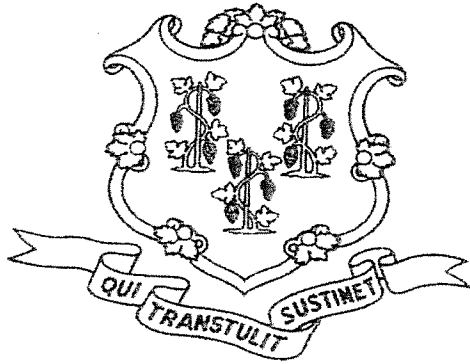


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Greentree Manor Nursing & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 4 Greentree Drive, Waterford, CT 06385	
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 842C	RHNS	(Specify)	Medicare Provider 07-5113A
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Medicaid Provider Numbers:	CCNH 8425	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)	License No.	Report for Year Ended	Page	of
Greentree Manor Nursing & Rehabilitation Center	842C	9/30/2015	1	37

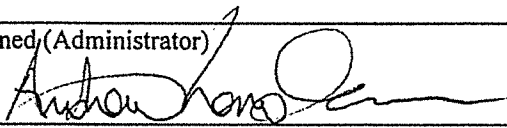
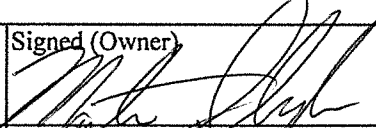
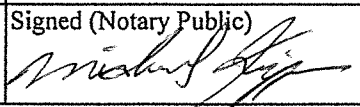
Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
		2/8/2016			2/8/2016
Printed Name (Administrator)			Printed Name (Owner)		
Andrew Landsman			Martin Sbriglio		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	CT	2/8/2016		1, 31, 2020	
Address of Notary Public					
75 ADAMS Dr. Shelton, CT 06404					

(Notary Seal)

MICHAEL A. KRIJGSMAN
 NOTARY PUBLIC
 MY COMMISSION EXPIRES JAN. 31, 2020

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Greentree Manor Nursing & Rehabilitation Center	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 4 Greentree Drive, Waterford, CT 06385				
Report Prepared By Michael Krijgsman	Phone Number 203-381-1327	Date 1/8/2016		
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

Phone No. of Facility	Report for Year Ended	Page	of
860-442-0647	9/30/2015	2	37

Name of Facility (as shown on license)	Address (No. & Street, City, State, Zip)
Greentree Manor Nursing & Rehabilitation Center	4 Greentree Drive, Waterford, CT 06385

License Numbers:	CCNH 842C	RHNS	(Specify)	Medicare Provider No. 07-5113A
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Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Type of Ownership (Check appropriate box)						
<input type="radio"/> Proprietorship	<input type="radio"/> LLC	<input type="radio"/> Partnership	<input checked="" type="radio"/> Profit Corp.	<input type="radio"/> Non-Profit Corp.	<input type="radio"/> Government	<input type="radio"/> Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
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Administrator

Name of Administrator Andrew Landsman	Nursing Home Administrator's License No.:	001976
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Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

General Information and Questionnaire
Corporate Owners

Name of Facility Greentree Manor Nursing & Rehabilitation Center	License No. 842C	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	
Greentree Manor Nursing and Rehabilitation Center	4 Greentree Drive, Waterford, CT 06385		Connecticut	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Martin Sbriglio, RN, NHA	4 Greentree Drive, Waterford, CT 06385	Owner	50	
Robert Sbriglio, MD, MPH	4 Greentree Drive, Waterford, CT 06385	Owner	25	
Kenneth Kopchik, MBA, NHA	4 Greentree Drive, Waterford, CT 06385	Owner	25	
Names of Stockholders Owning at Least 10% of Shares				
Martin Sbriglio, RN, NHA	4 Greentree Drive, Waterford, CT 06385	Owner	50	
Robert Sbriglio, MD, MPH	4 Greentree Drive, Waterford, CT 06385	Owner	25	
Kenneth Kopchik, MBA, NHA	4 Greentree Drive, Waterford, CT 06385	Owner	25	

General Information and Questionnaire Related Parties*

Name of Facility Greentree Manor Nursing & Rehabilitation Center	License No. 842C	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 %**				
Please see attached for Related Parties		<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.
 ** Provide the percentage amount of revenue received from non-related parties.

Greentree Manor Nursing and Rehabilitation Center
Cost Report 9/30/2015
List of Related Parties
Page 4

Name of Related Individual or Company	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	%				
Ryders Health Management (RHM)	88 Ryders Lane, Suite 208, Stratford, CT 06614	X			Financial and Managerial Support	16/m12	200,697	200,697
Greentree Properties, LLC (Realty)	4 Greentree Drive, Waterford, CT 06385	X			Rental of Real Estate	22/9	3,321,595	3,321,595
RHM (CT Healthcare WC Trust)	PO Box 30393, Hartford, CT 06150	X			Workers Compensation Insurance	15/1a1	145,130	145,130
RHM (AFCO - CNA HealthPro)		X			Property Insurance	27/14a	10,819	10,819
RHM (AFCO - CNA HealthPro)		X			Auto Insurance	27/14b	2,142	2,142
RHM (JHP, Guardian Dental, Progressive Benefit Solutions, UNUM, AFLAC, Solutions EAP)		X			Liability Insurance	27/14c1	80,397	80,397
RHM (ADP Retirement Services, Inc.)	4801 Olympia Plaza Drive, Ste. 2000, Louisville, KY 40241	X			Health Insurance	15/1a5	303,452	303,452
Mystic Healthcare	475 High Street, Mystic, CT 06355	X			401k Plan	15/1a7	5,837	5,837
Lighthouse Home Companion	129 Main Street, Old Saybrook, CT 06475	X			Loan to Facility	32/D7	254,509	254,509
Lighthouse Home Healthcare	129 Main Street, Old Saybrook, CT 06475	X			Loan to Facility	32/D7	3,000	3,000
Lord Chamberlain	7003 Main Street, Stratford, CT 06614	X			Loan to Facility	32/D7	59,534	59,534
Cheshire House	3396 East Main Street, Waterbury, CT 06705	X			Loan from Facility	34/B4	143,372	143,372
		X			Loan from Facility	34/B4	3,816	3,816

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Greentree Manor Nursing & Rehabilitation Cen	License No. 842C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

Management Fees were allocated October 2014 thru April 2015 by beds. Greentree Manor is 13.93%. May 2015 and after Management Fees are allocated based on Total Cost Year 2014 Expense minus Management Fees. Greentree Manor is 12.78%.

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.	Report for Year Ended	Page	of	
Greentree Manor Nursing & Rehabilitation Center		842C	9/30/2015	6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
GE Capital, PO Box 642111, Pittsburgh, PA 15264-2111	<input type="radio"/>	<input checked="" type="radio"/>	03/18/15	60 months	10,220	10,220
	<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"/>				
Is a Mileage Log Book Maintained for All Leased Vehicles ?					<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***					10,220	10,220

* 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.

EQUIPMENT		
Equipment Model & Description	Serial Number	Accessories
<input checked="" type="checkbox"/> See attached schedule for additional Equipment/Accessories		
Billing Address: <u>4 GREENTREE DRIVE, WATERFORD, CT 06385</u>		
Equipment Location: <u>4 GREENTREE DRIVE, WATERFORD, CT 06385</u>		

SUPPLIER		TRANSACTION TERMS
BBI TECHNOLOGIES INC Name 269 WOODMONT RD Address MILFORD CT 06460 City State Zip		Purchase Option: Fair Market Value Lease Payment: \$429.00 (plus applicable taxes) Term: 60 (months) Billing Period: Monthly The following additional payments are due on the date this Lease is signed by you: Advance Payment: \$0.00 (Plus Applicable Taxes) Applied to: <input type="checkbox"/> First <input type="checkbox"/> Last Document Fee: \$75.00 (included on first invoice)

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

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS TO YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ALSO ASK TO SEE IDENTIFYING DOCUMENTS.

BY SIGNING THIS LEASE, YOU ACKNOWLEDGE RECEIPT OF PAGES 1 AND 2 OF THIS LEASE, AND AGREE TO THE TERMS ON BOTH PAGES 1 AND 2. ORAL AGREEMENTS OR COMMITMENTS TO LOAN MONEY, EXTEND CREDIT OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT INCLUDING PROMISES TO EXTEND OR RENEW SUCH DEBT ARE NOT ENFORCEABLE. TO PROTECT YOU AND US FROM MISUNDERSTANDING OR DISAPPOINTMENT, ANY AGREEMENTS WE REACH COVERING SUCH MATTERS ARE CONTAINED IN THIS WRITING, WHICH IS THE COMPLETE AND EXCLUSIVE STATEMENT OF THE AGREEMENT BETWEEN US. EXCEPT AS WE MAY LATER AGREE IN WRITING TO MODIFY IT.

TERMS AND CONDITIONS

1. **COMMENCEMENT OF LEASE.** Commencement of this Lease and acceptance of the Equipment shall occur upon delivery of the Equipment to you ("Commencement Date"). To the extent that the Equipment includes intangible property or associated services such as periodic software licenses and prepaid database subscription rights, such intangible property shall be referred to as "Software". You understand and agree that we have no right, title or interest in the Software and you will comply throughout the Term of this Lease with any license and/or other agreement ("Software License") entered into with the supplier of the Software ("Software Supplier"). You are responsible for entering into any Software License with the Software Supplier no later than the Commencement Date of this Lease. You agree to inspect the Equipment upon delivery and verify by telephone or in writing such information as we may require. If you signed a purchase order or similar agreement for the purchase of the Equipment, by signing this Lease you assign to us all of your rights, but none of your obligations under it. All attachments, accessories, replacements, replacement parts, substitutions, additions and repairs to the Equipment shall form part of the Equipment under this Lease.

2. **LEASE PAYMENTS.** You agree to remit to us the Lease Payment and all other sums when due and payable each Billing Period at the address we provide to you from time to time. You agree that you will remit payments to us in the form of company checks (or personal checks in the case of sole proprietorships), direct debit or wires only. You also agree cash and cash equivalents are not acceptable forms of payment for this Lease and that you will not remit such forms of payment to us. Payment in any other form may delay processing or be returned to you. Furthermore, only you or your authorized agent as approved by us will remit payments to us. Lease Payments will include any freight, delivery, installation and other expenses we finance on your behalf at your request. Lease Payments are due whether or not you receive an invoice. You authorize us to adjust the Lease Payments by not more than 15% to reflect any reconfiguration of the Equipment or adjustments to reflect applicable sales taxes or the cost of the Equipment by the manufacturer and/or Supplier.

3. **LEASE CHARGES.** You agree to: (a) pay all costs and expenses associated with the use, maintenance, servicing, repair or replacement of the Equipment; (b) pay all fees, assessments, taxes and charges governmentally imposed upon Lessor's purchase, ownership, possession, leasing, renting, operation, control or use of the Equipment and pay all premiums and other costs of insuring the Equipment; (c) reimburse us for all costs and expenses incurred in enforcing this Lease; and (d) pay all other costs and expenses for which you are obligated under this Lease (a) through (d) collectively referred to as "Lease Charges"). You agree, at our discretion, to either: (1) reimburse us for all personal property and other similar taxes and governmental charges associated with the ownership, possession or use of the Equipment when billed by the jurisdictions; or (2) remit to us each Billing Period our estimate of the pro-rated equivalent of such taxes and governmental charges. In the event that the Billing Period sums includes a separately stated estimate of personal property and other similar taxes, you acknowledge and agree that such amount represents our estimate of such taxes that will be payable with respect to the Equipment during the Term. As compensation for our internal and external costs in the administration of taxes related to each unit of Equipment, you agree to pay us a "Tax Administrative Fee" equal to \$12 per unit of Equipment per year during the Term, not to exceed the maximum permitted by applicable law. The Tax Administrative Fee, at our sole discretion, may be increased by an amount not exceeding 10% thereof for each subsequent year of the Term to reflect our increased cost of administration and we will notify you of any such increase by indicating such increased amount in the relevant invoice or in such other manner as we may deem appropriate. We may take on your behalf any action required under this Lease which you fail to take, and upon receipt of our invoice you will promptly pay our costs (including insurance premiums and other payments to affiliates), plus reasonable processing fees. Restrictive endorsements on checks you send to us will not reduce your obligations to us. We may charge you a return check or non-sufficient funds charge of \$25 for any check which is returned by the bank for any reason (not to exceed the maximum amount permitted by law).

4. **LATE CHARGES.** For any payment which is not received within three (3) days of its due date, you agree to pay a late charge equal to the higher of 5% of the amount due or \$35 (not to exceed the maximum amount permitted by law) as reasonable collection costs.

LESSOR ("We", "Us")	LESSEE ("You")
General Electric Capital Corporation By: X _____ Name _____ Title _____ Date _____	Green Tree Manor By: X <u>[Signature]</u> <u>Vournelis Sohn</u> IT Coordinator Name Title <u>3/18/2015</u> <u>06-1510694</u> Date Federal Tax ID



SCHEDULE "A"

Lease / Agreement # 1950724001

Equipment Description:

Equipment MFG, Model & Description	Serial Number	Accessories	Equipment Location Address
Copystar CS 65011 - COPIER	L A G 4 Z 0 0 6 1 3		4 Greentree Drive, Waterford, CT 06385
KYOCERA ECOSYS M3550IDN - PRINTER	L S M 4 Z 0 6 9 7 7		4 Greentree Drive, Waterford, CT 06385
KYOCERA ECOSYS M3550IDH - PRINTER	L S M 4 Z 0 6 9 7 2		4 Greentree Drive, Waterford, CT 06385
KYOCERA ECOSYS M3550IDN - PRINTER	L S M 4 Z 0 6 9 7 9		4 Greentree Drive, Waterford, CT 06385
KYOCERA ECOSYS M3550IDN - PRINTER	L S M 4 Z 0 6 9 7 1		4 Greentree Drive, Waterford, CT 06385

Green Tree Manor

LESSEE / CUSTOMER ("You")

By:

Signature of Authorized Signer

Name:

Title:

Date:

[Signature]
Vournelis John

IT Coordinator

3/18/2015

Date of Signature

General Information and Questionnaire
Accounting Basis

Name of Facility Greentree Manor Nursing & Rehab	License No. 842C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Marcum, LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
---	--

Services Provided by This Firm (*describe fully*)

1 Financial Statements, Tax Returns, Medicare Cost report and reimbursement representation	\$ 18,767
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 18,767

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

- Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Pullman and Comley 2 Murtha Cullina 3 Murtha Cullina 4 Jackson Lewis 5 Weiner and Lesniak, LLP	Telephone Number 203-330-2000 860-240-6000 860-240-6000 914-872-8060 973-403-1100
--	--

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

1 850 Main Street, Bridgeport, CT 06601
2 PO Box 150435, Hartford, CT 06115-0435
3 PO Box 150435, Hartford, CT 06115-0435
4 44 South Broadway, White Plains, NY 10601
5 629 Parsippany Road, Parsippany, NJ 07054

Services Provided by This Firm (*describe fully*)

1 general counsel - employee relations	\$ 3,559
2 general counsel - employee relations	\$ 45
3 collections and prior period	\$ 1,583
4 general counsel - employee relations	\$ 1,151
5 fees associated with settlement with Partners Pharmacy	\$ 8,209
	Charge for Services Provided
	\$ 14,546

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

- Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Greentree Manor Nursing & Rehabilitation Center	License No. 842C		Report for Year Ended 9/30/2015						Page	of
			Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		8	37		
			Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total CCNH	Total RHNS (Specify)	Total	CCNH
1. Certified Bed Capacity										
A. On last day of PREVIOUS report period	90	90		90	90		90	90		
B. On last day of THIS report period	90	90		90	90		90	90		
2. Number of Residents										
A. As of midnight of PREVIOUS report period	81	81		81	81		81	81		
B. As of midnight of THIS report period	75	75		75	75		75	75		
3. Total Number of Days Care Provided During Period										
A. Medicare	4,605	4,605		3,542	3,542		1,063	1,063		
B. Medicaid (Conn.)	19,509	19,509		14,487	14,487		5,022	5,022		
C. Medicaid (other states)										
D. Private Pay	4,972	4,972		3,909	3,909		1,063	1,063		
E. State SSI for RCH										
F. Other (Specify) Hospice, Managed Care, Private	993	993		572	572		421	421		
G. Total Care Days During Period (3A thru F)	30,079	30,079		22,510	22,510		7,569	7,569		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds										
A. Medicaid Bed Reserve Days	271	271		204	204		67	67		
B. Other Bed Reserve Days	5	5		5	5					
Total Resident Days (3G + 4A + 4B)	30,355	30,355		22,719	22,719		7,636	7,636		

Schedule of Resident Statistics (Cont'd)

Name of Facility Greentree Manor Nursing & Rehabilitation C	License No. 842C	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

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

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	8	56		11				
Per Diem Rate								
a. One bed rm.	see attached			\$434, \$420				
b. Two bed rms.	see attached	219.94		\$420, \$393				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	951	951		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	10,744	10,744		
D. Total Physical Therapy Treatments	11,695	11,695		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	435	435		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	579	579		
D. Total Speech Therapy Treatments	1,014	1,014		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	789	789		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	11,301	11,301		
D. Total Occupational Therapy Treatments	12,090	12,090		



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

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



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

CMS MSA CT Counties Transition Wage Index				New London CBSA 35980 1,1813
RUG-IV Category	ADL Score	CMI Rural	CMI Urban	10/1/14→9/30/15
RUX	11 - 16	66	66	\$874.24
RUL	2 - 10	65	65	\$855.19
RVX	11 - 16	64	63	\$778.14
RVL	2 - 10	62	61	\$698.12
RHX	11 - 16	61	62	\$705.00
RHL	2 - 10	57	57	\$628.80
RMX	11-16	58	58	\$646.71
RML	2 - 10	55	55	\$593.37
RLX	2 - 16	52	53	\$567.96
RUC	11 - 16	60	60	\$662.77
RUB	6 - 10	59	59	\$662.77
RUA	0 - 5	54	51	\$554.18
RVC	11 - 16	53	54	\$568.58
RVB	6 - 10	49	47	\$492.37
RVA	0 - 5	48	46	\$490.47
RHC	11 - 16	47	48	\$495.45
RHB	6 - 10	41	40	\$445.90
RHA	0 - 5	34	26	\$392.56
RMC	11 - 16	40	38	\$435.25
RMB	6 - 10	36	32	\$408.57
RMA	0 - 5	19	18	\$336.19
RLB	11 - 16	37	37	\$423.17
RLA	0 - 10	8	7	\$272.67
ES3	2 - 16	63	64	\$798.15
ES2	2 - 16	56	56	\$624.79
ES1	2 - 16	51	52	\$558.11
HE2	15 - 16	50	50	\$539.06
HE1	15 - 16	39	41	\$447.61
HD2	11 - 14	46	49	\$504.76
HD1	11 - 14	35	36	\$420.94
HC2	6 - 10	44	44	\$476.19
HC1	6 - 10	28	29	\$398.07
HB2	2 - 5	43	43	\$470.47
HB1	2 - 5	27	28	\$394.27
LE2	15 - 16	45	45	\$489.53
LE1	15 - 16	31	33	\$409.51
LD2	11 - 14	42	42	\$470.47
LD1	11 - 14	26	27	\$394.27
LC2	6 - 10	33	35	\$413.32
LC1	6 - 10	18	19	\$348.54
LB2	2 - 5	25	25	\$392.37
LB1	2 - 5	15	15	\$333.31
CE2	15 - 16	38	39	\$436.18
CE1	15 - 16	30	31	\$401.89
CD2	11 - 14	32	34	\$413.32
CD1	11 - 14	23	23	\$379.03
CC2	6 - 10	21	21	\$361.88
CC1	6 - 10	17	17	\$335.21
CB2	2 - 5	16	16	\$335.21
CB1	2 - 5	13	13	\$310.45
CA2	0 - 1	9	9	\$283.78
CA1	0 - 1	6	6	\$264.72
BB2	2 - 5	11	11	\$300.92
BB1	2 - 5	10	10	\$287.58
BA2	0 - 1	4	4	\$249.48
BA1	0 - 1	3	3	\$238.05
PE2	15 - 16	29	30	\$401.89
PE1	15 - 16	24	24	\$382.84
PD2	11 - 14	22	22	\$379.03
PD1	11 - 14	20	20	\$359.98
PC2	6 - 10	14	14	\$325.69
PC1	6 - 10	12	12	\$310.45
PB2	2 - 5	7	8	\$276.16
PB1	2 - 5	5	5	\$264.72
PA2	0 - 1	2	2	\$228.53
PA1	0 - 1	1	1	\$219.00
Default				\$219.00

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Greentree Manor Nursing & Rehabilitation Center	842C	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)	81,459	2,076				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	163,226	9,011				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	49,102	2,318				
c. Dietary Workers	324,329	23,111				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	176,388	15,787				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	43,488	2,257				
b. Other Maintenance Workers	44,461	2,205				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	38,998	2,351				
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	172,228	4,491				
b. RN						
1. Direct Care	837,607	25,570				
2. Administrative**	127,012	3,687				
c. LPN						
1. Direct Care	679,827	26,093				
2. Administrative**						
d. Aides and Attendants	1,400,998	98,776				
e. Physical Therapists	276,680	6,689				
f. Speech Therapists	51,114	800				
g. Occupational Therapists	183,119	5,150				
h. Recreation Workers	81,127	3,946				
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	86,854	3,575				
n. Marketing						
o. Other (Specify) See Attached Schedule	70,793	2,513				
<i>A-13. Total Salary Expenditures</i>	4,888,812	240,406				

* 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
Rehab Aide	\$ 70,793	2,513				
Total	\$ 70,793	2,513	\$ -	-	\$ -	-

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		
		9/30/2015	11			37	
Name	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
Section I - Operators/Owners							
Martin Sbriglio, RN, NHA					Ryders Health Management, 88 Ryders Lane, Suite 208, Stratford, CT 06614	2,272	130,000
Robert Sbriglio, MD, MPH					Lord Chamberlain, 7003 Main Street, Stratford, CT 06614	2,128	129,698
Kenneth Kopchik, MBA, NHA					Mystic Healthcare, 475 High Street, Mystic, CT 06355	2,081	112,416
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).							
Mrs. Margaret Sbriglio, NHA					Ryders Health Management, 88 Ryders Lane, Suite 208, Stratford, CT 06614	1,040	26,000

* 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) Greentree Manor Nursing & Rehabilitation Center		License No. 842C		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***									
Andrew Landsman, NHA	81,459				2,076	10a2			
Section IV - Assistant Administrators									

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Greentree Manor Nursing & Rehabilitation Center	842C	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						
2. Dentist	9,348	195				
3. Pharmacist	13,634	303				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	49,200	1,048				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff	1,063	10				
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	73,245	1,556				

* 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 Greentree Manor Nursing & Rehabilitation Center		License No. 842C	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		
HealthDrive Dental, 888 Worchester St., Wellesley, MA 02482	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Partners Pharmacy of CT, PO Box 9689, Uniondale, NY 11555	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Lauren Doherty, IPC Hospitalists of New England, PO Box 92284, Los Angeles, CA 90009	Medical Director, Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Willie Coleman, PO Box 2081, Salem, CT 06420	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Michael Feltes, 31 Vauxhall St., New London, CT 06320	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. John Figueiredo, 1973 Highland Ave., Cheshire, CT 06410	Medical Staff	<input type="radio"/>	<input checked="" 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"/>		

* 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
Greentree Manor Nursing & Rehabilitation Center	842C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 145,130	145,130			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 481,956	481,956			
5. Health Insurance	\$ 303,452	303,452			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 5,837	5,837			
8. Uniform Allowance	\$ 23,680	23,680			
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*	\$ 265,808	265,808			
d. Accounting and Auditing	\$ 18,767	18,767			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 14,546	14,546			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 14,493	14,493			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 13,054	13,054			
2. Cellular Phones	\$ 651	651			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 601,113	601,113			
Subtotal	\$ 1,888,486	1,888,486			

* 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**

Greentree Manor Nursing & Rehabilitation Center
 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greentree Manor Nursing & Rehabilitation Center	842C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	1,888,486	1,888,486		
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 2,424	2,424		
2. Holiday Parties for Staff	\$ 5,096	5,096		
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 2,076	2,076		
5. Education Expenses Related to Seminars and Conventions	\$ 4,357	4,357		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 1,019	1,019		
7. Other (<i>Specify</i>) See Attached Schedule	\$ 2,785	2,785		
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 3,818	3,818		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 18,341	18,341		
4. Fund-Raising***	\$			
5. Medical Records	\$ 12,960	12,960		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 2,676	2,676		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 6,209	6,209		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 436	436		
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 69,887	69,887		
12. Administrative Management Services**	\$ 200,697	200,697		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 40,274	40,274		
C-14 Total Administrative & General Expenditures	\$ 2,261,540	2,261,540		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Meals and Entertainment	\$ 2,785		
Total Other Travel and Entertainment	\$ 2,785	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising/Public Relations/Donations	\$ 18,341		
Total Other Advertising	\$ 18,341	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Connecticut Association of Health Care Facilities - membership dues	\$ 6,142		
Connecticut Society of CPAs - Membership Renewal - Lynn Mead	\$ 36		
American Institute of Certified Public Accountants - Member Renewal - Lynn Mead	\$ 31		
Total Dues	\$ 6,209	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Connecticut Secretary of the State - business filing	\$ 150		
Treasury, State of Connecticut - Conservatorships	\$ 450		
Treasurer, State of Connecticut - controlled substance registration - Dr. Lauren Doherty	\$ 40		
Russell Phillips and Assocs, LLC - CT Region 4 Long Term Care Mutual Aid Plan fee	\$ 350		
Connecticut Secretary of the State - notary renewal	\$ 60		
Ledge Light Health District - food service license renewal	\$ 280		
Matthew Boggio - reimbursement for major contractor license	\$ 64		
RHM - Amex - DEA Registration for Dr. Lauren Doherty	\$ 731		
Physician Care - Employees (drug screening, and pre-employment physicals)	\$ 3,470		
Bank Charges - customary	\$ 3,007		
Centers for Medicare & Medicaid Services - Citation	\$ 5,135		
Harmony Healthcare - Medicare Consultant	\$ 18,994		
UTMC - Unemployment Tax Management Consultant	\$ 1,112		
A/R Solutions - Bookkeeping services	\$ 275		
Sales and Use Tax for Consultants	\$ 161		
PAC Planning Services - Healthcare Contract/Agreement Consultant	\$ 229		
Quality Innovative Certified Consultants - Long-term Care Regulation Consultant	\$ 1,600		
HealthPRO - Therapy Program Evaluation and Consultant	\$ 4,167		
Total Other Administrative and General	\$ 40,274	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Greentree Manor Nursing & Rehabilitatio	842C	9/30/2015	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Ryders Health Management, 88 Ryders Lane, Suite 208, Stratford, CT 06614	200,697	Financial and Managerial Support	Page 16, Line m12

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

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

Name of Facility Greentree Manor Nursing & Rehabilitation Center	License No. 842C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 199,057	199,057		
2. Non-Food Supplies	\$ 23,644	23,644		
3. Other (Specify) _____	\$			
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)	\$ 222,701	222,701		
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 type="radio"/> Yes	<input checked="" 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 type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
L. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" 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
Greentree Manor Nursing & Rehabilitation Center	842C	9/30/2015	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$	89,243	89,243	
c. Management Services**	\$			
d. Other (<i>Specify</i>)	\$			
3E. Total Laundry Expenditures (3a + b + c + d)	\$	89,243	89,243	
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
Greentree Manor Nursing & Rehabilitation Cen		842C	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Served by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 57,987	57,987		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Served by Personnel				
		Amt.	\$			
c.	Management Services*		\$			
d.	Other (<i>Specify</i>)		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 57,987	57,987		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from		\$ 164,836	164,836		
	Drugs: Medicare - \$118,447.33; Managed Care - \$46,388.80					
b.	Medicine Cabinet Drugs		\$ 24,541	24,541		
c.	Medical and Therapeutic Supplies		\$			
d.	Ambulance/Limousine***		\$ 2,407	2,407		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ 29,002	29,002		
f.	X-rays and Related Radiological Procedures***		\$ 7,990	7,990		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 35,709	35,709		
i.	Recreation		\$ 22,000	22,000		
j.	Other (Specify)**** See Attached Schedule		\$ 269,678	269,678		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 556,163	556,163		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Physician Care - Patients	\$ 17,392		
Medical Supplies	\$ 232,739		
Occupational Therapy - Part A	\$ 1,563		
PT Supplies	\$ 17,882		
OT Supplies	\$ 102		
Total Other Resident Care	\$ 269,678	\$ -	\$ -

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

Name of Facility Greentree Manor Nursing & Rehabilitation Center		License No. 842C	Report for Year Ended 9/30/2015	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No						
ADP	1 ADP Plaza, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>	Payroll Processing Service	29,526				16 m11
PointClickCare	PO Box 8500, Philadelphia, PA 19178	<input type="radio"/>	<input checked="" type="radio"/>	Computer Software Support Service	14,053				16 m11
Allied Snow Plowing	42 Washington St., Mystic, CT 06355	<input type="radio"/>	<input checked="" type="radio"/>	Snow Removal	16,910				22 6a
Allwaste, Inc.	PO Box 2472, Hartford, CT 06146	<input type="radio"/>	<input checked="" type="radio"/>	Disposal of Garbage	17,216				22 6a
H&H Linen Services, Inc.	60 Belamose Ave., Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>	Laundry Service	75,194				19 3b
Unitex Textile Rental Services	Pkwy, Mt. Vernon, NY 10550-1724	<input type="radio"/>	<input checked="" type="radio"/>	Laundry Service	14,050				19 3b
		<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"/>						

* 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
Greentree Manor Nursing & Rehabilitation C	842C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 142,784	142,784				
b. Heat	\$ 73,879	73,879				
c. Light & Power	\$ 91,636	91,636				
d. Water	\$ 36,686	36,686				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 10,220	10,220				
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 355,205	355,205				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 190,102	190,102				
c. Non-Movable Equipment	\$ 14,657	14,657				
d. Movable Equipment	\$ 5,095	5,095				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 209,854	209,854				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 600,000	600,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 97,767	97,767				
c. Personal property taxes	\$ 4,954	4,954				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 912,575	912,575				

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

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

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended		Page		of	
Greentree Manor Nursing & Rehabilitation Center		842C		9/30/2015		23		37	
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
Yes	No	Month	Year						
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
B. Building and Building Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									
C. Non-Movable Equipment									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. 2003 Ford Explorer									
b. 1998 Mitsubishi Montero									
c. 2008 Ford Edge									
d. 2001 Ford Econoline Van									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal									
E. Total Depreciation									
								5,095	
								209,854	

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Total 2015 Movable Equipment Additions - see attached schedule	\$ 3,792	5 years	\$ 569
	Total additions for Movable Equipment	\$ 3,792		\$ 569 *
Deletions:				
	Total 2015 Movable Equipment Deletions - see attached schedule	\$ (2,009)	5 years	\$ (335)
	Total deletions for Movable Equipment	\$ (2,009)		\$ (335) **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Greentree Manor				
Fixed Asset Log				
For the period 10/1/14 - 9/30/15				
G/L #1600 - Work in Progress				
Date	Description	Additions	Deletions	Balance
10/1/2014	Beginning Balance			\$0.00
				\$0.00
				\$0.00
G/L #1650 - Automobile				
Date	Description	Additions	Deletions	Balance
10/1/2014	Beginning Balance			\$100,830.84
G/L #1700 - Improvements				
Date	Description	Additions	Deletions	Balance
10/1/2014	Beginning Balance			\$111,758.74
10/3/2014	Galla, Gregory W. - removal of 2nd shower room	1,200.00		\$112,958.74
10/10/2014	Galla, Gregory W. - demo walls in shower, tile	1,200.00		\$114,158.74
10/10/2014	Boggio, Matthew - reimburse concrete diamond grinding blade	211.64		\$114,370.38
10/17/2014	Galla, Gregory W. - painting	1,200.00		\$115,570.38
10/24/2014	Galla, Gregory W. - painting	1,200.00		\$116,770.38
10/24/2014	Dal-Tile - tile	42.44		\$116,812.82
11/7/2014	B-T Tile & Carpet - tile	143.57		\$116,956.39
11/7/2014	Galla, Gregory W. - shower room	960.00		\$117,916.39
11/14/2015	Galla, Gregory W. - shower room	480.00		\$118,396.39
1/31/2015	Sales and Use Tax	1,705.00		\$120,101.39
1/31/2015	Eastern Engineering - electrical plans for revisions to wiring	3,900.00		\$124,001.39
6/5/2015	Galla, Gregory W. - dug and backfilled trench	240.00		\$124,241.39
5/27/2015	Mini excavator for parking lot - rental	1,834.51		\$126,075.90
6/15/2015	McClure Construction - rear parking lot equipment rental and materials	8,111.87		\$134,187.77
9/30/2015	Perri Mechanical - emergency water connector	2,924.63		\$137,112.40
		25,353.66		
G/L #1710 - Building Improvements Phase 1				
Date	Description	Additions	Deletions	Balance
10/1/2014	Beginning Balance			\$4,173,313.40
G/L #1720 - Building Improvements Phase 2				
Date	Description	Additions	Deletions	Balance
10/1/2014	Beginning Balance			\$2,885,365.50
G/L # 1810 - Movable Equipment				
Date	Description	Additions	Deletions	Balance
10/1/2014	Beginning Balance			\$497,344.28
11/30/2014	RosieConnect Credit		2,009.00	\$495,335.28
12/31/2014	Air Flow Mattress - H&R Healthcare	3,792.18		\$499,127.46
		1,783.18		
G/L #1820 - Non-Movable Equipment				
Date	Description	Additions	Deletions	Balance
10/1/2014	Beginning Balance			\$368,980.75
10/1/2014	E. Brian's Electric - replaced all bulbs and ballasts in dining room	2,983.36		\$371,964.11
G/L #1837 - Computer Software				
Date	Description	Additions	Deletions	Balance
10/1/2014	Beginning Balance			6,722.78
1/31/2015	Ryders Mgt - Ash Creek Ent	343.73		7,066.51
1/31/2015	Ryders Mgt - Ash Creek Ent	262.91		7,329.42
4/30/2015	Ryders Mgt - Ash Creek Ent	312.48		7,641.90
		919.12		

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
Greentree Manor Nursing & Rehabilitation Center		842C		9/30/2015		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Goodwill	5	1998	15 years	50,000	16,534				
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

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

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

Name of Facility Greentree Manor Nursing & Rehabil	License No. 842C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		05/04/98		
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		90		
6. Square Footage		25,029		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Variable	Variable	
b. Date Mortgage Obtained		04/26/11	07/18/13	
c. Interest Rate for the Cost Year		Variable	Variable	
d. Term of Mortgage (number of years)		10 years	5 years	
e. Amount of Principal Borrowed		6,000,000	388,000	
f. Principal balance outstanding as of 9/30/15		4,675,000	219,867	
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
Greentree Manor Nursing & Rehabil		842C	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	
Greentree Manor Nursing & Rehabil		842C		9/30/2015		27 37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	28,585	28,585	
Resident Trust - \$418.06; Interest - \$ 28,166.68							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	28,585	28,585	
14. Insurance							
a. Insurance on Property (buildings only)				\$	10,819	10,819	
b. Insurance on Automobiles				\$	2,142	2,142	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	80,397	80,397	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	93,358	93,358	
15. Total All Expenditures (A-13 thru C-14)				\$	9,539,412	9,539,412	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Greentree Manor Nursing & Rehabilitation Center				842C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.	10	A12e	Outpatient Service Costs	\$ 13,288	13,288		
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 183,119	183,119		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 220,808	220,808		
10.	15	1e	Accounting & Legal	\$ 1,583	1,583		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 18,341	18,341		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 8,356	8,356		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 445,494	445,494		

* 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	m8a	Chamber of Commerce Dues	\$ 436		
16	17	Meals and Entertainment	\$ 2,785		
16	m13	Citation - Centers for Medicare and Medicaid Services	\$ 5,135		
Total Other A&G Adjustments			\$ 8,356	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Greentree Manor Nursing & Rehabilitation Center				842C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 445,494	445,494		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 164,836	164,836		
28.	20	5d	Ambulance/Limousine	\$ 2,407	2,407		
29.	20	5f	X-rays, etc	\$ 7,990	7,990		
30.	20	5h	Laboratory	\$ 35,709	35,709		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 29,002	29,002		
33.	20	5j	Occupational Therapy	\$ 1,665	1,665		
34.			Other - See Attached Schedule	\$ 18,251	18,251		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10b	Unallowable Property and Real Estate Taxes	\$ 48	48		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 121	121		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 2,142	2,142		
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	30	IV8	Vending Machine Revenue	\$ 84	84		
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.	31	A1	Interest Income on Accounts Rec	\$ 1	1		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 26,341	26,341		
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)				\$ 734,089	734,089		

*** 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.

Greentree Manor Nursing & Rehabilitation Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Physician Care - Patients	\$ 17,392		
20	5j	PT Supplies (associated with outpatient therapy)	\$ 859		
Total Other Ancillary Costs			\$ 18,251	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6b	Heat (associated with outpatient therapy)	\$ 36		
22	6c	Electricity (associated with outpatient therapy)	\$ 45		
22	6d	Water (associated with outpatient therapy)	\$ 18		
27	14c1	Liability Insurance (associated with outpatient therapy)	\$ 17		
27	14a	Property Insurance (associated with outpatient therapy)	\$ 5		
Total Other Property Adjustments			\$ 121	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interest Expense	\$ 26,341		
Total Other Adjustments			\$ 26,341	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility Greentree Manor Nursing & Rehabilitatio 842C		License No. 842C		Report for Year Ended 9/30/2015		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)			
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,138,470	7,138,470					
b. Medicaid Room and Board Contractual Allowance **	\$ (2,996,715)	(2,996,715)					
2. a. Medicaid (<i>All other states</i>)	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,430,384	1,430,384					
b. Medicare Room and Board Contractual Allowance **	\$ 471,540	471,540					
4. a. Private-Pay Residents and Other	\$ 3,020,760	3,020,760					
b. Private-Pay Room and Board Contractual Allowance **	\$ (429,621)	(429,621)					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare	\$						
b. Prescription Drugs - Medicare Contractual Allowance **	\$						
c. Prescription Drugs - Non-Medicare	\$ 30,995	30,995					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$						
2. a. Medical Supplies - Medicare	\$						
b. Medical Supplies - Medicare Contractual Allowance **	\$						
c. Medical Supplies - Non-Medicare	\$ 135	135					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$						
3. a. Physical Therapy - Medicare	\$						
b. Physical Therapy - Medicare Contractual Allowance **	\$						
c. Physical Therapy - Non-Medicare	\$ 153,085	153,085					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$						
4. a. Speech Therapy - Medicare	\$						
b. Speech Therapy - Medicare Contractual Allowance **	\$						
c. Speech Therapy - Non-Medicare	\$ 48,564	48,564					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$						
5. a. Occupational Therapy - Medicare	\$						
b. Occupational Therapy - Medicare Contractual Allowance **	\$						
c. Occupational Therapy - Non-Medicare	\$ 146,251	146,251					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$						
6. a. Other (<i>Specify</i>) - Medicare	\$						
b. Other (<i>Specify</i>) - Non-Medicare	\$ 32,031	32,031					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,045,879	9,045,879					
IV. Other Revenue*							
1. Meals sold to guests, employees & others	\$						
2. Rental of rooms to non-residents	\$						
3. Telephone	\$						
4. Rental of Television and Cable Services	\$						
5. Interest Income (<i>Specify</i>)	\$ 22	22					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other (<i>Specify</i>)	\$ 1,554	1,554					
V. Total Other Revenue (1 thru 8)	\$ 1,576	1,576					
VI. Total All Revenue (III +V)	\$ 9,047,455	9,047,455					

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray - Managed Care	\$ 1,082		
	Oxygen - Private Pay	\$ 881		
	Oxygen - Managed Care	\$ 2,309		
	Lab - Private Insurance	\$ 158		
	Lab - Managed Care	\$ 27,602		
Total Other Resident Revenue		\$ 32,031	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	PMA Tax Account		\$ 21		
	Finance Charge		\$ 1		
Total Interest Income			\$ 22	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Handivan	\$ 1,455		
	Vending Machine Income	\$ 84		
	Employee Flex Band	\$ 16		
Total Other Revenue		\$ 1,554	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Greentree Manor Nursing & Rehabilitation	842C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(153,685)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,667,693
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	92,253
a. Payroll (Paydate 10/1/15)	92,253			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	20,277
Medicaid Advances	12,810			
Refunds	7,467			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,626,539
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>7,195,791</u>		\$	4,781,111
	Accum. Depreciation <u>2,414,680</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>379,606</u>		\$	27,846
	Accum. Depreciation <u>351,760</u>	Net		
6. Movable Equipment	*Historical Cost <u>499,127</u>		\$	9,691
	Accum. Depreciation <u>489,437</u>	Net		
7. Motor Vehicles	*Historical Cost <u>100,831</u>		\$	2,600
	Accum. Depreciation <u>98,231</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,821,248

* 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
Greentree Manor Nursing & Rehabilitation	842C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	6,447,787
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	50,000		
	Accum. Depreciation	16,534	Net	\$ 33,466
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	370,102
Due from Mystic Healthcare and Ryders Health I		307,568		
Due from Lighthouse Healthcare		59,534		
Due from Lighthouse Home Companion		3,000		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	403,568
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,851,355

* 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
Greentree Manor Nursing & Rehabilitation Ce	842C	9/30/2015	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	472,957
2. Notes Payable (<i>itemize</i>)			\$	40,081
Partners Pharmacy				40,081

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>)			\$	141,003
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	290,833
Resident Funds		18,720	AFLAC - Individual	8,837
Accrued Accounts Payable		10,478	AFLAC - Group	535
Accrued User Fee		132,615		
Accrued PTO		119,648		
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	944,873

* 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 Greentree Manor Nursing & Rehabilitation	License No. 842C	Report for Year Ended 9/30/2015	Page 34	of 37
Account			Amount	
Total Brought Forward:			944,873	
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>)				\$ 280,000
Name and Address of Lender	Amount	Loan Date		
Robert Sbriglio, MD	140,000			
Martin Sbriglio, RN	140,000			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 3,468,783
Due to Greentree Properties		3,321,595		
Due to Lord Chamberlian		143,372		
Due to Cheshire House		3,816		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,748,783
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,693,657

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

Name of Facility	License No.	Report for Year Ended	Page	of
Greentree Manor Nursing & Rehabil	842C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,648,656
6. Gain or Loss for Period			\$	(491,958)
	10/1/2014	thru 9/30/2015		
7. Total Net Worth			\$	2,157,698
C. Total Reserves and Net Worth			\$	2,157,698
D. Total Liabilities, Reserves, and Net Worth			\$	6,851,355

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Greentree Manor Nursing & Rehabilitati	842C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	2,767,261
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	9,047,455
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	9,539,412
D. Net Income or Deficit			\$	(491,958)
E. Balance			\$	2,275,303
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	6,000
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
R. Sbriglio, MD and M. Sbriglio, RN		Medical Director a	4,500	
Kenneth Kopchik		co-owner	1,500	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/15	\$	2,275,303

I. Preparer's/Reviewer's Certification

Name of Facility Greentree Manor Nursing & Rehabilitation	License No. 842C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Dir. of finance	Date Signed 2/9/2016		
Printed Name of Preparer Michael Krijgsman				
Address Address 88 Ryders Lane, Suite 208, Stratford, CT 06614		Phone Number 203-381-1327		

Error Check

Level Item

Reported as

2/8/16