/15/2015	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-283-8208		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Cook Willow Convalescent Hospital, Inc.		Address (No. & Street, City, State, Zip) 81 Hillside Avenue, Plymouth, CT 06782		
License Numbers:	CCNH 932-C	RHNS	(Specify)	Medicare Provider No. 07-5349
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Susan MacDonald		Nursing Home Administrator's License No.:	631	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Cook Willow Convalescent Hospital, Inc.	License No. 932-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Cook Willow Convalescent Hospital, Inc.	81 Hillside Avenue, Plymouth, CT 06782	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Susan MacDonald	61 Maple Avenue, Plymouth, CT 06782	resident/Directo	100	
Walter MacDonald	61 Maple Avenue, Plymouth, CT 06782	Vice President		
Jennesa LeClair	210 West Hill Road, Thomaston, CT 06787	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Susan MacDonald	61 Maple Avenue, Plymouth, CT 06782	resident/Directo	100	

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Cook Willow Convalescent Hospital, Inc.	932-C	9/30/2015	3B	37

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

Owner(s) of Facility

N/A

**General Information and Questionnaire
 Related Parties***

Name of Facility Cook Willow Convalescent Hospital, Inc.	License No. 952-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
See Attached		<input checked="" type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

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

Cook Willow Convalescent Hospital, Inc.
 9/30/2015
 Related Party Transactions

Name of Related Individual or Company	Business Address	Also Provides Goods / Services to Non-Related Parties	Description of Goods / Services Provided	Where Costs are Included in Annual Report Page# / Line#	Cost Reported	Actual Cost to the Related Party
Cook & MacDonald	81 Hillside Avenue, Plymouth CT 06782 Percentage Non-Related	Yes	Nursing Equipment	20/5c	458	458
Cook Willow Realty	81 Hillside Avenue, Plymouth CT 06782 Percentage Non-Related	No	Rent	22/9	524,000	524,000
Cook Willow Realty	81 Hillside Avenue, Plymouth CT 06782 Percentage Non-Related	No	Insurance	27/Various	63,485	63,485
Cook Willow Realty	81 Hillside Avenue, Plymouth CT 06782 Percentage Non-Related	No	Real Estate & Property Taxes	22/10a	74,780	74,780
Cooks Home Health	81 Hillside Avenue, Plymouth CT 06782 Percentage Non-Related	Yes	Cell Phone	15/3h2	125	125
Cooks Home Health	81 Hillside Avenue, Plymouth CT 06782 Percentage Non-Related	Yes	Insurance	15/4a7	2,031	2,031
Cooks Home Health	81 Hillside Avenue, Plymouth CT 06782 Percentage Non-Related	No	Nursing Equipment	20/5c	21	21
Pine Hill Building	42 South St, Plymouth, CT 06782 Percentage Non-Related	No	Grounds Maintenance	22/6f	8,111	8,111
Old MacDonald's Farm	51 Maple Ave, Plymouth, CT 06782 Percentage Non-Related	No	Plants and Vegetables	22/6f, 18/2a2	260	260
Courtney LeClair	81 Hillside Avenue, Plymouth, CT 06782 Percentage Non-Related	No	Housekeeping Help	20/4a1	184	184
Morgan LeClair	81 Hillside Avenue, Plymouth, CT 06782 Percentage Non-Related	No	Housekeeping Help	20/4a1	178	178
Various	Percentage Non-Related		Multiple Loans and Receivables	32/D6	1,482,004	1,482,004

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended			Page of		
		9/30/2015				6 37	
Name and Address of Lessor	Description of Items Leased	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
		Yes	No				
Cook Willow Convalescent Hospital, Inc.	932-C		<input type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
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		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
							Total ***

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

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Cook Willow Convalescent Hospit	License No. 932-C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Craig J. Lubitski Consulting LLC		225 Pitkin Street, East Hartford, CT 06108		
2 Gene Prentiss, P.C.		25 North St., Bristol, CT 06010		
3 Honkam, Krueger				
4 A/R Solutions LLC		PO Box 592, Wallingford, CT 06492		
5				
Services Provided by This Firm (<i>describe fully</i>)				
1	Monthly bookkeeping, Cost Reporting	\$	17,457	
2	Tax Services	\$	840	
3	Employer Tax Issues	\$	4,924	
4	A/R Services	\$	1,387	
5		\$		
			Charge for Services Provided	
			\$	24,608
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15/1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Murtha Cullina			860-240-600	
2				
3				
4				
5				
Address (No. & Street, City, State, Zip Code)				
1 City Place I, 185 Asylum St., Hartford, CT 06103				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1	Collections	\$	13,309	
2		\$		
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$	13,309
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15/1e				

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended										Page	of		
		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)				
1. Certified Bed Capacity															
A. On last day of PREVIOUS report period	60	60			60				60						
B. On last day of THIS report period	60	60			60				60						
2. Number of Residents															
A. As of midnight of PREVIOUS report period	55	55			55				54						
B. As of midnight of THIS report period	58	58			54				58						
3. Total Number of Days Care Provided During Period															
A. Medicare	2,089	2,089			1,682				407						
B. Medicaid (Conn.)	15,413	15,413			11,497				3,916						
C. Medicaid (other states)															
D. Private Pay	2,046	2,046			1,435				611						
E. State SSI for RCH															
F. Other (Specify) Insurance / Managed Care	790	790			644				146						
G. Total Care Days During Period (3A thru F)	20,338	20,338			15,258				5,080						
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds															
A. Medicaid Bed Reserve Days															
B. Other Bed Reserve Days															
5. Total Resident Days (3G + 4A + 4B)	20,338	20,338			15,258				5,080						

Schedule of Resident Statistics (Cont'd)

Name of Facility Cook Willow Convalescent Hospital, Inc.		License No. 932-C		Report for Year Ended 9/30/2015			Page 9	of 37					
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days							CCNH	RHNS	(Specify)				
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay		Other State Assisted						
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID				
No. of Residents													
Per Diem Rate													
a. One bed rm.					300.00								
b. Two bed rms.					270.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	(Specify)			
A. Medicare - Part B							1,253	1,253					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments							492	492					
C. Other							6,256	6,256					
D. Total Physical Therapy Treatments							8,001	8,001					
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B							112	112					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other							799	799					
D. Total Speech Therapy Treatments							911	911					
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B							1,112	1,112					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments							361	361					
C. Other							5,757	5,757					
D. Total Occupational Therapy Treatments							7,230	7,230					

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Cook Willow Convalescent Hospital, Inc.	932-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	94,786	2,067				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	128,039	5,945				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	525	89				
c. Dietary Workers	222,036	18,422				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	90,930	8,011				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	54,418	3,790				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	61,449	4,775				
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	84,391	2,021				
b. RN						
1. Direct Care	562,198	20,212				
2. Administrative**	110,532	3,002				
c. LPN						
1. Direct Care	270,937	12,390				
2. Administrative**						
d. Aides and Attendants	807,935	64,702				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	53,176	3,053				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	40,236	2,090				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	24,797	1,690				
<i>A-13. Total Salary Expenditures</i>	2,606,386	152,259				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Unit Clerk	\$ 24,797	1,690				
Total	\$ 24,797	1,690	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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		
Cook Willow Convalescent Hospital, Inc.		932-C		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
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).									
Jennessa LeClair	59,539		Standard	Administrative Assistance	2,389	A4			
Ernie LeClair	39,682		Standard	Maintenance	2,021	A7b			
Walter MacDonald	8,175		Standard	Office, Housekeeping, Maintenance	563	A4, A6b, A7			

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Cook Willow Convalescent Hospital, Inc.		License No. 932-C		Report for Year Ended 9/30/2015		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Susan MacDonald	94,786		Standard	Administrator	2,067	A2			
Section IV - Assistant Administrators									

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Cook Willow Convalescent Hospital, Inc.	932-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	9,360	208				
2. Dentist	6,060	96				
3. Pharmacist	4,387	96				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	166,114	2,835				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	14,400	102				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	39,952	635				
b. Other						
10. Occupational Therapist						
a. Resident Care	149,263	2,294				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	389,535	6,266				

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

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

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

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

Name of Facility Cook Willow Convalescent Hospital, Inc.		License No. 932-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Shirri Lane CK-N MSRD, PO Box 82, Tariffville, CT	Dietary Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. David Delucia, 134 Grandview Ave., Waterbury CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Medstat Pharmacy, 41 Northwest Drive, Plainville, CT	Pharmacy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Health Drive Medical and Dental, 85 Barnes Rd., Suite 207, Wallingford, CT 06492	Podiatrist / Audiology / Hearing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Preferred Therapy, 850 Silas Deanne Hwy., 2nd Fl, Wethersfield, CT 06109	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Precision Rehab, 62 Ridge Road, Terryville, CT 06786	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Cook Willow Convalescent Hospital, Inc.	932-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 96,042	96,042		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 49,640	49,640		
4. Social Security (F.I.C.A.)	\$ 197,115	197,115		
5. Health Insurance	\$ 156,325	156,325		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 11,654	11,654		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 883	883		
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*	\$ (100)	(100)		
d. Accounting and Auditing	\$ 24,608	24,608		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 13,309	13,309		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ 25,548	25,548		
g. Office Supplies	\$ 5,208	5,208		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 6,954	6,954		
2. Cellular Phones	\$ 4,530	4,530		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 102	102		
3. Resident Day User Fee	\$ 368,627	368,627		
Subtotal	\$ 960,444	960,444		

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

(Carry Subtotals forward to next page)

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

Cook Willow Convalescent Hospital, Inc.
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales tax adjustment	\$ 102		
Total	\$ 102	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Cook Willow Convalescent Hospital, Inc.	932-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	960,444	960,444			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 780	780			
3. Gifts to Staff and Residents	\$ 6,943	6,943			
4. Employee Travel	\$ 3,618	3,618			
5. Education Expenses Related to Seminars and Conventions	\$ 9,034	9,034			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 2,806	2,806			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 1,001	1,001			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 3,648	3,648			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,746	2,746			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 2,388	2,388			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 60	60			
10. Contributions*** See Attached Schedule	\$ 1,650	1,650			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 2,695	2,695			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 56,732	56,732			
C-14 Total Administrative & General Expenditures	\$ 1,054,544	1,054,544			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising/Marketing	\$ 3,648		
Total Other Advertising	\$ 3,648	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 1,888		
AANAC	\$ 110		
ALTCFM	\$ 80		
ACHA	\$ 310		
Total Dues	\$ 2,388	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Donation	\$ 1,650		
Total Contributions	\$ 1,650	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consultant	\$ 8,284		
Computer Expense	\$ 25,701		
Licenses, Fees	\$ 1,695		
Late Charges	\$ 10,348		
Bank Charges	\$ 1,492		
Other Administrative	\$ (2,457)		
Payroll Processing	\$ 11,669		
Total Other Administrative and General	\$ 56,732	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Cook Willow Convalescent Hospital, Inc	License No. 932-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 #
N/A			

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Cook Willow Convalescent Hospital, Inc.	932-C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 162,846	162,846		
2. Non-Food Supplies	\$ 22,480	22,480		
3. Other (Specify) _____	\$ 134,052	134,052		
Cook Willow Only Food (non-Meals on Wheels)				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 319,378	319,378		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$102,408
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30/IV1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Cook Willow Convalescent Hospital, Inc.		932-C	9/30/2015	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	754	754	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Laundry Supplies		\$	9,749	9,749	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	10,503	10,503	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Cook Willow Convalescent Hospital, Inc.		932-C	9/30/2015		20	37
Item		Total	CCNH	RHNS	(Specify)	
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	24,355	24,355			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel					
	Amt. \$					
c. Management Services*	\$					
d. Other (<i>Specify</i>)	\$					
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	24,355	24,355			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from Value Health Care	\$	104,205	104,205			
b. Medicine Cabinet Drugs	\$	20,063	20,063			
c. Medical and Therapeutic Supplies	\$	103,090	103,090			
d. Ambulance/Limousine***	\$					
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$	1,793	1,793			
f. X-rays and Related Radiological Procedures***	\$	2,555	2,555			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory***	\$	89	89			
i. Recreation	\$	9,578	9,578			
j. Other (Specify)**** See Attached Schedule	\$	24,330	24,330			
5K. Total Resident Care Expenditures (5a - 5j)	\$	265,704	265,704			

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
IV Therapy Expense	\$ 5,485		
Outside Med Services Med A	\$ 16,549		
Med Supplies Medicare A	\$ 1,467		
Social Service	\$ 829		
Total Other Resident Care	\$ 24,330	\$ -	\$ -

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

Name of Facility Cook Willow Convalescent Hospital, Inc.	License No. 932-C	Report for Year Ended 9/30/2015		Page of 21 37								
		Total Cost/Page Ref.***		CCNH	RHNS	(Specify)	Pg	Line				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers							Full Explanation of Service Provided*			
		Yes	No									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
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		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Cook Willow Convalescent Hospital, Inc.	932-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 36,386	36,386				
b. Heat	\$ 28,531	28,531				
c. Light & Power	\$ 57,528	57,528				
d. Water	\$ 38,103	38,103				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 21,264	21,264				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 181,813	181,813				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 51	51				
b. Building & Building Improvements	\$ 144,613	144,613				
c. Non-Movable Equipment	\$ 5,527	5,527				
d. Movable Equipment	\$ 31,931	31,931				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 182,122	182,122				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 27,779	27,779				
c. Leasehold Improvements	\$ 4,770	4,770				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 32,549	32,549				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 524,000	524,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 74,780	74,780				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 7,454	7,454				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 820,905	820,905				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Garbologist	\$ 12,518		
Ground Maintenance	\$ 8,746		
Total Other Repairs and Maintenance	\$ 21,264	\$ -	\$ -

Depreciation Schedule

Name of Facility Cook Willow Convalescent Hospital, Inc.		License No. 932-C	Report for Year Ended 9/30/2015				Page 23	of 37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements								
1. Acquired prior to this report period	3,509		3,509	3,115	SL	10	51	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								51
B. Building and Building Improvements								
1. Acquired prior to this report period	5,413,714		5,413,714	3,631,638	SL	Var	144,613	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								144,613
C. Non-Movable Equipment								
1. Acquired prior to this report period	60,081		60,081	38,589	SL	5	4,922	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	7,860						605	
C-4. Subtotal								5,527
D. Movable Equipment								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a. 2005 Chevy Trailblazer	20,610		20,610	20,610	SL	5		
b. 2014 Ford Explorer	44,851		44,851		SL	5	3,738	
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period	609,310		609,310	482,886	SL	Var	27,014	
b. Disposals (attach schedule)								
c. Acquired during this report period (attach schedule)	9,551						1,179	
D-3. Subtotal								31,931
E. Total Depreciation								182,122

Cook Willow Convalescent Hospital, Inc.
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/17/2014	Dishwasher Motor	2,315	5	424
5/15/2015	Shed	4,000	10	142
7/1/2015	Compressor Replacement	1,545	10	39
Total additions for Non-Movable Equipment		\$ 7,860		\$ 605 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Var	Kitchen Equipment	1,476	5	142
Var	Chairs	6,269	5	736
Var	Computers	1,806	5	301
Total additions for Movable Equipment		\$ 9,551		\$ 1,179
Deletions:				
Total deletions for Movable Equipment		\$		\$

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/30/2014	Glass Dividers	\$ 2,388	10	\$ 239
Total additions for Leasehold Improvement		\$ 2,388		\$ 239
Deletions:				
Total deletions for Leasehold Improvement		\$		\$

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Cook Willow Convalescent Hospital, Inc.	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Page 24 of 37
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. HUD Mortgage Aq Fees - New	9	2001	30 yrs	329,805	143,830			10,994	
2. HUD Mortgage Aq Fees - Extension	9	2001	30 yrs	453,482	197,768			15,116	
3. Extension Fees	12	2002	30 yrs	50,070	21,279			1,669	
B-4. Subtotal									21,779
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				132,867	89,810	SL		4,531	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				2,388				239	
C-4. Subtotal									
D. Total Amortization									4,770
									32,549

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

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

Name of Facility Cook Willow Convalescent Hospital,	License No. 932-C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	07/30/74				
2. Date Structure Completed	07/30/74				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	07/30/74				
5. Total Licensed Bed Capacity	60				
6. Square Footage	34,196				
7. Acquisition Cost					
a. Land	19,780				
b. Building	95,220				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	08/20/10				
c. Interest Rate for the Cost Year	4.85%				
d. Term of Mortgage (number of years)	27				
e. Amount of Principal Borrowed	3,987,600				
f. Principal balance outstanding as of 9/30/13	3,576,621				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Cook Willow Convalescent Hospital		932-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Cook Willow Convalescent Hospit		932-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$ 436	436		
A. Item		Rate	Amount				
Huntington National Bank							
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 436	436		
12. D. Other Interest Expense (Specify)				\$ 2,509	2,509		
Misc. Interest Expense							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 2,945	2,945		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 63,485	63,485		
b. Insurance on Automobiles				\$ 772	772		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 64,257	64,257		
15. Total All Expenditures (A-13 thru C-14)				\$ 5,740,324	5,740,324		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Cook Willow Convalescent Hospital, Inc.			932-C	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 149,263	149,263		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ (100)	(100)		
10.	15	1e	Accounting & Legal	\$ 13,309	13,309		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 3,450	3,450		
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$ 25,548	25,548		
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.	16	16	Automobile Expense (e.g. personal use)	\$ 2,806	2,806		
18.	16	m3	Unallowable Advertising *	\$ 3,648	3,648		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 1,650	1,650		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 8,051	8,051		
Page 18 - Dietary Expenditures							
24.	18	2a	Meals to employees, guests and others who are not residents	\$ 52,735	52,735		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 260,360	260,360		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Charges	\$ 9,548		
16	m13	Other Administrative	\$ (2,457)		
16	m13	Penalties	\$ 800		
30	IV8	Misc. Income	\$ 159		
Total Other A&G Adjustments			\$ 8,051	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Cook Willow Convalescent Hospital, Inc.			932-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 260,360	260,360		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 104,205	104,205		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 2,555	2,555		
30.	20	5h	Laboratory	\$ 89	89		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 1,793	1,793		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 23,501	23,501		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$ 3,738	3,738		
37.	22/27		Unallowable Property and Real Estate Taxes	\$ 4,689	4,689		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 7,229	7,229		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 408,158	408,158		

*** 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.

Cook Willow Convalescent Hospital, Inc.
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Expense	\$ 5,485		
20	5j	Outside Med Services Med A	\$ 16,549		
20	5j	Med Supply Med A	\$ 1,467		
Total Other Ancillary Costs			\$ 23,501	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22		Apartment Allocation	\$ 5,808		
22		MOW Allocation	\$ 649		
27		Motor Vehicle Insurance	\$ 772		
Total Other Property Adjustments			\$ 7,229	\$ -	\$ -

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

Schedule of Unallowable Building Interest

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

Cook Willow Convalescent Hospital

9/30/2015

Apartment Calculation

Apartment Allocation Percentage

Total Square Footage of Facility and Apartments	42,541
Apartment Square Footage	1,990
Apartment Space as a % of Total Space	4.68%

Expenses

A&G		
Heat	28,531	
Light and Power	57,528	
Water	38,103	
Total	124,162	
Apartment Allocation	4.68%	
Unallowable Amount	5,808	

Capital

Property Insurance Only (No Liab)	15,398
Real Estate Taxes	74,780
Total	90,178
Apartment Amount	4.68%
Unallowable Amount	4,218

Total Disallowed Expenses

10,026

Cook Willow Convalescent Hospital
9/30/2015
Meals On Wheels Calculation

Calculation of Meals

Facility	
Resident Days	20,338
Meals per day	3
Meals per year	61,014

Employee meals per year	14,320
MOW meals per year	35,365
2 snacks equal 1 meal per year	20,338

Total dietary meals per year 131,037

Total Square Footage of Facility	40,551
Square Footage of the Kitchen	824
Kitchen Space as a % of Total Space	2.03%

Total meals served	131,037
MOW meals	35,365
MOW as % of dietary	26.99%

MOW Allocation of Kitchen Space 0.55%

Expenses

A&G	Heat	28,531
	Light and Power	57,528
	Water	38,103
	Less: Apartment Allocation	(5,808)
	Total	118,354
	MOW Allocation	0.55%
	Unallowable Amount	649

Capital	Property Insurance	15,398
	Real Estate Taxes	74,780
	Less Apartment Amount	(4,218)
	Total	85,960
	MOW Allocation	0.55%
	Unallowable Amount	471

Diretary	1/2 Cook & 1 Aide @ Ave Wage	32,552
	Dietary Fringes	19.63%*
	Raw Food	162,846
	Total	195,398
	Meal Served Allocation	26.99%
		52,735

Total Disallowance Expenses 53,856

*Fringe benefit calculation:

Total Fringe	511,659
Total Salaries	2,606,386
	19.63%

2080 hours x \$9.15
 1040 Hours x 13

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Cook Willow Convalescent Hospital, Inc	932-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,235,640	4,235,640				
b. Medicaid Room and Board Contractual Allowance **	\$ (805,700)	(805,700)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 938,767	938,767				
b. Medicare Room and Board Contractual Allowance **	\$ 180,494	180,494				
4. a. Private-Pay Residents and Other	\$ 778,020	778,020				
b. Private-Pay Room and Board Contractual Allowance **	\$ 78,757	78,757				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 115,850	115,850				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 3,007	3,007				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ (224)	(224)				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 172,274	172,274				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 132,586	132,586				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 39,200	39,200				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 45,907	45,907				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 166,014	166,014				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 120,290	120,290				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (503,264)	(503,264)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (32,659)	(32,659)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,664,958	5,664,958				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 102,408	102,408				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 523	523				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 159	159				
V. Total Other Revenue (1 thru 8)	\$ 103,090	103,090				
VI. Total All Revenue (III +V)	\$ 5,768,048	5,768,048				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/116a	X-Ray - Medicare A	\$ 3,559		
30/116a	Lab - Medicare A	\$ 16,444		
30/116a	Contractual Allowance Medicare A	\$ (506,949)		
30/116a	Contractual Allowance Ancillary Medicare B	\$ (16,318)		
Total Other Resident Revenue - Medicare		\$ (503,264)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/116b	X-Ray	\$ 201		
30/116b	Lab	\$ 18,343		
30/116b	Contractual Allowance Ancillary Insurance	\$ (68,948)		
30/116b	Contractual Allowance Evercare	\$ (1,255)		
30/116b	Evercare Dividends	\$ 19,000		
Total Other Resident Revenue		\$ (32,659)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/TV5	Interest Income		\$ 523		
Total Interest Income			\$ 523	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/TV8	Misc. Revenue	\$ 159		
Total Other Revenue		\$ 159	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Cook Willow Convalescent Hospital, I	932-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	425,230
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,304,103
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	4,807
5. Prepaid Expenses			\$	14,841
a. Prepaid Insurance	31,243			
b. Prepaid Interest	174			
c. Prepaid Personal Property Taxes	2,492			
d. Prepaid Expenses	(19,067)			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	71,510
Due from Employees	100			
Webster Receivable	71,410			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,820,492
B. Fixed Assets				
1. Land			\$	
2. Land Improvements			\$	343
	*Historical Cost	3,509		
	Accum. Depreciation	3,166	Net	
3. Buildings			\$	
	*Historical Cost			
	Accum. Depreciation		Net	
4. Leasehold Improvements			\$	40,675
	*Historical Cost	135,255		
	Accum. Depreciation	94,580	Net	
5. Non-Movable Equipment			\$	23,825
	*Historical Cost	67,941		
	Accum. Depreciation	44,116	Net	
6. Movable Equipment			\$	107,782
	*Historical Cost	618,861		
	Accum. Depreciation	511,079	Net	
7. Motor Vehicles			\$	41,113
	*Historical Cost	65,461		
	Accum. Depreciation	24,348	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(7,854)
Book Vs Cost Report		(7,854)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	205,884

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Cook Willow Convalescent Hospital, I	932-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	2,026,376
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	96,281
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net	\$	
3. Buildings	*Historical Cost <u>5,413,714</u>		\$	
	Accum. Depreciation <u>3,776,251</u>	Net	\$	1,637,463
4. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net	\$	
5. Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net	\$	
6. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	1,733,744
D. Investment and Other Assets				
1. Deferred Deposits			\$	470,480
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	1,482,004
Name and Address	Amount	Loan Date		
Various	1,482,004			
7. Other Assets (<i>itemize</i>)			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,952,484
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,712,604

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Cook Willow Convalescent Hospital, Inc.		932-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,094,032
2. Notes Payable (<i>itemize</i>)				\$	45,647
United Bank				(1,617)	
Value Health				4,934	
Huntington National Bank				42,330	
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	230,550
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	22,823
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	113,544
Resident Fund Payments		(42) P/R Disability Insurance	(1,761)		
Patient Refund		(2,789) P/R Life Insurance	2,152		
Due to Medicaid User Fee		95,580 P/R Garnishment	2,916		
P/R 401(K)		3,485 Due to Resident Trust Ca	14,002		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,506,596

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Cook Willow Convalescent Hospital, Inc.		License No. 932-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,506,596	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
Name of Lender		Purpose	Amount	Date Due	\$
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties (<i>itemize</i>)					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)					
Rounding				1	\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					
				\$	1
C. Total All Liabilities (Lines A-13 + B-5)					
				\$	1,506,597

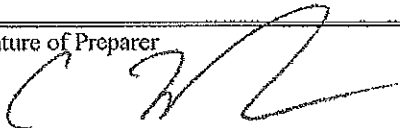
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Cook Willow Convalescent Hospital,	932-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	96,281
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	1,637,463
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	470,480
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	2,204,224
B. Net Worth				
1. Owner's Capital			\$	1,820
2. Capital Stock			\$	515,923
3. Paid-in Surplus			\$	9,340
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,274,585
6. Gain or Loss for Period			\$	200,115
				10/1/2014 thru 9/30/2015
7. Total Net Worth			\$	2,001,783
C. Total Reserves and Net Worth			\$	4,206,007
D. Total Liabilities, Reserves, and Net Worth			\$	5,712,604

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Cook Willow Convalescent Hospital, Inc	932-C	9/30/2015	36	37
Account				
Balance at End of Prior Period as shown on Report of 09/30/2014				
A.	Total Revenue (From Statement of Revenue Page 30)			
	\$ 5,768,048			
C.	Total Expenditures (From Statement of Expenditures Page 27)			
	\$ 5,567,933			
D.	Net Income or Deficit			
	\$ 200,115			
E.	Balance			
	\$ 2,001,783			
F.	Additions			
	1. Additional Capital Contributed (itemize)			
	2. Other (itemize)			
F-3.	Total Additions			
	\$			
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (Specify)			
	Name and Address (No., City, State, Zip)	Title	Amount	
	2. Other Withdrawals (Specify)			
	\$			
	Purpose			
	Amount			
3. Total Deductions				
	\$			
H.	Balance at End of Period			
	09/30/15			
	\$ 2,001,783			

I. Preparer's/Reviewer's Certification

Name of Facility Cook Willow Convalescent Hospital, Inc.		License No. 932-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)			
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title Partner	Date Signed 2-15-16		
Printed Name of Preparer Craig J. Lubitski Consulting LLC					
Address 225 Pitkin Street, East Hartford, CT 06108			Phone Number 860-610-9009		