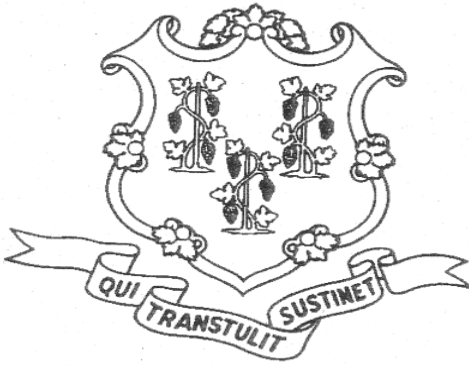


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Montowese Health and Rehabilitation Center, Inc.	
Address (No. & Street, City, State, Zip Code) 163 Quinnipiac Avenue, North Haven, CT 06473	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 1015C	RHNS	(Specify)	Medicare Provider 075017
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Medicaid Provider Numbers:	CCNH 000010157	RHNS	ICF-MR
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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) Montowese Health and Rehabilitation Center, Inc.	License No. 1015C	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 Montowese Health and Rehabilitation Center, 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)		Date	Signed (Owner)		Date
Printed Name (Administrator) Mark Panico (Assistant Administrator)			Printed Name (Owner) Farooq Khan		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(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 Montowese Health and Rehabilitation Center, Inc.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 163 Quinnipiac Avenue, North Haven, CT 06473				
Report Prepared By Wonneberger & Morgan, LLC		Phone Number (860) 202-4980	Date 1/28/2016	
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 (203) 624-3303		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Montowese Health and Rehabilitation Center, Inc.		Address (No. & Street, City, State, Zip) 163 Quinnipiac Avenue, North Haven, CT 06473		
License Numbers:	CCNH 1015C	RHNS	(Specify)	Medicare Provider No. 075017
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Farooq Khan		Nursing Home Administrator's License No.:	00981	
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 Montowese Health and Rehabilitation Center	License No. 1015C	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 Montowese Health and Rehabilitation Center, Inc.	Business Address 163 Quinnipiac Avenue North Haven, CT 06473	State(s) in Which Incorporated CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Farooq H. Khan		President	40%	
Eileen M. Khan		Treasurer / Secretary	30%	
Genine Tannoia			30%	
Names of Stockholders Owning at Least 10% of Shares				
Farooq H. Khan		President	40%	
Eileen M. Khan		Treasurer / Secretary	30%	
Genine Tannoia			30%	

**General Information and Questionnaire
Related Parties***

Name of Facility Montowese Health and Rehabilitation Center, Inc.	License No. 1015C	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	%**				
Faleena Realty, LLC	163 Quinnipiac Ave. North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Realty Company	Pg 22 Line 9	1,560,000	355,828
Khan, Panico, Tannoia FLP Khan, Tannoia FLP	163 Quinnipiac Ave. North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Garage Rentals - Disallowed	Pg 22 Line 9	36,912	36,912
282 Maple Avenue Associates, LLC	282 Maple Ave. North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Storage Rental - Disallowed	Pg 22 Line 9	6,912	6,912
Montowese Healthcare Management Co., Inc	163 Quinnipiac Ave. North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	Pg 16 Line m.12	132,000	132,000
Connecticut Handivan, Inc.	208 Quinnipiac Ave. North Haven, CT 06473	<input checked="" type="radio"/>	<input type="radio"/>	100%	Wheelchair Transportation	Page 20 Line C.5.d	420	420
EFK of Connecticut Inc. d/b/a Nelson Ambulance	208 Quinnipiac Ave. North Haven, CT 06473	<input checked="" type="radio"/>	<input type="radio"/>	100%	Ambulance Transportation	None - Disclosure Only	1,514	1,514
SKMP Enterprises, Inc. d/b/a Access Ambulance	208 Quinnipiac Ave. North Haven, CT 06473	<input checked="" type="radio"/>	<input type="radio"/>	100%	Wheelchair Transportation	Page 15, Line 1.a.5	1,720	1,720
Nelcon Service Center	302 Maple Ave. North Haven, CT 06473	<input checked="" type="radio"/>	<input type="radio"/>	100%	Equipment Repairs & Maintenance	Page 22, Line 6.a	30,278	30,278
208 Quinnipiac Ave LLC	208 Quinnipiac Ave. North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>		Rent Expense (Disallowed)	None - Disclosure Only		

* Use additional sheets if necessary.

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

General Information and Questionnaire
Related Parties*

Name of Facility Montowese Health and Rehabilitation Center, Inc.		License No. 1015C	Report for Year Ended 9/30/2015		Page 4A	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?					[X] 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?					[X] 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	%**				
Eileen Khan	Employee - See Page 11		✓		VP of Nursing	Pg 10 A.12.a	156,644	156,644
Saleem Khan	Employee - See Page 11		✓		Physical Plant Manager	Pg 10 A.7.b	104,106	104,106
Genine Tannoia	Employee - See Page 11		✓		Director of Nursing	Pg 10 A.12.a	137,052	137,052
Farooq Khan	Employee - See Page 12		✓		Administrator	Pg 10 A.2	314,677	314,677
Mark Panico	Employee - See Page 12		✓		Asst Administrator / Controller	Pg 10 A.3	174,075	174,075
Dominic Rivera		✓			Maintenance	Pg 10 A.7.b	995	995

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Montowese Health and Rehabilitation Center, I	License No. 1015C	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.

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	
Montowese Health and Rehabilitation Center, Inc.		1015C	9/30/2015			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Great American Leasing (Replaced)	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Bizhub 283	08/31/11	48 Months	3,891	3,242	
Great American Leasing (New)	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Bizhub 284	08/01/15	48 Months	3,786	511	
Great American Leasing	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Bizhub 36	03/22/13	36 Months	1,476	1,476	
Lease Direct	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Bizhub C364e	06/11/14	36 Months	4,815	4,815	
	<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 type="radio"/> No	Total ***	10,044

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-7 Rev. 6/95
on and Questionnaire

Accounting Basis

Name of Facility Montowese Health and Rehabilitati	License No. 1015C	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 Wonneberger & Morgan, LLC 2 O'Conner & Davies 3 4	Address (No. & Street, City, State, Zip Code)
---	---

Services Provided by This Firm (*describe fully*)

1 Monthly Accounting, FS Review Preparation, Medicare and Medicaid Cost Report Preparation	\$ 37,300
2 Reviewed Financial Statements and Federal & State Tax Returns	\$ 14,600
3	\$
4	\$
	Charge for Services Provided
	\$ 51,900

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

Yes No Pg 15, Line 1.d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Cohen & Acampora 2 Murtha Cullina 3 Siegel, O'Connor, O'Donnell & Beck 4 Updike, Kelly & Spellacy 5 Yvette Lee Law	Telephone Number
--	------------------

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Refinancing of Debt	\$ 12,733
2 Employee Issues	\$ 358
3 Employee & Corporate Matters	\$ 3,034
4 Refinancing of Debt	\$ 3,860
5 Employee Immigration Expenses	\$ 2,600
	Charge for Services Provided
	\$ 22,585

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

Yes No Pg 15, Line 1.e

Schedule of Resident Statistics

Name of Facility Montowese Health and Rehabilitation Center, Inc.			License No. 1015C			Report for Year Ended 9/30/2015				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	120			120	120							
B. On last day of THIS report period	120	120							120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	104	104			104	104							
B. As of midnight of THIS report period	103	103							103	103			
3. Total Number of Days Care Provided During Period													
A. Medicare	16,796	16,796			12,676	12,676			4,120	4,120			
B. Medicaid (Conn.)	6,261	6,261			4,427	4,427			1,834	1,834			
C. Medicaid (other states)													
D. Private Pay	1,830	1,830			1,407	1,407			423	423			
E. State SSI for RCH													
F. Other (Specify)	13,378	13,378			10,291	10,291			3,087	3,087			
G. Total Care Days During Period (3A thru F)	38,265	38,265			28,801	28,801			9,464	9,464			
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)	38,265	38,265			28,801	28,801			9,464	9,464			

Schedule of Resident Statistics (Cont'd)

Name of Facility Montowese Health and Rehabilitation Center			License No. 1015C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH		CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	47		20		36								
Per Diem Rate													
a. One bed rm.	RUX - \$861		239.64		490.00								
b. Two bed rms.	PA1 - \$216		239.64		440.00								
c. Three or more bed rms.	N/A		N/A		N/A								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Out-Patient		
A. Medicare - Part B								6,282	3,132		3,150		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								4,661	4,661				
C. Other								87,606	83,903		3,703		
D. Total Physical Therapy Treatments								98,549	91,696		6,853		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								213	213				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								120	120				
C. Other								3,791	3,743		48		
D. Total Speech Therapy Treatments								4,124	4,076		48		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,912	2,910		2		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								4,649	4,649				
C. Other								75,640	75,328		312		
D. Total Occupational Therapy Treatments								83,201	82,887		314		

Report of Expenditures - Salaries & Wages

Name of Facility Montowese Health and Rehabilitation Center, Inc.	License No. 1015C	Report for Year Ended 9/30/2015	Page 10	of 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)	\$ 314,677	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	\$ 174,075	2,540				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	\$ 458,077	22,834				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	\$ 403,545	25,714				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	\$ 226,190	10,429				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	\$ 4,204	221				
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	\$ 391,262	6,258				
b. RN						
1. Direct Care	\$ 1,431,349	39,942				
2. Administrative**	\$ 405,566	8,597				
c. LPN						
1. Direct Care	\$ 975,219	34,606				
2. Administrative**	\$ 92,990	3,432				
d. Aides and Attendants	\$ 1,533,342	110,985				
e. Physical Therapists	\$ 1,297,941	40,739				
f. Speech Therapists	\$ 60,666	1,849				
g. Occupational Therapists	\$ 983,477	28,648				
h. Recreation Workers	\$ 98,776	3,808				
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	\$ 62,386	2,971				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	\$ 8,913,742	345,653				

* 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
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
RT Consultant	\$ 36,100	516				
Total	\$ 36,100	516	\$ -	-	\$ -	-

**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
Montowese Health and Rehabilitation Center, Inc.				1015C	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										
Eileen Khan	156,644			Standard Benefits with Owner's Life Insurance	VP of Nursing	2,080	A.12.a			
Genine Tannoia	137,052			Standard Benefits Package	Director of Nursing	2,080	A.12.a			
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).										
Saleem Khan	104,106			Standard Benefits Package	Physical Plant Manager	2,080	A.7.b			

* 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)				License No.	Report for Year Ended			Page	of	
Montowese Health and Rehabilitation Center, Inc.				1015C	9/30/2015			12	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***										
Farooq Khan	314,677			Standard Benefits with Owner's Life Insurance	Adminstrator	2,080	A.2			
Section IV - Assistant Administrators										
Mark Panico	174,075			Standard Benefits Package	Asst Administrator	2,540	A.3			

*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		
Montowese Health and Rehabilitation Center, Inc.	1015C	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						
3. Pharmacist	\$ 10,065	201				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	\$ 98,819	2,196				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	\$ 36,000	360				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	\$ 16,000	160				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	\$ 3,000	30				
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	\$ 83,234	1,321				
b. Other						
10. Occupational Therapist						
a. Resident Care	\$ 126,909	1,692				
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	\$ 36,100	516				
B-13 Total Fees Paid in Lieu of Salaries	\$ 410,127	6,476				

* 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 Montowese Health and Rehabilitation Center, Inc.		License No. 1015C	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		
Omnicare	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Foremost Rehab of CT	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Quiyam Muijtaba	Resident Care / Infection Control	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Bjorn Ringstad	Medical Director / Infection Control	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Xiaoming Hong	Medical Director / Infection Control	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Walaliyadda	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. S Ghofrany	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Dharini Sun	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Central Jersey Health Personnel	Nursing Pool & Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Michael Imbevore	Pulmonary Specialist	<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"/>		

* 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
Montowese Health and Rehabilitation Center, Inc	1015C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 275,776	275,776			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 161,401	161,401			
4. Social Security (F.I.C.A.)	\$ 613,082	613,082			
5. Health Insurance	\$ 773,773	773,773			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,936	4,936			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 95,055	95,055			
8. Uniform Allowance	\$ 6,874	6,874			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 5,748	5,748			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 322,845	322,845			
d. Accounting and Auditing	\$ 51,900	51,900			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 22,585	22,585			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ 5,996	5,996			
g. Office Supplies	\$ 97,254	97,254			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 12,975	12,975			
2. Cellular Phones	\$ 12,251	12,251			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 258	258			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 5,375	5,375			
3. Resident Day User Fee	\$ 265,123	265,123			
Subtotal	\$ 2,733,207	2,733,207			

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Physicals	1,148		
Employee Gym Memberships	2,864		
Lunch - Monthly Manager Meetings	1,736		
-	-		
Total	\$ 5,748	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	5,375		
Total	\$ 5,375	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Montowese Health and Rehabilitation Center, Inc.	1015C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,733,207	2,733,207		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	2,368	2,368		
3. Gifts to Staff and Residents	\$	4,730	4,730		
4. Employee Travel	\$	8,160	8,160		
5. Education Expenses Related to Seminars and Conventions	\$	30,649	30,649		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	9,395	9,395		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	18,994	18,994		
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	10,559	10,559		
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)***	\$	9,733	9,733		
7. Postage	\$	6,988	6,988		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	9,593	9,593		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	880	880		
9. Subscriptions	\$	7,503	7,503		
10. Contributions*** See Attached Schedule	\$	2,010	2,010		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	170,991	170,991		
12. Administrative Management Services**	\$	132,000	132,000		
13. Other (<i>Specify</i>) See Attached Schedule	\$	129,028	129,028		
C-14 Total Administrative & General Expenditures	\$	3,286,788	3,286,788		

* 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 - Promotional	10,374		
Promotional Entertainment	185		
Total Other Advertising	\$ 10,559	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	80		
CAHCF	8,188		
ACHCA	860		
APTA	465		
-	-		
Total Dues	\$ 9,593	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	2,010		
-	-		
Total Contributions	\$ 2,010	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	8,304		
Bank Fees - Credit Card	20,500		
Licenses	1,581		
A&G Minor Equipment	6,542		
Employee Background Checks	1,963		
-	-		
Disallowed Expenses	-		
Disallowed Expenses	36,916		
Disallowed Legal Expenses	260		
Disallowed Employee Benefits	137		
CBIA Dues	2,650		
Fines and Penalties	4,528		
Patient Cable TV Expense	29,690		
Auto Lease - Owners	15,957		
-	-		
-	-		
Total Other Administrative and General	\$ 129,028	\$ -	\$ -

Schedule of Bank Fees

Description	CCNH	RHNS	(Specify)
Citizens Bank - Checking Fees			
October			
November			
December			
January			
February			
March			
April			
May			
June			
July			
August			
September			
Total Bank Fees	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Montowese Health and Rehabilitation Center	1015C	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 #
Montowese Healthcare Management Co.	132,000	Administrative, Property, In-Patient and Out-Patient Therapy	Pg 16 Line m.12

*** 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 Montowese Health and Rehabilitation Center, Inc.	License No. 1015C	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	\$ 456,452	456,452		
2. Non-Food Supplies	\$ 27,869	27,869		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 152,640	152,640		
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 636,961	636,961		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	315	315		
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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$491				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg 30 / L IV.1
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
Montowese Health and Rehabilitation Center, Inc.		1015C	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. \$	46,024	46,024	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	116,443	116,443	
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	162,467	162,467	
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	
Montowese Health and Rehabilitation Center, I	1015C	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. \$	73,101	73,101		
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. \$	345,740	345,740		
c. Management Services*		\$			
d. Other (<i>Specify</i>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 418,841	418,841		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	1,018,084	1,018,084		
b. Medicine Cabinet Drugs	\$	128,610	128,610		
c. Medical and Therapeutic Supplies	\$	552,648	552,648		
d. Ambulance/Limousine***	\$	3,199	3,199		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	48,000	48,000		
f. X-rays and Related Radiological Procedures***	\$	73,439	73,439		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	162,047	162,047		
i. Recreation	\$	3,896	3,896		
j. Other (Specify)**** See Attached Schedule	\$	192,127	192,127		
5K. Total Resident Care Expenditures (5a - 5j)		\$ 2,182,050	2,182,050		

* 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.

Resident Care - Medical and Therapeutic Supplies - Chargeable

Description	CCNH	RHNS	(Specify)
PT Supplies	29,973		
OT Supplies	4,756		
ST Supplies	177		
ACP - Equipment Rental	28,701		
Medical Supplies	145,178		
Specialized Equip Rental	62,393		
IV Drug Expense - Med A	139,888		
IV Drug Expense - Other	141,329		
Medical Supplies - Chargeable	253		
-	-		
Total Other Resident Care	\$ 552,648	\$ -	\$ -

Schedule of Other Resident Care

Description	CCNH	RHNS	-
Nursing Supplies - Nursing	163,692		
Nursing Supplies - Disposable Gloves	15,291		
Nursing - Minor Equipment	7,976		
PPS Expense Hosp ER/OR	704		
PPS Expense APRN Visits	3,003		
Patient Newspapers	1,420		
Miscellaneous Patient Expenses	41		
-	-		
Total Other Resident Care	\$ 192,127	\$ -	\$ -

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

Name of Facility Montowese Health and Rehabilitation Center, Inc.			License No. 1015C	Report for Year Ended 9/30/2015	Page 21	of 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Paychex		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	\$ 53,664			16	m.11
Harmony Healthcare Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Medicare Consulting	\$ 96,557			16	m.11
SigmaCare		<input type="radio"/>	<input checked="" type="radio"/>		HER Software Service	\$ 20,363			16	m.11
Advantage Maintenance		<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	\$ 152,640			18	2.b
Advantage Maintenance		<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	\$ 116,443			19	3.b
Advantage Maintenance		<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	\$ 345,740			20	4.b
Kone Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	\$ 13,069			22	6.f
WJ Dornfield		<input type="radio"/>	<input checked="" type="radio"/>		Heating & Air Conditioning	\$ 13,074			22	6.f
AllWaste		<input type="radio"/>	<input checked="" type="radio"/>		Trash Services	\$ 28,398			22	6.f
Stericycle		<input type="radio"/>	<input checked="" type="radio"/>		Medical Waste Services	\$ 17,897			22	6.f
Supreme Copy		<input type="radio"/>	<input checked="" type="radio"/>		Copier Maintenance	\$ 13,329			22	6.f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Montowese Health and Rehabilitation Center,	1015C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 168,530	168,530				
b. Heat	\$ 83,411	83,411				
c. Light & Power	\$ 137,329	137,329				
d. Water	\$ 48,087	48,087				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 10,044	10,044				
f. Other (<i>itemize</i>)	\$ 217,053	217,053				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 664,454	664,454				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 61,891	61,891				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 61,891	61,891				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 154,002	154,002				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 154,002	154,002				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,603,824	1,603,824				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 129,928	129,928				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 13,157	13,157				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,962,802	1,962,802				

* 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)
Supplies - Maintenance	78,606		
Minor Furniture & Equipment	10,325		
-	-		
Purchased Services Under \$10,000 Per Vendor	-		
Purchase Service - Maintenance	1,166		
Purch Serv - Meriden Fire & Safety	975		
Purch Serv - Fire Alarm Monitoring	3,427		
Purch Serv - Pittney Bowes	2,342		
Purch Serv - Kinsley Power	1,670		
Purch Serv - Pro Shred	1,011		
Purch Serv - Ejector Pit Pump Out	1,308		
Purch Serv - Simplex Grinnell	1,242		
Purch Serv - GDC Medical Electronics	7,906		
Purchased Serv - Verathon	1,290		
Purch Serv - Other	6,949		
Purch Serv - NonTox	2,281		
Purch Serv - UTMC	5,100		
Purch Serv - Life Systems	5,688		
-	-		
Purchased Services Over \$10,000 - Page 21	-		
Purch Serv - Elevator	13,069		
Purch Serv - WJ Dornfield	13,074		
Purch Serv - Trash Services	28,398		
Purch Serv - Medical Waste	17,897		
Purch Serv - Supreme Copy	13,329		
Total Other Repairs and Maintenance	\$ 217,053	\$ -	\$ -

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility			License No.			Report for Year Ended			Page	of		
Montowese Health and Rehabilitation Center, Inc.			1015C			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		
A. Land Improvements												
1. Acquired prior to this report period			209,556		209,556							
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			7,043,342		7,043,342							
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												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
D-3. Subtotal												
E. Total Depreciation												

Montwese Health and Rehabilitation Center, 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:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/28/2015	Wound Vacuum	15,963	5	1,596
Total additions for Movable Equipment		\$ 15,963		\$ 1,596 *
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:				
10/31/2014	Smoking Patio	15,925	15	531
1/22/2015	Vinyl Flooring	6,002	10	300
12/22/2014	Curtain Tracks	22,363	10	1,118
3/1/2015	Replacement Windows	35,095	10	1,755
4/9/2015	Privacy Curtains	21,589	5	2,159
5/29/2015	Privacy Curtains	40,062	5	4,006
Total additions for Leasehold Improvement		\$ 141,036		\$ 9,869 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3
 **Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Montowese Health and Rehabilitation Center, Inc.			1015C		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. Bed Licenses 1996 (Transferred From)		1996	180 Months	250,000	250,000				
2. Bed Licenses 1998 (Transferred From)		1998	180 Months	275,000	275,000				
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				2,656,305	1,625,440			144,133	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				141,036				9,869	
C-4. Subtotal									154,002
D. Total Amortization									154,002

* 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 Montowese Health and Rehabilitation	License No. 1015C	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		1982		
2. Date Structure Completed		1990		
3. If NOT Original Owner, Date of Purchase		N/A		
4. Date of Initial Licensure		05/01/82		
5. Total Licensed Bed Capacity		120		
6. Square Footage		60,000		
7. Acquisition Cost				
a. Land		102,781		
b. Building		4,751,607		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		10/18/13		
c. Interest Rate for the Cost Year		4.10%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		3,000,000		
f. Principal balance outstanding as of 9/30/15		2,425,000		
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
Montowese Health and Rehabilitation	1015C	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				
00				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
00				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
00				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
00				
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
Montowese Health and Rehabilitat		1015C		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							
00							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
00							
B. Item		Rate	Amount				
Lender							
Address of Lender							
00							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	93,261	93,261	
See Attached Page 27A							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	93,261	93,261	
14. Insurance							
a. Insurance on Property (buildings only)				\$	19,845	19,845	
b. Insurance on Automobiles				\$	4,111	4,111	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	40,095	40,095	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	187,911	187,911	
See Attached Page 27A							
14d. Total Insurance Expenditures (14a + b + c)				\$	251,962	251,962	
15. Total All Expenditures (A-13 thru C-14)				\$	18,983,455	18,983,455	

Schedule of Other Interest Expense

Description	CCNH	RHNS	(Specify)
Interest Exp - Citizens \$1.5 M	53,272		
Interest Exp - Citizens \$1.0 M	8,901		
Interest Exp - Line of Credit	3,319		
Interest Expense - Vendor	5,649		
Interest Exp - Capital Lease	1,081		
Intererst Rate Swap Activity	21,039	Disallowed	
-	-		
-	-		
-	-		
-	-		
-	-		
Total	\$ 93,261	\$ -	\$ -

Schedule of Other Insurance Expense

Description	CCNH	RHNS	(Specify)
General Liability Policy	110,261		
General Liability - Claim Deductables	77,650		
-	-		
Total	\$ 187,911	\$ -	\$ -

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Montowese Health and Rehabilitation Center, Inc.				1015C	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.	10	A.12.	Occupational Therapy	\$ 983,477	983,477		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B.8.e	Resident Care Physicians **	\$ 3,000	3,000		
6.	13	B.10.	Occupational Therapy	\$ 126,909	126,909		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	C.1.c	Bad Debts	\$ 322,845	322,845		
10.			Accounting & Legal	\$ 2,600	2,600		
11.	15	C.1.h	Telephone	\$ 12,975	12,975		
12.	15	C.1.h	Cellular Telephone	\$ 10,811	10,811		
13.	15	C.1.a	Life insurance premiums on the life of Owners, Partners, Operators	\$ 5,996	5,996		
14.			Gifts, flowers and coffee shops	\$			
15.	16	C.1.1.	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 23,318	23,318		
16.	16	C.1.1.	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 3,253	3,253		
17.	16	C.1.m	Automobile Expense (e.g. personal use)	\$ 15,957	15,957		
18.	16	C.1.m	Unallowable Advertising *	\$ 29,553	29,553		
19.	15	C.1.j	Income Tax / Corporate Business Tax	\$ 258	258		
20.	16	C.1.m	Fund Raising / Contributions	\$ 2,010	2,010		
21.			Unallowable Management Fees	\$ 132,000	132,000		
22.			Barber and Beauty	\$ 9,733	9,733		
23.			Other - See attached Schedule	\$ 54,008	54,008		
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)				\$ 1,738,703	1,738,703		

* 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)
0	0	-	-		
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13					
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m.8.a	Chamber of Commerce	880		
16	m.13	Disallowed Expenses	36,916		
16	m.13	Disallowed Legal Expenses	260		
16	m.13	Disallowed Employee Benefits	137		
16	m.13	CBIA Dues	2,650		
16	l.3	Fines and Penalties	4,528		
15	C.1.g	Medical Records Copies	8,637		
0	0	-	-		
0	0	-	-		
Total Other A&G Adjustments			\$ 54,008	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Montowese Health and Rehabilitation Center, Inc.			1015C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,738,703	1,738,703		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 1,018,084	1,018,084		
28.			Ambulance/Limousine	\$ 3,199	3,199		
29.			X-rays, etc	\$ 73,439	73,439		
30.			Laboratory	\$ 162,047	162,047		
31.			Medical Supplies	\$ 145,178	145,178		
32.			Oxygen (non emergency)	\$ 48,000	48,000		
33.			Occupational Therapy	\$ 4,756	4,756		
34.			Other - See Attached Schedule	\$ 346,613	346,613		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 1,256,621	1,256,621		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	16	m.13	Radio and Television Revenue	\$ 29,690	29,690		
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 4,111	4,111		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 21,039	21,039		
51.	Total Amount of Decrease (Items 1 - 50)			\$ 4,851,480	4,851,480		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	C.5.c	Specialized Equip Rental	62,393		
20	C.5.c	IV Drug Expense - Med A	139,888		
20	C.5.c	IV Drug Expense - Other	141,329		
20	C.5.j	PPS Expense APRN Visits	3,003		
Total Other Ancillary Costs			\$ 346,613	\$ -	\$ -

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	C.8.a	Rent Expense	1,560,000		
22	C.8.a	Realty Company - Interest	(119,530)		
22	C.8.a	Realty Company - Depreciation	(236,298)		
-	-	Adjusts Rent to include only the Depr and Int Exp of Realty Co	-		
-	-		-		
22	C.8.a	Garage & Storage Rentals	43,824		
-	-		-		
-	-	Patient TV Purchases	-		
22	C.6.f	Minor Furniture & Equipment	5,148		
-	-		-		
22	C.6.a-f	Outpatient Allocation - Repairs and Maintenance	2,829		
22	C.10.a	Outpatient Allocation - Property Taxes	562		
27	C.14.a	Outpatient Allocation - Property Insurance	86		
Total Other Property Adjustments			\$ 1,256,621	\$ -	\$ -

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	C.14.b	Auto Insurance	4,111		
-	-		-		
Total Other Adjustments			\$ 4,111	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12.D	Intererst Rate Swap Activity	21,039		
Total Unallowable Building Interest			\$ 21,039	\$ -	\$ -

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page	of
Montowese Health and Rehabilitation Ce		1015C		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>)	\$	2,771,744	2,771,744		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(1,256,605)	(1,256,605)		
2.	a.	Medicaid (<i>All other states</i>)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (<i>all inclusive</i>)	\$	7,419,688	7,419,688		
	b.	Medicare Room and Board Contractual Allowance **	\$	2,924,643	2,924,643		
4.	a.	Private-Pay Residents and Other	\$	6,718,997	6,718,997		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	11,347	11,347		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	594,876	594,876		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(594,876)	(594,876)		
	c.	Prescription Drugs - Non-Medicare	\$	499,471	499,471		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(487,607)	(487,607)		
2.	a.	Medical Supplies - Medicare	\$	50,202	50,202		
	b.	Medical Supplies - Medicare Contractual Allowance **	\$	(50,202)	(50,202)		
	c.	Medical Supplies - Non-Medicare	\$	8,370	8,370		
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$	(8,358)	(8,358)		
3.	a.	Physical Therapy - Medicare	\$	2,774,817	2,774,817		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(2,626,760)	(2,626,760)		
	c.	Physical Therapy - Non-Medicare	\$	2,233,271	2,233,271		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(2,153,539)	(2,153,539)		
4.	a.	Speech Therapy - Medicare	\$	331,993	331,993		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(318,310)	(318,310)		
	c.	Speech Therapy - Non-Medicare	\$	207,571	207,571		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$	(202,914)	(202,914)		
5.	a.	Occupational Therapy - Medicare	\$	2,446,354	2,446,354		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(2,373,368)	(2,373,368)		
	c.	Occupational Therapy - Non-Medicare	\$	1,751,776	1,751,776		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(1,696,479)	(1,696,479)		
6.	a.	Other (<i>Specify</i>) - Medicare	\$	(67,511)	(67,511)		
	b.	Other (<i>Specify</i>) - Non-Medicare	\$	1,998	1,998		
III. Total Resident Revenue (Section I. thru Section II.)				\$	18,910,589	18,910,589	
IV. Other Revenue*							
1.	Meals sold to guests, employees & others			\$	491	491	
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$	18,739	18,739	
4.	Rental of Television and Cable Services			\$	39,538	39,538	
5.	Interest Income (<i>Specify</i>)			\$	800	800	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$	12,043	12,043	
8.	Other (<i>Specify</i>)			\$	9,008	9,008	
V. Total Other Revenue (1 thru 8)				\$	80,619	80,619	
VI. Total All Revenue (III +V)				\$	18,991,208	18,991,208	

* 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)
20	Oxygen - MCR A	46,497		
20	Laboratory - MCR A	77,575		
20	X-Ray - MCR A	42,499		
20	IV Therapy - MCR A	99,668		
	-	-		
20	Contractual Adj - Ancill - MCR A	(266,241)		
20	Contractual Adj - Ancill - MCR B	-		
	-	-		
20	Rate Adjustments -MCR B	(63,753)		
20	2% Contractual Adj - Med B	(3,756)		
Total Other Resident Revenue - Medicare		\$ (67,511)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
20	Oxygen - MCD	75		
20	IV Therapy - MCD	4,679		
20	Laboratory - MCD	214		
20	X-Ray - MCD	301		
20	Oxygen - INS	22,358		
20	Laboratory - INS	60,952		
20	IV Therapy - INS	135,645		
20	X-Ray - INS	23,010		
20	Laboratory - PVT	28		
20	X-Ray - PVT	75		
20	Contractual Adj - Ancillaries - MCD	(9,119)		
20	Contractual Adj - Ancill - INS	(236,220)		
Total Other Resident Revenue		\$ 1,998	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
31	Interest Income	762,440	800		
	-	-			
Total Interest Income			\$ 800	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
16	Medical Records Copies	8,637		
	Physician Assistant Revenue	81		
	Collections after Account Write Off	290		
Total Other Revenue		\$ 9,008	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Montowese Health and Rehabilitation C	1015C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	766,050
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,952,720
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	9,154
4. Inventories			\$	31,874
5. Prepaid Expenses			\$	10,634
a. Prepaid Insurance	8,483			
b. Prepaid - Other	2,151			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,010
Deposits	1,010			

A-9. Total Current Assets (Lines A1 thru 8)			\$	3,771,442
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	209,556	\$	209,556
	Accum. Depreciation	_____		Net
3. Buildings	*Historical Cost	7,043,342	\$	7,043,342
	Accum. Depreciation	_____		Net
4. Leasehold Improvements	*Historical Cost	2,797,341	\$	1,017,899
	Accum. Depreciation	(1,779,442)		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	1,358,863	\$	167,120
	Accum. Depreciation	(1,191,743)		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(2)
Rounding		(2)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	8,437,915

* 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 Montowese Health and Rehabilitation C	License No. 1015C	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 12,209,357	
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 525,000 Accum. Depreciation (525,000) Net				
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$ 406,540	
Due From Khan Realty LLC 406,540				

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 406,540	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 12,615,897	

* 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 Montowese Health and Rehabilitation Center,		License No. 1015C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,389,157
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	891,252
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*				\$	100
12. Other Current Liabilities (<i>itemize</i>)				\$	173,021
Accrued Property Taxes		93,225			
Accrued Expenses (Interest)		5,553			
Accrued Provider Tax		74,243			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,453,530

* 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 Montowese Health and Rehabilitation Cent	License No. 1015C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				2,453,530	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 2,192,725	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 130,000	
Name and Address of Lender	Amount	Loan Date			
Due To Faleena Realty	130,000				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 2,972	
Note Payable - NEC Telephone Equip		2,972			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,325,697	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,779,227	


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

Name of Facility	License No.	Report for Year Ended	Page	of
Montowese Health and Rehabilitation	1015C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	7,252,898
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			\$	7,252,898
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	575,019
6. Gain or Loss for Period	10/1/2014	thru	9/30/2015	\$ 7,753
7. Total Net Worth			\$	583,772
C. Total Reserves and Net Worth			\$	7,836,670
D. Total Liabilities, Reserves, and Net Worth			\$	12,615,897

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Montowese Health and Rehabilitation Ce	1015C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	1,376,016
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	18,991,208
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	18,983,455
D. Net Income or Deficit			\$	7,753
E. Balance			\$	1,383,769
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Rounding			3	
F-3. Total Additions			\$	3
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	800,000
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
F Khan / E Khan / G Tannoia			800,000	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	800,000
H. Balance at End of Period			\$	583,772
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Montowese Health and Rehabilitation	License No. 1015C	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 LLC	Date Signed 1/28/2016		
Printed Name of Preparer Wonneberger & Morgan, LLC				
Address 1781 Highland Avenue, Suite 207, Cheshire, CT 06410		Phone Number (860) 202-4980		

Error Check

Level	Item	Reported as	
	Page 24 - Historical Cost of Leasehold Imp.	2,797,341	is inconsistent with Page 31 2,797,341