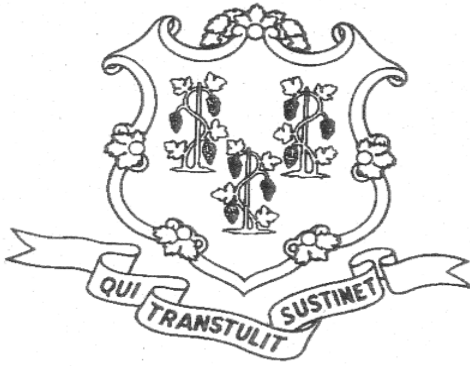


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Villa Maria Nursing & Rehabilitation Community	
Address (No. & Street, City, State, Zip Code) 20 Babcock Avenue, Plainfield, CT 06374	
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 1006-C	RHNS	(Specify)	Medicare Provider 07-5084
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Medicaid Provider Numbers:	CCNH	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

Table of Contents

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

General Information

Name of Facility (as licensed) Villa Maria Nursing & Rehabilitation Community	License No. 1006-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Villa Maria Nursing & Rehabilitation Community [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) Cindy A. Disco			Printed Name (Owner) Cindy A. Disco		
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
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Villa Maria Nursing & Rehabilitation Community		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 20 Babcock Avenue, Plainfield, CT 06374				
Report Prepared By LGC&D LLP		Phone Number (401) 421-4800	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 860-564-3387	Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Villa Maria Nursing & Rehabilitation Community		Address (No. & Street, City, State, Zip) 20 Babcock Avenue, Plainfield, CT 06374		
License Numbers:	CCNH 1006-C	RHNS	(Specify)	Medicare Provider No. 07-5084
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 Cindy A. Disco		Nursing Home Administrator's License No.:	001468	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Partners/Members**

Name of Facility Villa Maria Nursing & Rehabilitation Community		License No. 1006-C	Report for Year Ended 9/30/2015	Page 3	of 37
Legal Name of Partnership/LLC Babcock Avenue, LLC		Business Address 20 Babcock Avenue, Plainfield, CT 06374		State(s) and/or Town(s) in Which Registered Connecticut	
Name of Partners/Members	Business Address	Title		% Owned	
Bruce E. Disco	20 Babcock Avenue, Plainfield, CT 06374	Member		50	
Cindy A. Disco	20 Babcock Avenue, Plainfield, CT 06374	Member		50	
	SEE ATTACHED PAGE 3.1 FOR ADDITIONAL DETAIL				

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Villa Maria Nursing & Rehabilitation Comm	License No. 1006-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Villa Maria Nursing & Rehabilitation Community, Inc.	Business Address 20 Babcock Avenue, Plainfield, CT 06374	State(s) in Which Incorporated Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
SAME AS STOCKHOLDERS	SEE BELOW FOR DETAILS			
Names of Stockholders Owning at Least 10% of Shares				
Bruce E. Disco	20 Babcock Avenue, Plainfield, CT 06374	Pres. & Treas.	2000	
Cindy A. Disco	20 Babcock Avenue, Plainfield, CT 06374	Secretary	2000	

**General Information and Questionnaire
Related Parties***

Name of Facility Villa Maria Nursing & Rehabilitation Community	License No. 1006-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Babcock Avenue, LLC	c/o Villa Maria Nursing and Rehabilitation Community, Inc.	<input type="radio"/>	<input checked="" type="radio"/>		Accounting Services	P. 15, 1.d	1,850	1,850
Babcock Avenue owns the land and building (nursing home) which are leased to Villa Maria	20 Babcock Avenue, Plainfield, CT 06374	<input type="radio"/>	<input checked="" type="radio"/>		Depreciation	P. 22, 7. b	14,990	14,990
Nursing & Rehabilitation Community, Inc.		<input type="radio"/>	<input checked="" type="radio"/>		Amortization	P. 22, 8.b	4,199	4,199
		<input type="radio"/>	<input checked="" type="radio"/>		Mortgage Interest	P. 26, 12.A.1	68,795	68,795
Community Avenue LLC	22 Babcock Avenue, Plainfield, CT 06374	<input type="radio"/>	<input checked="" type="radio"/>		Rent	P. 16, m. 13	16,800	5,434
Community Ave owns the bldg which is leased to Villa (nursing home) for business offices.		<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Tax	P. 16, m.13	3,887	3,887
		<input type="radio"/>	<input checked="" type="radio"/>		Fire Tax	P. 16, m.13	199	199
		<input type="radio"/>	<input checked="" type="radio"/>		Property Insurance	P. 27, 14.a	4,205	
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Villa Maria Nursing & Rehabilitation Commun	License No. 1006-C	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.

N/A FACILITY IS ONLY ONE LEVEL (CCNH)

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

N/A

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.

N/A - NO NON-NURSING HOME BUSINESS

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
Villa Maria Nursing & Rehabilitation Community			1006-C	9/30/2015			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Canon Financial Services, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Copier (IR3235)	01/01/11	60 months	5,836	5,836	
Canon Financial Services, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Copier (IR1025)	01/01/12	40 months	1,484	208	
Canon Financial Services, Inc.	<input type="radio"/>	<input checked="" type="radio"/>	Copier (IR1025)	03/01/15	40 months	936	772	
	<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"/>						
							Total ***	6,816

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

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Villa Maria Nursing & Rehabilitatio	License No. 1006-C	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 LGC&D LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 10 Weybosset Street, Suite 700, Providence, RI 02903
---	---

Services Provided by This Firm (*describe fully*)

1 Year-end services: Compilation of financial statements, Medicaid & Medicare cost reports; preparation of corporate tax returns	\$ 37,850
2 Services regarding interim accounting and corporate tax planning matters	\$ 8,579
3 Services relating to third party reimbursement matters	\$ 1,044
4	\$
	Charge for Services Provided
	\$ 47,473

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

- Yes No Page 15, Line 1.d.

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Brown Jacobson P.C. 2 Treasurer, State of CT 3 Murtha Cullina LLP 4 Plainfield-Killingly Probate Court 5 Various	Telephone Number (860) 889-3321 (860) 702-3000 (860) 240-6000 (860) 230-3031
--	--

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

1 22 Courthouse Square, Norwich, CT 06360
2 55 Elm St #2, Hartford, CT 06106
3 185 Asylum St, Hartford, CT 06103
4 8 Community Ave, Plainfield, CT 06374
5

Services Provided by This Firm (*describe fully*)

1 Various employment matters	\$ 19,213
2 Conservator of Person filing	\$ 300
3 Regulations research	\$ 590
4 Conservator of Person filing	\$ 150
5 Small claims	\$ 157
	Charge for Services Provided
	\$ 20,410

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

- Yes No Page 15, Line 1.e.

Schedule of Resident Statistics

Name of Facility Villa Maria Nursing & Rehabilitation Community			License No. 1006-C			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	62	62			62	62			62	62		
B. On last day of THIS report period	62	62			62	62			62	62		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	54	54			54	54			54	54		
B. As of midnight of THIS report period	57	57			60	60			57	57		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,945	1,945			1,603	1,603			342	342		
B. Medicaid (Conn.)	15,386	15,386			11,433	11,433			3,953	3,953		
C. Medicaid (other states)												
D. Private Pay	3,054	3,054			2,237	2,237			817	817		
E. State SSI for RCH												
F. Other (Specify) HMO Contract, Hospice, & M/C	686	686			488	488			198	198		
G. Total Care Days During Period (3A thru F)	21,071	21,071			15,761	15,761			5,310	5,310		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	2	2							2	2		
B. Other Bed Reserve Days	26	26			26	26						
5. Total Resident Days (3G + 4A + 4B)	21,099	21,099			15,787	15,787			5,312	5,312		

Schedule of Resident Statistics (Cont'd)

Name of Facility Villa Maria Nursing & Rehabilitation Comm			License No. 1006-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH		CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5		43		9								
Per Diem Rate													
a. One bed rm.	various RUG rates		193.87		325.00								
b. Two bed rms.	various RUG rates		193.87		295.00								
c. Three or more bed rms.	various RUG rates		193.87		270.00								
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,478	1,478			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									5,679	5,679			
D. Total Physical Therapy Treatments									7,157	7,157			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									410	410			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									560	560			
D. Total Speech Therapy Treatments									970	970			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,160	1,160			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									5,804	5,804			
D. Total Occupational Therapy Treatments									6,964	6,964			

Report of Expenditures - Salaries & Wages

Name of Facility Villa Maria Nursing & Rehabilitation Community	License No. 1006-C	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)						
	77,693	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)						
	238,479	10,403				
5. Dietary Service						
a. Head Dietitian						
	42,736	1,028				
b. Food Service Supervisor						
	169,944	10,333				
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
	14,009	516				
b. Other Housekeeping Workers						
	118,117	6,773				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
	36,395	2,080				
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
	14,245	516				
b. Other Laundry Workers						
	47,416	3,145				
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						
	93,720	2,080				
b. RN						
1. Direct Care						
	589,152	17,897				
2. Administrative**						
	75,489	2,331				
c. LPN						
1. Direct Care						
	301,426	10,678				
2. Administrative**						
	11,987	366				
d. Aides and Attendants						
	886,723	55,461				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers						
	33,510	2,179				
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						
	42,280	1,604				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>						
	2,793,321	129,470				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
Villa Maria Nursing & Rehabilitation Community				1006-C	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Bruce E. Disco	43,284				Controller/Bookkeeper	2,080	A.4.	N/A	N/A	N/A
			Note: All	hours on pages	11 & 12 are reported	on a	"PAID" basis			
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).										
Regan Disco	5,983				Dietary	491	A.5.c	N/A	N/A	N/A
Denise Ormstead	11,482				Recreation	816	A.12.h	N/A	N/A	N/A
Denise Ormstead	10,958				Office	761	A.4.	N/A	N/A	N/A

* 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	
Villa Maria Nursing & Rehabilitation Community				1006-C	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***										
Cindy A. Disco	77,693				Administrator	2,080	A.2.	N/A	N/A	N/A
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		
Villa Maria Nursing & Rehabilitation Community	1006-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	12,750	364				
2. Dentist	6,733	96				
3. Pharmacist	2,232	48				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	130,886	2,312				
b. Other						
6. Social Worker	3,600	48				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	17,580	75				
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)	675	9				
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	17,385	345				
b. Other						
10. Occupational Therapist						
a. Resident Care	125,215	2,521				
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	225	3				
B-13 Total Fees Paid in Lieu of Salaries	317,281	5,821				

* 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 Villa Maria Nursing & Rehabilitation Community		License No. 1006-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Alison E. Dvorak, 726 Route 32, North Franklin, CT 06254	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Medical & Dental Practices, 85 Barnes Road, Suite 207, Wallingford, CT 06492	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Bonneville Pharmacy, Inc., 77 Wescott Road, Danielson, CT 06239	Pharmacist (through 1/31/15)	<input type="radio"/>	<input checked="" type="radio"/>		
Carissa Capozzi, 600 Meridian Street Ext. Apt. 820 Groton, CT 06340	Social Services	<input type="radio"/>	<input checked="" type="radio"/>		
Day Kimball Healthcare, Lathrop Rd, Plainfield, CT 06374	Medical Board	<input type="radio"/>	<input checked="" type="radio"/>		
Wagdy Habashy, 31 Dow Road, Plainfield, CT 06374	Medical Board	<input type="radio"/>	<input checked="" type="radio"/>		
Joseph Alessandro, P.O. Box 6, Pomfret Center, CT 06259	Medical Board	<input type="radio"/>	<input checked="" type="radio"/>		
HealthPro Therapy Services, LLC, 10600 York Road, Suite 105, Coakeysville, MD 21030	Therapies: PT, OT, & ST	<input type="radio"/>	<input checked="" type="radio"/>		
Prohealth Physicians, P.O. Box 150483, Hartford, CT 06115	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
RxHealth Pharmacy Services, 70 Inwood Road, Suite 5, Rocky Hill, CT 06067	Pharmacist (starting 2/1/15)	<input type="radio"/>	<input checked="" type="radio"/>		
Amplisound Hearing Care Centers, 594 Putnam Road, Danielson, CT 06239	Hearing Consultant	<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"/>		

* 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
Villa Maria Nursing & Rehabilitation Community	1006-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 68,734	68,734			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 47,347	47,347			
4. Social Security (F.I.C.A.)	\$ 201,960	201,960			
5. Health Insurance	\$ 122,408	122,408			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$ 5,142	5,142			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 343	343			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ (24,402)	(24,402)			
d. Accounting and Auditing	\$ 47,473	47,473			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 20,410	20,410			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 21,738	21,738			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 7,230	7,230			
2. Cellular Phones	\$ 4,838	4,838			
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	\$ 240	240			
3. Resident Day User Fee	\$ 392,526	392,526			
Subtotal	\$ 915,987	915,987			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Villa Maria Nursing & Rehabilitation Community	1006-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		915,987	915,987		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 3,469	3,469			
2. Holiday Parties for Staff	\$ 600	600			
3. Gifts to Staff and Residents	\$ 2,321	2,321			
4. Employee Travel	\$ 1,041	1,041			
5. Education Expenses Related to Seminars and Conventions	\$ 8,283	8,283			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 2,393	2,393			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 844	844			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 740	740			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 232	232			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 1,293	1,293			
4. Fund-Raising***	\$				
5. Medical Records	\$ 724	724			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$				
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,793	5,793			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 490	490			
9. Subscriptions	\$ 982	982			
10. Contributions*** See Attached Schedule	\$ 1,487	1,487			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 23,643	23,643			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 49,707	49,707			
C-14 Total Administrative & General Expenditures	\$ 1,020,029	1,020,029			

* 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)
Business Meals	\$ 844		
Total Other Travel and Entertainment	\$ 844	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising-promotional	\$ 1,293		
Total Other Advertising	\$ 1,293	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,231		
AANAC	\$ 110		
ICNC	\$ 38		
SHRM	\$ 190		
Russell Phillips & Associates, LLC	\$ 350		
HRLA	\$ 55		
ALTCFM	\$ 160		
ACHCA	\$ 310		
APIC	\$ 150		
BJS	\$ 100		
ANFP	\$ 99		
Total Dues	\$ 5,793	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Northeast Cancer Crusaders	\$ 90		
Northeast Opportunities for Wellness, Inc.	\$ 250		
Killingly Youth Soccer Parent Assoc.	\$ 200		
Rotary Club of Plainfield	\$ 75		
TNETC	\$ 100		
Community Foundation of Eastern CT	\$ 150		
Memorial Sloan Kettering Cancer Center	\$ 25		
NCCC-Golf Invitational	\$ 100		
Plainfield Business Association	\$ 100		
QVCC Foundation	\$ 125		
ASF	\$ 200		
Charitable Donation	\$ 72		
Total Contributions	\$ 1,487	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 2,574		
Federal Subscriber Line	\$ 468		
Payroll Services	\$ 12,260		
Television costs	\$ 353		
Expenses of Community Ave presented in accordance with letter dated 1/28/13 from Kathleen Shaughnessy			
Maintenance expense	\$ 2,469		
Heating	\$ 2,466		
Electric	\$ 2,113		
Water	\$ 899		
Sewer	\$ 550		
Rent	\$ 16,800		
Real estate tax	\$ 3,887		
Fire tax	\$ 199		
Property insurance	\$ 3,024		
Expenses of 2 Mill Street (rented to unrelated party effective 1/1/15)			
Water	\$ 160		
Electric	\$ 493		
Heating	\$ 415		
Property insurance	\$ 577		
Total Other Administrative and General	\$ 49,707	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Villa Maria Nursing & Rehabilitation Cor	License No. 1006-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

*** 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 Villa Maria Nursing & Rehabilitation Community	License No. 1006-C	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	\$ 159,307	159,307		
2. Non-Food Supplies	\$ 15,723	15,723		
3. Other (Specify) _____ Supplements	\$ 9,141	9,141		
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)	\$ 184,171	184,171		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	173	173		
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)				N/A
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/A
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)				N/A

* 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 Villa Maria Nursing & Rehabilitation Community		License No. 1006-C	Report for Year Ended 9/30/2015	Page 19	of 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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	14,835	14,835	
c.	Management Services**	\$			
d.	Other (Specify) Supplies	\$	10,542	10,542	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	25,377	25,377	
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)		N/A	
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)		N/A	

* 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	
Villa Maria Nursing & Rehabilitation Commun	1006-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	11,153	11,153		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	11,153	11,153		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medicare A, Medicare Replacement & Private Insurance	\$	104,012	104,012		
b. Medicine Cabinet Drugs	\$	27,072	27,072		
c. Medical and Therapeutic Supplies	\$	76,302	76,302		
d. Ambulance/Limousine***	\$	6,565	6,565		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	10,607	10,607		
f. X-rays and Related Radiological Procedures***	\$	5,200	5,200		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	8,536	8,536		
i. Recreation	\$	6,470	6,470		
j. Other (Specify)**** See Attached Schedule	\$	34,170	34,170		
5K. Total Resident Care Expenditures (5a - 5j)	\$	278,934	278,934		

* 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.

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

Name of Facility Villa Maria Nursing & Rehabilitation Community			License No. 1006-C		Report for Year Ended 9/30/2015			Page of 21 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
Unitex Textile Rental Services	South Windsor, CT 06074	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	14,835			19	3.b.
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* 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
Villa Maria Nursing & Rehabilitation Commu	1006-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 14,800	14,800				
b. Heat	\$ 36,806	36,806				
c. Light & Power	\$ 32,251	32,251				
d. Water	\$ 17,721	17,721				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 6,816	6,816				
f. Other (<i>itemize</i>)	\$ 87,574	87,574				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 195,968	195,968				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 56,114	56,114				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 22,126	22,126				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 78,240	78,240				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 4,199	4,199				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 4,199	4,199				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 46,146	46,146				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 2,989	2,989				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 131,574	131,574				

* 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)
Repairs & Maintenance - Various Contractors	\$ 43,145		
Contracted Maintenance:			
Trash removal	\$ 8,708		
Medical waste removal	\$ 5,311		
Snow removal	\$ 8,083		
Grounds	\$ 7,722		
Fire suppression - various vendors	\$ 5,584		
General building repairs and maintenance - various vendors	\$ 9,021		
Total Other Repairs and Maintenance	\$ 87,574	\$ -	\$ -

Villa Maria Nursing & Rehabilitation Community
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:				
Various	See attached schedule - Page 23A	\$ 11,418	10	\$ 571
Total additions for Building Improvements		\$ 11,418		\$ 571 *
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

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Villa Maria Nursing & Rehabilitation Community			1006-C		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.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Financing Fees	9	2013	10	38,487		life mortgage	10	3,849	
2. Financing Fees	10	2014	10	3,507		life mortgage	10	350	
3.									
B-4. Subtotal									4,199
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									4,199

* 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 Villa Maria Nursing & Rehabilitation	License No. 1006-C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase		05/08/81			
4. Date of Initial Licensure		05/08/81			
5. Total Licensed Bed Capacity		62			
6. Square Footage		12,392			
7. Acquisition Cost					
a. Land		29,388			
b. Building		301,351			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Fixed			
b. Date Mortgage Obtained		09/06/13			
c. Interest Rate for the Cost Year		4.25%			
d. Term of Mortgage (number of years)		10			
e. Amount of Principal Borrowed		1,700,000			
f. Principal balance outstanding as of 9/30/15		1,587,331			
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
Villa Maria Nursing & Rehabilitation	1006-C	9/30/2015	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$ 68,795	68,795		
Name of Lender	Rate			
Berkshire Bank	4.25%			
Address of Lender				
45 Lyman Street, Westborough, MA 01581				
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)	\$ 68,795	68,795		

(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
Villa Maria Nursing & Rehabilitati		1006-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				68,795	68,795		
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)				\$	309	309	
Interest on late fees \$66; Federal Interest Assmt \$243							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	69,104	69,104	
14. Insurance							
a. Insurance on Property (buildings only)				\$	15,028	15,028	
b. Insurance on Automobiles				\$	1,504	1,504	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$	27,712	27,712	
3. Other (Specify)				\$	2,269	2,269	
Flood \$1,724; Crime \$545							
14d. Total Insurance Expenditures (14a + b + c)				\$	46,513	46,513	
15. Total All Expenditures (A-13 thru C-14)				\$	5,073,425	5,073,425	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Villa Maria Nursing & Rehabilitation Community				1006-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 125,215	125,215		
7.			Other - See attached Schedule	\$ 6,733	6,733		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1.c.	Bad Debts	\$ (24,402)	(24,402)		
10.	15	1.d.	Accounting & Legal	\$ 1,893	1,893		
11.			Telephone	\$			
12.	15	1.h.2	Cellular Telephone	\$ 3,758	3,758		
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	1m2.	Unallowable Advertising *	\$ 1,525	1,525		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m10	Fund Raising / Contributions	\$ 1,487	1,487		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 13,768	13,768		
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)				\$ 129,977	129,977		

* 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)
13	B.2.	Dentist	\$ 6,733		
Total Other Fees Adjustments			\$ 6,733	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	1.m.8a	Dues-Chamber of Commerce	\$ 490		
16	1.L.7	Business Meals	\$ 844		
16	1.m.13	Community Ave rent in excess of building depreciation	\$ 11,366		
16	1.m.13	2 Mill Street - water, electric, and heating	\$ 1,068		
Total Other A&G Adjustments			\$ 13,768	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Villa Maria Nursing & Rehabilitation Community				1006-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 129,977	129,977		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 104,012	104,012		
28.	20	5d	Ambulance/Limousine	\$ 6,565	6,565		
29.	20	5f	X-rays, etc	\$ 5,200	5,200		
30.	20	5h	Laboratory	\$ 8,536	8,536		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 10,607	10,607		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,832	2,832		
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	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 4,782	4,782		
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 272,511	272,511		

*** 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.

Villa Maria Nursing & Rehabilitation Community
 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.j.	Desi Drugs	\$ 2,832		
Total Other Ancillary Costs			\$ 2,832	\$ -	\$ -

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)
Total Other Property Adjustments			\$ -	\$ -	\$ -

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page	of
Villa Maria Nursing & Rehabilitation Ctr		1006-C		9/30/2015		30	37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (CT only)	\$	4,539,460	4,539,460		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(1,563,049)	(1,563,049)		
2.	a.	Medicaid (All other states)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (all inclusive)	\$	573,835	573,835		
	b.	Medicare Room and Board Contractual Allowance **	\$	380,457	380,457		
4.	a.	Private-Pay Residents and Other	\$	1,145,675	1,145,675		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	45,668	45,668		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	97,700	97,700		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(97,700)	(97,700)		
	c.	Prescription Drugs - Non-Medicare	\$				
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2.	a.	Medical Supplies - Medicare	\$				
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$				
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	124,291	124,291		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(79,416)	(79,416)		
	c.	Physical Therapy - Non-Medicare	\$				
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4.	a.	Speech Therapy - Medicare	\$	25,382	25,382		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(6,672)	(6,672)		
	c.	Speech Therapy - Non-Medicare	\$				
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5.	a.	Occupational Therapy - Medicare	\$	111,095	111,095		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(78,509)	(78,509)		
	c.	Occupational Therapy - Non-Medicare	\$				
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6.	a.	Other (Specify) - Medicare	\$				
	b.	Other (Specify) - Non-Medicare	\$	20,736	20,736		
III. Total Resident Revenue (Section I. thru Section II.)				\$	5,238,953	5,238,953	
IV. Other Revenue*							
1.	Meals sold to guests, employees & others			\$			
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income (Specify)			\$	11	11	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (Specify)			\$	6,009	6,009	
V. Total Other Revenue (1 thru 8)				\$	6,020	6,020	
VI. Total All Revenue (III +V)				\$	5,244,973	5,244,973	

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, II6b	Prior year billing adjustments	\$ 20,736		
Total Other Resident Revenue		\$ 20,736	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, IV5	Interest income (Citizens Bank)		\$ 11		
Total Interest Income			\$ 11	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30, IV8	Rental Income - 2 Mill Street	\$ 6,009		
Total Other Revenue		\$ 6,009	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing & Rehabilitation C	1006-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	566,436
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	510,137
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	925
4. Inventories			\$	
5. Prepaid Expenses			\$	75,571
a. See detail attached Page 31A	75,571			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	1,153,069
B. Fixed Assets				
1. Land			\$	95,810
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>1,814,105</u>		\$	306,626
	Accum. Depreciation <u>1,507,479</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>33,763</u>		\$	
	Accum. Depreciation <u>33,763</u>	Net		
6. Movable Equipment	*Historical Cost <u>586,653</u>		\$	52,976
	Accum. Depreciation <u>533,677</u>	Net		
7. Motor Vehicles	*Historical Cost <u>29,517</u>		\$	
	Accum. Depreciation <u>29,517</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	4
Rounding	4			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	455,416

* 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
Villa Maria Nursing & Rehabilitation C	1006-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	1,608,485
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

7. Other Assets (<i>itemize</i>)			\$	33,596
Deferred financing fees		33,596		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	33,596
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,642,081

* 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 Villa Maria Nursing & Rehabilitation Commu		License No. 1006-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	86,870
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>)				\$	106,340
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	8,508
6. Accrued Payroll Taxes Payable				\$	6,620
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	60,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	141,705
Accrued expense		1,718 Patient fund	(60)		
Accrued water		737 Security Deposit	500		
Accrued accounting fees		38,000			
Accrued nursing home tax		100,810			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	410,043

* 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 Villa Maria Nursing & Rehabilitation Com	License No. 1006-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount
Total Brought Forward:				410,043
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 1,527,331
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,527,331
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,937,374

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

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing & Rehabilitation	1006-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	20,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(486,841)
6. Gain or Loss for Period			\$	171,548
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(295,293)
C. Total Reserves and Net Worth			\$	(295,293)
D. Total Liabilities, Reserves, and Net Worth			\$	1,642,081

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Villa Maria Nursing & Rehabilitation Co	1006-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(296,781)
B. Total Revenue (From Statement of Revenue Page 30)			\$	5,244,973
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	5,073,425
D. Net Income or Deficit			\$	171,548
E. Balance			\$	(125,233)
F. Additions				
1. Additional Capital Contributed (itemize)				
2. Other (itemize)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify)			\$	170,060
Name and Address (No., City, State, Zip)		Title	Amount	
Bruce & Cindy Disco 20 Babcock Avenue, Plainfield, CT		Owners/Shrholder	170,060	
2. Other Withdrawings (Specify)			\$	
Purpose		Amount		
3. Total Deductions			\$	170,060
H. Balance at End of Period			\$	(295,293)
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Villa Maria Nursing & Rehabilitation	License No. 1006-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Michael E. Criscione, CPA, LGC&D LLP				
Address Address			Phone Number	
10 Weybosset Street, Suite 700, Providence, RI			(401) 421-4800	

Error Check

Level Item

Reported as