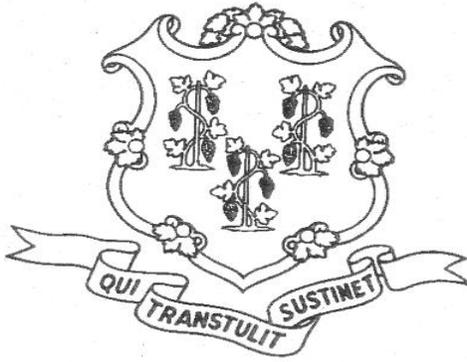


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Regency House of Wallingford, Inc.	
Address (No. & Street, City, State, Zip Code) 181 East Main Street, Wallingford, CT 06492	
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 2072-C	RHNS	(Specify)	Medicare Provider 075261
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Medicaid Provider Numbers:	CCNH 75261	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Regency House of Wallingford, Inc	License No. 2072-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

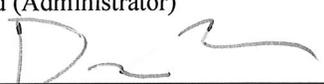
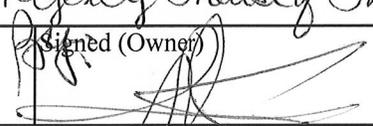
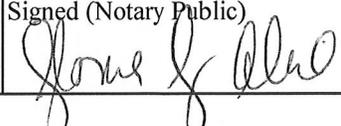
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

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

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

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

Regency House of Wallingford, Inc.

Signed (Administrator) 		Date 2/6/16	Signed (Owner) 		Date 02/09/16
Printed Name (Administrator) David Bond			Printed Name (Owner) Marvin Ostreicher		
Subscribed and Sworn to before me:	State of n.y.	Date 2/8/16	Signed (Notary Public) 	Comm. Expires 7/01/18	
Address of Notary Public					

(Notary Seal)

GLORIA G. ALARIO
 NOTARY PUBLIC STATE OF NEW YORK
 NO. 01/AL6077129 NASSAU COUNTY
 TERM EXPIRES JULY 01, 2018

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 Regency House of Wallingford, Inc.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 181 East Main Street, Wallingford, CT 06492				
Report Prepared By Blum Shapiro & Co.		Phone Number 860-561-4000	Date 2/8/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-265-1661	Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Regency House of Wallingford, Inc.		Address (No. & Street, City, State, Zip) 181 East Main Street, Wallingford, CT 06492		
License Numbers:	CCNH 2072-C	RHNS	(Specify)	Medicare Provider No. 075261
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 David Bond		Nursing Home Administrator's License No.:	001349	
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 Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2015	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Regency House of Wallingford, Inc.	181 East Main Street, Wallingford, CT 06492	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
M.J. Ostreicher	181 Wildacre Ave Lawrence, NY 11559	President	675
S. Ostreicher	181 Wildacre Ave Lawrence, NY 11559	Vice President	
B. Bokow	722 Almont Road Far Rockaway, NY 11691	Secretary	100

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each
M.J. Ostreicher	181 Wildacre Ave Lawrence, NY 11559	President	675
B. Bokow	722 Almont Road Far Rockaway, NY 11691	Secretary	100
A. Zitter	9 Dogwood Lane Lawrence, NY 11559	Shareholder	225

General Information and Questionnaire Related Parties*

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

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

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

**General Information and Questionnaire
Related Parties***

Name of Facility Regency House of Wallingford	License No. 2072-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	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	767,762	729,955
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79%	Radiology	20 5f	26,327	24,181
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	637,115	637,115
National Health Care Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	2,501	2,501
Marlborough Health Care Center, Inc.	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	2,754	2,754
Wallingford Realty	46 Stauderman Avenue, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent/Real Estate Taxes	22 9, 10b	1,655,974	1,655,974
National Health Care Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	463,637	463,637
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	1,709	1,709
Stauderman Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	5,310	5,310
Maple View Center for Health & Rehabilitation	856 Maple Street, Rocky Hill, CT 06067	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Employee - Admissions/Social Work	13 B6	250	250
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	83%	Drugs/OTC's/Supplies/Consult/Fees	20/13 5a2,b,j/B3,12	308,651	289,683

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 *** Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-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.

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

Shared expenses, allocated by bed size. See page 17 attachment.

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

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	
Regency House of Wallingford, Inc.			2072-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							
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 / ongoing	5,439	5,439		
Mail Finance, PO Box 45840, San Francisco, CA 94145-0840	<input type="radio"/>	<input checked="" type="radio"/>	Mailing Machine	04/23/10	63 months	508	508		
Mail Finance, PO Box 45840, San Francisco, CA 94145-0840	<input type="radio"/>	<input checked="" type="radio"/>	Mailing Machine	03/15/15	36 months	1,305	652		
Toshiba Financial PO Box 41602, Philadelphia, PA 19101-1602	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/12	36 months	1,392	1,392		
De Lage Landen PO Box 41602, Philadelphia, PA 19101-1602	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/15	39 months	4,331	3,248		
De Lage Landen PO Box 41602, Philadelphia, PA 19101-1602	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/01/14	39 months	709	650		
Nissan Motor Acceptance Corp, PO Box 371447, Pittsburgh PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Automobile	05/17/12	55 months	3,682	3,682		
Lexus Financial	<input type="radio"/>	<input checked="" type="radio"/>	Automobile	11/01/13	27 months	6,845	6,845		
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***
								22,417	

* 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.

LESSEE	Full Legal Name REGENCY HOUSE OF WALLINGFORD				Phone Number 2032651661			
	Billing Address 181 E MAIN ST, WALLINGFORD, CT, 064923947				Purchase Order Requisition Number			
	Equipment Location (if not same as above)				Send Invoice to Attention of			
EQUIPMENT INFORMATION	Equipment Make	Model Number	Serial Number	Quantity	Description (Attach separate Schedule A if Necessary)			
	Toshiba e-Studio	457	Copier w/MR3028 RADF		/MJ1107 Finisher/KD1026 LCF (1 ea)			
	Toshiba e-Studio	557	Copier w/MJ1027 Finisher		(1 ea)			
PAYMENT INFORMATION	Number of Lease Payments	Lease Payment (PLUS)	Applicable Sales Tax (EQUALS)	Total Lease Payment	Term of Lease in Months	End of Lease Option	Payment Frequency	
	39	339.35 +	21.55 =	360.90	39	Fair Market Value	Monthly	
						End of Lease Purchase Option shall be FMV unless another option is indicated.		
					Security Deposit (PLUS)	First Period Payment (PLUS)	Other (EQUALS)	Total Payment Enclosed

TERMS AND CONDITIONS

1. Lease: You (the "Lessee") agree to lease from us (the "Lessor") the Equipment listed above and on any attached schedule (the "Lease"). You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or taxes differs from the supplier's estimate. This Lease is effective on the date that it is accepted and signed by us, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us interim rent for the period from the date the Equipment is delivered to you until the Commencement Date, as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your Lease obligations are absolute, unconditional and are not subject to cancellation, reduction, setoff or counterclaim. You agree to pay us a fee of \$75 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the term of this Lease. Security deposits are non-interest-bearing and may be applied to cure a Lease default. If you are not in default, we will return the deposit to you when the Lease is terminated. If a payment is not made when due, you will pay us a late charge of 10% of the payment or \$10, whichever is greater. We will charge you a fee of \$25 for any check that is returned. ONLY WE ARE AUTHORIZED TO WAIVE OR CHANGE ANY TERM, PROVISION OR CONDITION OF THE LEASE.

2. Title: Unless you have a \$1.00 purchase option, we will have title to the Equipment. If you have a \$1.00 purchase option and/or the lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the equipment.

3. Equipment Use, Maintenance and Warranties: We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. If the Lease Payment includes the cost of maintenance and/or service provided by a third party, you agree that we are not responsible to provide the maintenance or service and you will make all claims related to maintenance and service to the third party. You agree that any claims related to maintenance or service will not impact your obligation to pay all Lease Payments when due.

4. Assignment: You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

5. Risk of Loss and Insurance: You are responsible for all risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for the insurance and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain such insurance, and add an Insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This Indemnity

will continue after the termination of this Lease. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

6. Taxes: You agree to pay when due, either directly or as reimbursement to us, all sales, use and personal property taxes and charges in connection with ownership and use of the Equipment. We may charge you a processing fee for administering property tax filings. You will indemnify us on an after-tax basis against the loss of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions.

7. End of Lease: You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial Lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return all the Equipment in good working condition at your cost in a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods.

8. Default and Remedies: You are in default on this Lease if: a) you fail to pay a Lease Payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease Payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future Lease Payments and the Residual discounted to the date of default at the lesser of (A) a per annum interest rate equivalent to that of a U.S. Treasury constant maturity obligation (as reported by the U.S. Treasury Department) that would have a repayment term equal to the remaining Lease term, all as reasonably determined by us, or (B) 6% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; and (iv) require that you immediately return the Equipment to us or we may peaceably repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us.

9. Miscellaneous: You agree the Lease is a Finance Lease as defined in Article 2A of the "UCC". You acknowledge we have given you the name of the Equipment supplier and that you may have rights under the contract with the supplier and may contact the supplier for a description of these rights. If requested, you will sign a separate Equipment acceptance certificate. This Lease was made in Pennsylvania ("PA"), is to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to jurisdiction, personal or otherwise, in any state or federal court in PA and irrevocably waive a trial by jury. You agree to waive any and all rights and remedies granted to you under Sections 2A-503 through 2A-522 of the UCC. You agree that the Equipment will only be used for business purposes and not for personal, family or household use and will not be moved from the above location without our consent. You agree that a facsimile copy of the Lease with facsimile signatures may be treated as an original and will be admissible as evidence of the Lease. We may inspect the Equipment during the Lease term.

You agree that this is a non-cancelable lease. The Equipment is: NEW USED

LESSEE SIGNATURE

Lessee (Full Legal Name)
REGENCY HOUSE OF WALLINGFORD

Signature

Print Name
MICHAEL BOKOW

Title
MATERIALS MGMT

Date
12/3/14

LESSOR

DE LAGE LANDEN FINANCIAL SERVICES, INC.
Lease Processing Center: 1111 Old Eagle School Road, Wayne, PA
19087-8608
PHONE: (800) 735-3273 • FAX: (800) 776-2329

Commencement Date
Lease Number

Accepted by

GUARANTY

I unconditionally guaranty prompt payment of all the Lessee's obligations. The Lessor is not required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against me. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extensions or modification granted to the Lessee and the Lessee and the release and/or compromise of any obligations of the Lessee or any other guarantors without releasing me from my obligations. This is a continuing guaranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. This guaranty is governed by and constituted in accordance with the Laws of the Commonwealth of Pennsylvania and I consent to non-exclusive jurisdiction in any state or federal court in Pennsylvania and waive trial by jury.

Signature
Date

Print Name

ACCEPTANCE

The equipment has been received, put in use, is in good working order and is satisfactory and acceptable.

Signature
Date

Print Name
Title

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



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

SALES ORDER

Date 11/11/2014 PO# _____ Terms _____

BILL TO Regency House of Wallingford SHIP TO _____
 Address 181 East Main Street Address _____
 City Wallingford State CT 06492 City _____ State _____ Zip _____
 Billing Contact _____ Ship to Phone _____
 Billing Phone 203-265-1661 Ship to Fax _____

ITEM DESCRIPTION	SERIAL NUMBER	QTY	UNIT PRICE	EXTENDED PRICE
Toshiba e-Studio457 Digital Copier		1		39 Month Lease
MR3028 RADF		1		\$339.35 per month
MJ1107 Finisher w/ Bridge Kit		1		Zero Down
KD1026 LCF		1		FMV Lease End Option
Power Filter 15 amp		1		
Toshiba e-Studio557 Digital Copier		1		
MJ1027 Finisher		1		
Power Filter 20 amp		1		

1) The Seller retains a security interest in all the equipment and supplies described in this Agreement until the purchase price is paid in full.
 2) In the event Buyer makes default in payment the Buyer will be liable for the payment of any legal fees or costs incurred in sustaining or protecting the security interest or in enforcing the terms of the security agreement, and upon demand the Buyer agrees to make the equipment available to the Seller at a location to be determined by seller.
 3) If there is a third party associated with this transaction, the lessee shall abide by the terms of the lease agreement. The Office Works, Inc. shall in no way be held responsible if the lessee fails to fulfill any terms set forth in the associated lease agreement.

Returned Equipment	Make/Model	Equip. ID# & Serial Number	End Meter
	Toshiba e-Studio455se & e-Studio555se	ID4882 SCQHI45259/ID4881 SCBJ123011	
Hard-drive Options Upon Equipment Removal	Remove & Replace _____	Erase _____	Ignore _____

Notes / Provisions:
 The Office Works Inc. will remove and return the Toshiba e-Studio455se & e-Studio555se to the leasing company at no charge.

Customer Authorization	The Office Works, Inc. Authorization
Authorized Signature <u>[Signature]</u>	Accepted By _____
Print Name /Title <u>MICHAEL BOKOR MATERIALS MGMT</u>	Print Name _____
Date <u>12/3/14</u>	Title _____

THE OFFICEWORKS

MASTER MAINTENANCE AGREEMENT

The Office Works, Inc.
Farmington Valley Corporate Park
45 Corporate Avenue
Plainville, CT 06062
800-634-4810
P: 860-793-9994 F: 860-793-9954
www.theofficeworksinc.com

BILLING INFORMATION

EQUIPMENT LOCATION

BILL TO Regency House of Wallingford SHIP TO _____
Address 181 East Main Street Address _____
City Wallingford State CT Zip 06492 City _____ State _____ Zip _____

Billing Contact 203-265-1661 Meter Contact _____
*Please Select Preferred Method of Contact Below

Lease Billed By De Lage Landen

PO # _____

Meter Contact E-mail _____

Machine ID # _____

Meter Contact Fax _____

Serial # _____

Meter Contact Phone _____

Make/Model Toshiba e-Studio457 & e-Studio557

ALL INCLUSIVE SERVICE MAINTENANCE AGREEMENT

Includes labor, travel, parts & supplies, excludes paper, staples and freight.

FULL SERVICE MAINTENANCE AGREEMENT

Includes labor, travel and parts, excludes supplies and freight.

Notes **State sales tax will be applied when applicable.**

Start Meter _____

Contract Effective Dates _____ to _____

Base Charge _____ **M**
A S Q M*

Overage Billed _____
A S Q M* *A= annually, S= semi-annually, Q= quarterly, M= monthly

COPIES

Black Copy Allowance _____

Color Copy Allowance _____

Overage Rates 0.0065
BLACK COLOR

PRINTS

Black Print Allowance _____

Color Print Allowance _____

Overage Rates _____
BLACK COLOR

FOR THE FIXED CHARGES THAT ARE SUBJECT TO THE TERMS SET FORTH IN THIS AGREEMENT THE OFFICE WORKS, INC'S FIELD SERVICE DEPARTMENT WILL PROVIDE TECHNICAL REPAIR SERVICE IN ORDER TO MAINTAIN THE ABOVE "EQUIPMENT" IN PROPER OPERATING CONDITION. CUSTOMER ACKNOWLEDGES TO HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS AGREEMENT WHICH ARE CONTAINED ON BOTH SIDES OF THIS DOCUMENT AND WHICH CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES. THERE ARE NO ORAL UNDERSTANDINGS, TERMS OR CONDITIONS; AND THE PARTIES MAY NOT RELY UPON ANY REPRESENTATIONS, EXPRESSED OR IMPLIED, NOT CONTAINED IN THIS AGREEMENT. THIS AGREEMENT IS NOT VALID UNTIL ACCEPTED BY THE OFFICE WORKS, INC.

CUSTOMER AUTHORIZATION

Authorized Signature [Signature] Title _____

Print Name MICHAEL BOKOW Date _____

At this time I decline Maintenance Agreement Coverage _____ Initials _____

THE OFFICE WORKS, INC AUTHORIZATION

Authorized Signature _____ Title _____

Print Name _____ Date _____

TERMS AND CONDITIONS

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

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

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

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

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

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

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

REPAIR AND REPLACEMENT OF PARTS: All parts necessary to the operation of the equipment, with the exception of the exclusions listed below and subject to the general scope of coverage will be furnished free of charge during a service call included in the maintenance service provided by this agreement. When and in its sole discretion The Office Works, Inc. determines a shop reconditioning is necessary as a direct result of expected materials wear and age factors caused by normal office environment usage, to keep the equipment in working condition, The Office Works, Inc. will remove equipment from customer environment and return to our shop for repair. If the customer does not authorize such reconditioning, The Office Works, Inc. may discontinue service of the equipment under this agreement or may refuse to renew this agreement upon its expiration. Thereafter The Office Works, Inc. will be available on a "Per Call" basis at current published rates.

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

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

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

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

This agreement excludes the following services where applicable: paper, transparencies, staples and freight.

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

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

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

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

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

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

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

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

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

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

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

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



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

SALES ORDER

Date 9/30/2014

PO# _____

Terms _____

BILL TO Regency House of Wallingford

SHIP TO _____

Address 181 East Main Street

Address _____

City Wallingford State CT 06492

City _____ State _____ Zip _____

Billing Contact Kim or Jen

Ship to Phone _____

Billing Phone 203-265-1661

Ship to Fax _____

ITEM DESCRIPTION	SERIAL NUMBER	QTY	UNIT PRICE	EXTENDED PRICE
Toshiba e-Studio477S Digital Copier		1		39 Month Lease
				\$55.59 per month
				Zero Down
				FMV Lease End Option

1) The Seller retains a security interest in all the equipment and supplies described in this Agreement until the purchase price is paid in full.
 2) In the event Buyer makes default in payment the Buyer will be liable for the payment of any legal fees or costs incurred in sustaining or protecting the security interest or in enforcing the terms of the security agreement, and upon demand the Buyer agrees to make the equipment available to the Seller at a location to be determined by seller.
 3) If there is a third party associated with this transaction, the lessee shall abide by the terms of the lease agreement. The Office Works, Inc. shall in no way be held responsible if the lessee fails to fulfill any terms set forth in the associated lease agreement.

Returned Equipment	Make/Model	Equip. ID# & Serial Number	End Meter
Hard-drive Options Upon Equipment Removal	Remove & Replace _____	Erase _____	Ignore _____

Notes / Provisions:

Customer Authorization		The Office Works, Inc. Authorization	
Authorized Signature	<u>[Signature]</u>	Accepted By	_____
Print Name / Title	<u>John Bokow</u>	Print Name	_____
Date	<u>10/14/14</u>	Title	_____

LESSEE	Full Legal Name REGENCY HOUSE OF WALLINGFORD				Phone Number 2032651661		
	Billing Address 181 E MAIN ST, WALLINGFORD, CT. 064923947				Purchase Order Requisition Number		
Equipment Location (if not same as above)					Send Invoice to Attention of		
EQUIPMENT INFORMATION	Equipment Make	Model Number	Serial Number	Quantity	Description (Attach separate Schedule A if Necessary)		
	Toshiba	e-Studio477S	Copier				
PAYMENT INFORMATION	Number of Lease Payments	Lease Payment (PLUS)	Applicable Sales Tax (EQUALS)	Total Lease Payment	Term of Lease in Months	End of Lease Option	Payment Frequency
	39	55.59 +	3.53	= 59.12	39	Fair Market Value	Monthly
					Security Deposit (PLUS)	End of Lease Purchase Option that be FMV unless another option is indicated	
					First Period Payment (PLUS)	Other (EQUALS)	Total Payment Enclosed
					+	+	=

TERMS AND CONDITIONS

1. Lease: You (the "Lessee") agree to lease from us (the "Lessor") the Equipment listed above and on any attached schedule (the "Lease"). You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or taxes differs from the supplier's estimate. This lease is effective on the date that it is accepted and signed by us, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us interim rent for the period from the date the Equipment is delivered to you until the Commencement Date, as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your Lease obligations are absolute, unconditional and are not subject to cancellation, reduction, setoff or counterclaim. You agree to pay us a fee of \$75 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the term of this Lease. Security deposits are non-interest-bearing and may be applied to cure a Lease default. If you are not in default, we will return the deposit to you when the Lease is terminated. If a payment is not made when due, you will pay us a late charge of 10% of the payment or \$10, whichever is greater. We will charge you a fee of \$25 for any check that is returned. ONLY WE ARE AUTHORIZED TO WAIVE OR CHANGE ANY TERM, PROVISION OR CONDITION OF THE LEASE.

2. Title: Unless you have a \$1.00 purchase option, the lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the equipment.

3. Equipment Use, Maintenance and Warranties: We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. If the Lease Payment includes the cost of maintenance and/or service provided by a third party, you agree that we are not responsible to provide the maintenance or service and you will make all claims related to maintenance and service to the third party. You agree that any claims related to maintenance or service will not impact your obligation to pay all Lease Payments when due.

4. Assignment: You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

5. Risk of Loss and Insurance: You are responsible for all risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for this insurance and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain such insurance, and add an insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This indemnity

will continue after the termination of this Lease. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

6. Taxes: You agree to pay when due, either directly or as reimbursement to us, all sales, use and personal property taxes and charges in connection with ownership and use of the Equipment. You may charge you a processing fee for administering property tax filings. You will indemnify us on an after-tax basis against the loss of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions.

7. End of Lease: You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial Lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return all the Equipment in good working condition at your cost to a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods.

8. Default and Remedies: You are in default on this Lease if: a) you fail to pay a Lease Payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease Payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future Lease Payments and the Residual discounted to the date of default at the lesser of (A) a per annum interest rate equivalent to that of a U.S. Treasury constant maturity obligation (as reported by the U.S. Treasury Department) that would have a repayment term equal to the remaining Lease term, all as reasonably determined by us, or (B) 6% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; and (iv) require that you immediately return the Equipment to us or we may peaceably repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us.

9. Miscellaneous: You agree the Lease is a Finance Lease as defined in Article 2A of the "UCC". You acknowledge we have given you the name of the Equipment supplier and that you may have rights under the contract with the supplier and may contact the supplier for a description of these rights. If requested, you will sign a separate Equipment acceptance certificate. This Lease was made in Pennsylvania ("PA"), is to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to jurisdiction, personal or otherwise, in any state or federal court in PA and irrevocably waive a trial by jury. You agree to waive any and all rights and remedies granted to you under Sections 2A-508 through 2A-522 of the UCC. You agree that the Equipment will only be used for business purposes and not for personal, family or household use and will not be moved from the above location without our consent. You agree that a facsimile copy of the Lease with facsimile signatures may be treated as an original and will be admissible as evidence of the Lease. We may inspect the Equipment during the Lease term.

You agree that this is a non-cancelable lease. The Equipment is: NEW USED

LESSEE SIGNATURE

Lessee (Full Legal Name)
REGENCY HOUSE OF WALLINGFORD

Signature
Print Name
Title
Date

LESSEE SIGNATURE

DE LAGE LANDEN FINANCIAL SERVICES, INC.
Lease Processing Center: 1111 Old Eagle School Road, Wayne, PA
19087-8608
PHONE: (800) 735-3273 • FAX: (800) 776-2329

LESSOR

Commencement Date
Lease Number

Accepted by

GUARANTY

I unconditionally guaranty prompt payment of all the Lessee's obligations. The Lessor is not required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against me. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extensions or modification granted to the Lessee and the Lessee and the release and/or compromise of any obligations of the Lessee or any other guarantors without releasing me from my obligations. This is a continuing guaranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. This guaranty is governed by and constituted in accordance with the Laws of the Commonwealth of Pennsylvania and I consent to non-exclusive jurisdiction in any state or federal court in Pennsylvania and waive trial by jury.

Signature
Date

Print Name

ACCEPTANCE

The equipment has been received, put in use, is in good working order and is satisfactory and acceptable.

Signature
Date

Print Name
Title

General Information and Questionnaire Accounting Basis

Name of Facility Regency House of Wallingford, Inc	License No. 2072-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 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 29 S. Main St., West Hartford, CT 06127
--	--

Services Provided by This Firm (describe fully)

1 Compilation, preparation of Medicare and Medicaid cost reports, and year end tax services	\$	28,300
2	\$	
3	\$	
4	\$	
		Charge for Services Provided
		\$ 28,300

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No pg 15 1 d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See attachment. 2 3 4 5	Telephone Number
---	------------------

Address (No. & Street, City, State, Zip Code)
 1
 2
 3
 4
 5

Services Provided by This Firm (describe fully)

1 See attachment.	\$	8,178
2	\$	
3	\$	
4	\$	
5	\$	
		Charge for Services Provided
		\$ 8,178

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, line 1e

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

**General Information and Questionnaire
Accounting Basis**

Name of Facility Regency House of Wallingford	License No. 2072-C	Report for Year Ended 9/30/2015	Page 7	of 37
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Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Altus Global Trade Solutions	(800) 509-6060
2 Goldman, Gruder & Wood	(203) 899-8900
3 Berchem & Moses, P.C.	(203)-783-1200
4 Jackson Lewis P.C.	(914) 328-0404
5 Timothy S. Wall	(203) 265-7173
6 Treasurer State of Connecticut	

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

1 2400 Veterans Blvd Suite 300 Kenner, LA. 70062
2 200 Connecticut Avenue Norwalk, CT. 06854
3 75 Broad Street Milford, CT. 06460
4 P.O. Box 416019 15th Floor Boston, MA. 02241
5 Deputy Sherriff N.H. Count Wallingford, CT. 06492
6 Hartford, CT. 06106

Services Provided by This Firm (*describe fully*)

1 Collections	\$ 96
2 Collections	\$ 6,856
3 Labor	\$ 200
4 Labor	\$ 491
5 Conservator	\$ 89
6 Conservator	\$ 446
	Charge for Services Provided
	\$ 8,178

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

Yes No

Schedule of Resident Statistics

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-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	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	121	121			121	121			124	124		
B. As of midnight of THIS report period	129	129			124	124			129	129		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,477	7,477			5,407	5,407			2,070	2,070		
B. Medicaid (Conn.)	31,693	31,693			23,696	23,696			7,997	7,997		
C. Medicaid (other states)												
D. Private Pay	4,262	4,262			3,330	3,330			932	932		
E. State SSI for RCH												
F. Other (Specify)	1,725	1,725			1,361	1,361			364	364		
G. Total Care Days During Period (3A thru F)	45,157	45,157			33,794	33,794			11,363	11,363		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	31	31			26	26			5	5		
B. Other Bed Reserve Days	2	2			2	2						
5. Total Resident Days (3G + 4A + 4B)	45,190	45,190			33,822	33,822			11,368	11,368		

*****OTHER DAYS BREAKOUT:**

Regency House of Wallingford, Inc.
2015 Cost Report - Page 8 attachment

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

Managed Care	<u>375</u>
Hospice	<u>1,350</u>
VA	<u>-</u>
	<u><u>1,725</u></u>

Schedule of Resident Statistics (Cont'd)

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	18		92		19								
Per Diem Rate													
a. One bed rm.	PPS		250.44		527/466								
b. Two bed rms.	PPS		250.44		494/416								
c. Three or more bed rms.	PPS		250.44		n/a								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,036	2,036				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								3	3				
C. Other								17,686	17,686				
D. Total Physical Therapy Treatments								19,725	19,725				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								492	492				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,458	1,458				
D. Total Speech Therapy Treatments								1,950	1,950				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,801	1,801				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								39	39				
C. Other								16,934	16,934				
D. Total Occupational Therapy Treatments								18,774	18,774				

Report of Expenditures - Salaries & Wages

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-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)	24,924	34				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	164,407	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	192,969	10,025				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	73,008	2,080				
c. Dietary Workers	408,528	25,450				
6. Housekeeping Service						
a. Head Housekeeper	33,964	1,801				
b. Other Housekeeping Workers	315,170	22,685				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	65,116	2,080				
b. Other Maintenance Workers	32,693	2,316				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	22,910	1,716				
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	211,158	4,160				
b. RN						
1. Direct Care	651,747	16,327				
2. Administrative**	191,092	5,449				
c. LPN						
1. Direct Care	1,330,794	50,826				
2. Administrative**						
d. Aides and Attendants	1,903,619	123,319				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	153,031	7,958				
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	250,996	9,190				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,026,126	287,496				

* 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	
Regency House of Wallingford, Inc.				2072-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										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559	24,924			same as other employees	Supervises operations, deals with DNS & other patient care,	34	a1	See attached		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* 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.

MARVIN J. OSTREICHER
TIME STUDY
Y/E SEPTEMBER 2015

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

**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	
Regency House of Wallingford, Inc.				2072-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***										
David Bond (10/1/14-9/30/15)	164,407			same as other employees	Management & supervision of healthcare facility	2,080	a2			
Section IV - Assistant Administrators										

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

** Include **all** other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Regency House of Wallingford, Inc.	2072-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	32,200	805				
2. Dentist	3,708	Disallowed				
3. Pharmacist	13,527	24				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	350,866	7,635				
b. Other						
6. Social Worker	250	1				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	48,000	221				
b. Utilization Review (Title 18 and 19 only) monthly meeting	400	4				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	81,486	1,906				
b. Other						
10. Occupational Therapist						
a. Resident Care	331,990	6,387				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	2,166	30				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	11,780	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	876,373	17,013				

* 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 Regency House of Wallingford, Inc.		License No. 2072-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		
Nancy Eastwood, 8 White Cedar Dr. Madison, CT	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
United Health Resources, 60 Waterbury Road, Prospect CT 06460	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC Pharmacy of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Therapy Solutions, 850 Silas Deane, Wethersfield, CT 06109	PT, ST, OT & Rehabilitation Consulting Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Maple View Manor of CT LLC, 856 Maple St, Rocky Hill, CT 06067	Admissions/Social Worker	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Garumuni Desilva, M.D., 15 Also Dr. Woodbridge, CT 06525	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Anthony Scialla. 100 York Street, New Haven, CT 06511	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics, PO Box 484 Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Ready Nurse, 34921 US Highway 19N Palm Harbor, FL 34684	RNs	<input type="radio"/>	<input checked="" type="radio"/>		
IV Excellence, 32 Falls Ave, Oakville, CT 06179	IV Therapy	<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"/>		
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		<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
Regency House of Wallingford, Inc.	2072-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 357,948	357,948			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 153,204	153,204			
4. Social Security (F.I.C.A.)	\$ 449,052	449,052			
5. Health Insurance	\$ 651,196	651,196			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 14,207	14,207			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 28,300	28,300			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 8,178	8,178			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 24,723	24,723			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 18,099	18,099			
2. Cellular Phones	\$ 2,878	2,878			
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	\$ 454	454			
3. Resident Day User Fee	\$ 803,765	803,765			
Subtotal	\$ 2,512,004	2,512,004			

* 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
Regency House of Wallingford, Inc.	2072-C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>	2,512,004	2,512,004		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 4,689	4,689		
3. Gifts to Staff and Residents	\$ 7,522	7,522		
4. Employee Travel	\$ 4,685	4,685		
5. Education Expenses Related to Seminars and Conventions	\$ 875	875		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 125	125		
7. Other (<i>Specify</i>)	\$			
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)***	\$ 26,366	26,366		
See Attached Schedule				
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 4,263	4,263		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 8,930	8,930		
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions***	\$ 500	500		
See Attached Schedule				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$ 470,656	470,656		
13. Other (<i>Specify</i>)	\$ 116,785	116,785		
See Attached Schedule				
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,157,400	3,157,400		

* 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- Marketing- Disallowed	\$ 26,366		
Total Other Advertising	\$ 26,366	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,850		
ALTCFM	\$ 80		
Total Dues	\$ 8,930	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Donations	\$ 500		
Total Contributions	\$ 500	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees- Fiscal Operations	\$ 36,864		
IT Services - Administration	\$ 3,922		
Purchased Services- Administration	\$ 3,204		
Purchased Services- Fiscal Operations	\$ 40,858		
Rental Expenses- Fiscal Operations (storage rental)	\$ 1,010		
Licenses and Permits- Administration	\$ 1,590		
Bank Charges- Administration- Disallowed	\$ 25,003		
Background Check- Security	\$ 381		
Background Check- Administration	\$ 3,245		
Miscellaneous Expense- Administration- Disallowed	\$ (53)		
Rental Expenses - Administration	\$ 747		
Penalties - Administration - Disallowed	\$ 14		
Total Other Administrative and General	\$ 116,785	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
National Healthcare	470,656	See Attached	page 16, line M12

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

NHCA Manage

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

	120 Bloomfield	132 Bristol	160 Cambridge	144 Ludlowe	120 Maple View Manor	120 Marlborough	120 Milford	95 New Milford	130 Regency	345 Riverside	150 Water's Edge
Intercompany adjustments (Troy)	(2,575.61)	(2,832.59)	(3,433.76)	(3,090.04)	(2,575.61)	(2,575.61)	(2,575.61)	(2,099.27)	(2,790.15)	(7,405.04)	(3,219.22)
310000-0000-00-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
400000-0000-00-0000-0	282,655.95	310,874.90	376,948.26	339,185.53	282,655.95	282,655.95	282,655.95	225,193.75	306,200.82	812,641.54	353,304.40
400010-0000-00-0000-0	1,567.09	1,722.79	2,088.64	1,880.49	1,567.09	1,567.09	1,567.09	1,241.08	1,697.60	4,505.76	1,958.10
401000-0000-04-0000-0	18,621.21	20,480.28	24,626.55	22,345.41	18,621.21	18,621.21	18,621.21	14,742.89	20,172.35	53,536.57	23,275.64
401100-0000-04-0000-0	454.22	499.51	605.53	545.03	454.22	454.22	454.22	359.66	462.04	1,305.89	567.74
401101-0000-00-0000-0	(3.74)	(4.11)	(4.99)	(4.49)	(3.74)	(3.74)	(3.74)	(2.96)	(4.05)	(10.75)	(4.68)
401200-0000-04-0000-0	1,653.60	1,818.56	2,204.44	1,984.27	1,653.60	1,653.60	1,653.60	1,309.24	1,791.30	4,754.08	2,066.78
401202-0000-00-0000-0	(102.62)	(112.86)	(136.81)	(123.15)	(102.62)	(102.62)	(102.62)	(81.25)	(111.17)	(295.05)	(128.27)
401250-0000-00-0000-0	518.54	570.35	691.33	622.33	518.54	518.54	518.54	410.56	561.75	1,490.90	648.13
401300-0000-04-0000-0	22,866.50	25,147.97	30,485.17	27,439.83	22,866.50	22,866.50	22,866.50	18,104.85	24,771.16	65,742.55	28,580.53
401400-0000-04-0000-0	20.84	22.53	27.79	25.01	20.84	20.84	20.84	16.50	22.59	59.94	26.05
401600-0000-04-0000-0	502.39	552.47	669.75	602.81	502.39	502.39	502.39	397.73	544.21	1,444.30	627.88
401700-0000-04-0000-0	4,667.41	5,133.07	6,222.49	5,600.86	4,667.41	4,667.41	4,667.41	3,695.46	5,056.17	13,419.02	5,833.72
401800-0000-04-0000-0	682.30	750.45	909.66	818.76	682.30	682.30	682.30	540.18	739.16	1,961.70	852.91
402000-0000-04-0000-0	1,473.35	1,620.36	1,964.25	1,768.02	1,473.35	1,473.35	1,473.35	1,166.53	1,596.08	4,235.95	1,841.54
410000-0000-04-0000-0	3,165.44	3,415.57	4,140.54	3,726.84	3,165.44	3,165.44	3,165.44	2,499.03	3,364.44	8,929.00	3,881.87
410000-0000-09-0000-0	15.27	16.78	20.36	18.33	15.27	15.27	15.27	12.09	16.54	43.90	19.09
410000-0000-09-0000-0	33.37	36.69	44.48	40.04	33.37	33.37	33.37	26.44	36.15	95.94	41.70
410000-0000-12-0000-0	2.53	2.79	3.38	3.04	2.53	2.53	2.53	2.01	2.74	7.28	3.17
411000-0000-04-0000-0	19.64	21.61	26.19	23.57	19.64	19.64	19.64	15.55	21.28	56.46	24.55
431000-0000-03-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
431000-0000-04-0000-0	7,030.70	7,732.13	9,373.07	8,436.78	7,030.70	7,030.70	7,030.70	5,566.63	7,616.30	20,213.47	8,787.48
432000-0000-03-0000-0	2,283.74	2,511.85	3,044.88	2,740.45	2,283.74	2,283.74	2,283.74	1,807.96	2,473.99	6,565.68	2,854.65
433000-0000-03-0000-0	1,771.23	1,947.98	2,361.37	2,125.50	1,771.23	1,771.23	1,771.23	1,402.38	1,918.79	5,092.41	2,213.88
433100-0000-03-0000-0	(611.80)	(672.84)	(815.64)	(734.16)	(611.80)	(611.80)	(611.80)	(484.40)	(662.76)	(1,758.96)	(764.68)
440000-0000-03-0000-0	9,082.05	9,082.05	11,009.45	9,909.64	8,257.92	8,257.92	8,257.92	6,538.34	8,946.10	23,742.37	10,321.68
440000-0000-08-0000-0	688.71	757.44	918.16	826.58	688.71	688.71	688.71	545.29	746.15	1,980.08	860.81
440000-0000-09-0000-0	900.89	990.69	1,200.92	1,080.87	900.89	900.89	900.89	713.22	975.72	2,589.66	1,125.86
440000-0000-12-0000-0	53.36	58.71	71.17	64.05	53.36	53.36	53.36	42.29	57.83	153.47	66.73
440001-0000-08-0000-0	366.53	403.10	488.63	439.78	366.53	366.53	366.53	290.28	397.06	1,053.73	458.14
441000-0000-03-0000-0	5,676.21	6,242.55	7,567.30	6,811.14	5,676.21	5,676.21	5,676.21	4,494.20	6,148.82	16,319.02	7,094.38
442000-0000-08-0000-0	20.00	21.95	26.65	23.98	20.00	20.00	20.00	15.81	21.62	57.43	24.95
452000-0000-25-0000-0	2,706.81	2,976.72	3,688.72	3,248.36	2,706.81	2,706.81	2,706.81	2,143.04	2,932.26	7,782.25	3,383.22
452100-0000-25-0000-0	(1,194.52)	(1,313.70)	(1,592.51)	(1,433.42)	(1,194.52)	(1,194.52)	(1,194.52)	(945.77)	(1,294.02)	(3,434.31)	(1,493.01)
461000-0000-03-0000-0	2,712.85	2,983.31	3,616.64	3,255.35	2,712.85	2,712.85	2,712.85	2,147.76	2,938.63	7,799.37	3,390.65
461100-0000-03-0000-0	2,006.26	2,206.37	2,674.65	2,407.48	2,006.26	2,006.26	2,006.26	1,588.40	2,173.30	5,767.96	2,507.54
462000-0000-25-0000-0	1,529.87	1,682.44	2,039.55	1,835.81	1,529.87	1,529.87	1,529.87	1,211.25	1,657.25	4,398.44	1,912.13
463000-0000-25-0000-0	443.34	487.58	591.08	523.03	443.34	443.34	443.34	351.02	480.27	1,274.68	554.15
466000-0000-25-0000-0	72.43	79.68	96.60	86.95	72.43	72.43	72.43	57.36	78.50	208.30	90.55
471000-0000-25-0000-0	6,469.09	7,114.48	8,624.40	7,762.81	6,469.09	6,469.09	6,469.09	5,121.91	7,007.84	18,598.85	8,085.55
472000-0000-25-0000-0	516.53	567.96	688.68	619.75	516.53	516.53	516.53	408.91	559.46	1,484.89	645.51
472000-0000-04-0000-0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
473000-0000-25-0000-0	3,426.41	3,768.25	4,568.02	4,111.67	3,426.41	3,426.41	3,426.41	2,712.89	3,711.81	9,851.10	4,282.62
484000-0000-04-0000-0	1,327.68	1,460.13	1,770.03	1,593.23	1,327.68	1,327.68	1,327.68	1,051.22	1,438.25	3,817.12	1,659.43
484100-0000-04-0000-0	13.35	14.69	17.82	16.16	13.35	13.35	13.35	10.59	14.51	38.39	16.71
486000-0000-04-0000-0	7,709.31	8,478.48	10,277.90	9,251.17	7,709.31	7,709.31	7,709.31	6,103.96	8,351.46	22,164.73	9,635.76
491000-0000-03-0000-0	257.10	282.74	342.75	308.54	257.10	257.10	257.10	203.56	278.48	739.13	321.30
500000-0000-03-0000-0	21.32	23.43	28.41	25.57	21.32	21.32	21.32	16.88	23.08	61.27	26.63
501000-0000-03-0000-0	8,395.23	9,232.87	11,192.42	10,074.37	8,395.23	8,395.23	8,395.23	6,647.11	9,094.54	24,136.88	10,493.18
501100-0000-03-0000-0	2,513.58	2,757.65	3,364.56	3,028.53	2,513.58	2,513.58	2,513.58	1,984.94	2,787.89	7,284.26	3,169.65
503000-0000-03-0000-0	403.92	470.31	570.07	513.28	403.92	403.92	403.92	338.59	463.27	1,229.67	534.49
503500-0000-03-0000-0	3.16	33.97	162.47	146.25	3.16	3.16	3.16	96.41	131.87	350.19	152.24
503600-0000-03-0000-0	931.40	1,024.35	1,241.72	1,117.67	931.40	931.40	931.40	737.43	1,008.96	2,677.79	1,164.16
504000-0000-03-0000-0	984.22	1,082.49	1,312.19	1,181.11	984.22	984.22	984.22	779.28	1,066.23	2,825.69	1,230.12
509000-0000-03-0000-0	2,053.89	2,258.79	2,738.16	2,464.68	2,053.89	2,053.89	2,053.89	1,626.30	2,224.99	5,905.05	2,567.16
510000-0000-03-0000-0	2,748.78	3,022.96	3,664.56	3,298.53	2,748.78	2,748.78	2,748.78	2,176.33	2,977.70	7,902.80	3,435.67
511000-0000-03-0000-0	963.25	1,059.28	1,284.11	1,155.92	963.25	963.25	963.25	762.68	1,043.51	2,769.34	1,203.91
512000-0000-03-0000-0	790.75	869.69	1,054.24	948.94	790.75	790.75	790.75	626.14	856.65	2,273.52	988.38
513000-0000-03-0000-0	23.14	25.48	30.93	27.80	23.14	23.14	23.14	18.37	25.12	66.63	28.94
517000-0000-03-0000-0	391.28	430.37	521.69	469.60	391.28	391.28	391.28	309.82	423.89	1,125.10	489.10
520000-0000-03-0000-0	38.53	42.39	51.40	46.24	38.53	38.53	38.53	30.50	41.81	110.77	48.10
520100-0000-03-0000-0	2,966.65	2,965.51	3,595.01	3,235.78	2,966.65	2,966.65	2,966.65	2,134.84	2,921.04	7,752.31	3,369.97
521000-0000-03-0000-0	4,708.93	5,179.26	6,278.29	5,650.74	4,708.93	4,708.93	4,708.93	3,728.03	5,101.27	13,538.39	5,885.96
522000-0000-03-0000-0	4,686.54	5,154.73	6,248.54	5,623.81	4,686.54	4,686.54	4,686.54	3,710.28	5,076.90	13,473.77	5,858.17
540000-0000-31-0000-0	54.63	60.08	72.83	65.55	54.63	54.63	54.63	43.25	59.18	157.05	68.28
541000-0000-03-0000-0	136.48	150.07	181.96	163.77	136.48	136.48	136.48	108.05	147.83	392.41	170.59
541200-0000-31-0000-0	594.10	653.24	792.13	712.97	594.10	594.10	594.10	453.12	643.67	1,708.20	745.20
541001-0000-03-0000-0	5.46	6.01	7.28	6.56	5.46	5.46	5.46	4.33	5.92	15.71	6.83
542000-0000-31-0000-0	199.40	219.30	265.85	239.31	199.40	199.40	199.40				

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

Name of Facility Regency House of Wallingford, Inc.		License No. 2072-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	\$	344,862	344,862		
2. Non-Food Supplies	\$	25,748	25,748		
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
	\$	16,211	16,211		
c. Management Services**					
	\$				
d. Other (Specify) _____					
	\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$	386,821	386,821	
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Regency House of Wallingford, Inc.		License No. 2072-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. \$	153	153	
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)	\$	172,644	172,644	
c.	Management Services**	\$			
d.	Other (Specify) Supplies \$1,744; Diapers \$56,912	\$	58,656	58,656	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	231,453	231,453	
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
Regency House of Wallingford, Inc.		2072-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. \$	39,870	39,870		
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. \$	1,796	1,796		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	41,666	41,666		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Pharmerica	\$	336,430	336,430		
b.	Medicine Cabinet Drugs	\$	29,279	29,279		
c.	Medical and Therapeutic Supplies	\$	129,060	129,060		
d.	Ambulance/Limousine***	\$	9,675	9,675		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	20,802	20,802		
f.	X-rays and Related Radiological Procedures***	\$	45,686	45,686		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	48,649	48,649		
i.	Recreation	\$	46,795	46,795		
j.	Other (Specify)**** See Attached Schedule	\$	25,682	25,682		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	692,058	692,058		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Purchased Services- Nursing	\$ 2,651		
Rental Expenses- Nursing	\$ 345		
Equipment Rental- Nursing	\$ 11,048		
IV Therapy Supplies - Rehab Therapy and Ancillary	\$ 2,511		
Flu Vaccine - Medical Services	\$ 9,127		
Total Other Resident Care	\$ 25,682	\$ -	\$ -

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

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-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
Med-Apparel Services	161 S Macquesten Pkwy Mt Vernon NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry and Linen Purch Services	32,955			19	3B
Unitex Textile Rental	161 S Macquesten Pkwy Mt Vernon NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry and Linen Purch Services	139,689			19	3B
ADM Environmental Group	1370 Coney Island Ave Brooklyn NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal/Recycling	26,535			22	6F
ADP	PO Box 847875 Boston, MA 02284-2875	<input type="radio"/>	<input checked="" type="radio"/>		Payroll	15,545			16	M13
Ultimate Landscaping	45 East Main St. Wallingford, CT 06494	<input type="radio"/>	<input checked="" type="radio"/>		Ground Services	34,739			22	6F
MJ Daly, LLC	110 Mattatuck Heights, Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	42,761			22	6A
Kone, Inc.	47-36 36th Street, Long Island City, NY, 11101	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	10,388			22	6A
Fire Tech	486 Derby Ave, West Haven, CT 06516	<input type="radio"/>	<input checked="" type="radio"/>		Alarm Maintenance	14,920			22	6F
Proline	PO Box 150473, Hartford, CT, 06915	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Maintenance	10,613			18	2B
		<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
Regency House of Wallingford, Inc.	2072-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 110,719	110,719				
b. Heat	\$ 79,121	79,121				
c. Light & Power	\$ 85,203	85,203				
d. Water	\$ 31,282	31,282				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 22,417	22,417				
f. Other (<i>itemize</i>)	\$ 72,188	72,188				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 400,930	400,930				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 20,855	20,855				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 20,855	20,855				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 30,744	30,744				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 30,744	30,744				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,507,746	1,507,746				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 148,228	148,228				
c. Personal property taxes	\$ 15,047	15,047				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,722,620	1,722,620				

* 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)
Purchased Services- Security	\$ 18,812		
Ground Services- Maintenance	\$ 18,787		
Pest Control- Maintenance	\$ 2,552		
Carting- Maintenance	\$ 31,583		
Rental Expenses - Maintenance	\$ 151		
Supplies - Security	\$ 288		
Equipment Rental Purchasing	\$ 15		
Total Other Repairs and Maintenance	\$ 72,188	\$ -	\$ -

Regency House of Wallingford, 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:				
10/31/2014	Optiplex 3020 Form	\$ 929	5	\$ 186
10/31/2014	Snow Blower	\$ 606	5	\$ 121
11/30/2014	80" Low Air System	\$ 1,487	5	\$ 273
12/31/2014	Dual motor HDU	\$ 656	8	\$ 68
12/31/2014	Speedshine Burnishment	\$ 1,209	15	\$ 67
1/31/2015	Heavy Duty Slicer	\$ 2,166	10	\$ 162
1/31/2015	Lift patient	\$ 1,498	10	\$ 112
2/28/2015	2 Desktops	\$ 1,861	5	\$ 248
3/31/2015	DYNO APM with LAL	\$ 1,383	5	\$ 161
3/31/2015	80" electric bed	\$ 1,799	15	\$ 70
3/31/2015	Ignition Module	\$ 916	5	\$ 107
4/30/2015	Extractor 20"	\$ 2,249	10	\$ 112
4/30/2015	Series Clock	\$ 2,230	10	\$ 112
4/30/2015	Laptop	\$ 1,211	5	\$ 121
5/31/2015	80" electric bed	\$ 924	15	\$ 26
6/30/2015	Desktop	\$ 809	5	\$ 54
6/30/2015	Desktop	\$ 809	5	\$ 54
6/30/2015	Digital Lift Scale	\$ 749	10	\$ 25
7/31/2015	Fujitsu Scanner	\$ 914	5	\$ 46
8/31/2015	TV's-4	\$ 1,809	5	\$ 60
8/31/2015	80" Electric bed-2	\$ 1,799	15	\$ 20
5/31/2015	Lost Meter	\$ 1,064	5	\$ 89
9/30/2015	Drawer/Chest	\$ 6,356	15	\$ 35
9/30/2015	DYNO APM with LAL	\$ 691	5	\$ 12
9/30/2015	DYNO APM with LAL	\$ 691	5	\$ 12
9/30/2015	Mat	\$ 703	5	\$ 12
Total additions for Movable Equipment		\$ 37,518		\$ 2,364 *
Deletions:				
7/31/2015	Buffing Machine	\$ 1,217	5	\$ 1,217
7/31/2015	Wetvac	\$ 636	5	\$ 636
7/31/2015	Ventilator	\$ 702	5	\$ 702
7/31/2015	Bed Alarm	\$ 684	5	\$ 684
7/31/2015	Mattress	\$ 10,022	5	\$ 10,022
7/31/2015	SNF	\$ 599	5	\$ 599
7/31/2015	Scale	\$ 1,325	5	\$ 1,325
7/31/2015	Wheelchair	\$ 599	5	\$ 599
7/31/2015	Monitor	\$ 728	5	\$ 728
7/31/2015	Monitor	\$ 489	5	\$ 489
7/31/2015	Cart	\$ 1,378	5	\$ 1,378
7/31/2015	Bed Alarm	\$ 8,165	5	\$ 8,165
7/31/2015	Bed Alarm	\$ 1,491	5	\$ 1,491
7/31/2015	Med. Equipment	\$ 954	5	\$ 954
7/31/2015	Medical Equipment	\$ 951	5	\$ 951
7/31/2015	Recl. Chair	\$ 986	5	\$ 986
7/31/2015	Crest	\$ 157	5	\$ 157
7/31/2015	Air Conditioner	\$ 638	5	\$ 638
7/31/2015	Computer	\$ 1,297	5	\$ 1,297
7/31/2015	Computers	\$ 11,774	5	\$ 11,774
7/31/2015	Monitor	\$ 1,392	5	\$ 1,392
7/31/2015	Beds	\$ 1,420	5	\$ 1,420
7/31/2015	Beds	\$ 1,420	5	\$ 1,420
7/31/2015	Ice Machine	\$ 1,806	5	\$ 1,806
7/31/2015	Printer	\$ 772	5	\$ 772
7/31/2015	Computer	\$ 1,148	5	\$ 1,148
7/31/2015	Sales Tax-Shane	\$ 114	5	\$ 114
7/31/2015	Carpet Spotter	\$ 563	5	\$ 563
7/31/2015	Air Conditionor	\$ 566	5	\$ 566
7/31/2015	Mixer	\$ 2,208	5	\$ 2,208
7/31/2015	Water Booster	\$ 1,236	5	\$ 1,236
7/31/2015	Oximeter	\$ 552	5	\$ 552
7/31/2015	Clipper 12GL	\$ 3,262	5	\$ 3,262
7/31/2015	Ductless Split System	\$ 1,576	5	\$ 1,576
7/31/2015	Chair	\$ 583	5	\$ 583

7/31/2015	Sales Tax	\$ 45	5	\$ 45
7/31/2015	Barco	\$ 41	5	\$ 41
7/31/2015	Michtoner	\$ 255	5	\$ 255
7/31/2015	HP 4100	\$ 1,063	5	\$ 1,063
7/31/2015	HP-4	\$ 116	5	\$ 116
7/31/2015	Laser Printer	\$ 1,088	5	\$ 1,088
7/31/2015	Canopy	\$ 1,935	5	\$ 1,935
7/31/2015	Reclining w/c	\$ 611	5	\$ 611
7/31/2015	Bus Purchases	\$ 1,500	5	\$ 1,500
7/31/2015	Wheelchair Scale	\$ 780	5	\$ 780
7/31/2015	Vacuum Cleaner	\$ 1,513	5	\$ 1,513
7/31/2015	Carpet	\$ 2,483	5	\$ 2,483
7/31/2015	Fans	\$ 418	5	\$ 418
7/31/2015	Fans	\$ 864	5	\$ 864
7/31/2015	Power Lift	\$ 1,314	5	\$ 1,314
7/31/2015	Power Lift	\$ 1,304	5	\$ 1,304
7/31/2015	Computer	\$ 1,268	5	\$ 1,268
7/31/2015	Bed Sensor Pad	\$ 678	5	\$ 678
7/31/2015	Bed Sensor Pad	\$ 407	5	\$ 407
7/31/2015	Informer	\$ 1,302	5	\$ 1,302
7/31/2015	Computer Network	\$ 2,870	5	\$ 2,870
7/31/2015	Server	\$ 691	5	\$ 691
7/31/2015	Wet Vacuum	\$ 501	5	\$ 501
7/31/2015	Waste Disposer	\$ 359	5	\$ 359
7/31/2015	Waste Disposer	\$ 1,296	5	\$ 1,296
7/31/2015	Beds	\$ 1,420	5	\$ 1,420
7/31/2015	Chair Scale	\$ 1,080	5	\$ 1,080
7/31/2015	Computer	\$ 1,382	5	\$ 1,382
7/31/2015	Computer	\$ 871	5	\$ 871
7/31/2015	Server	\$ 16	5	\$ 16
7/31/2015	Sales Tax-Delatush 2004	\$ 172	5	\$ 172
7/31/2015	WILB2000-FloorCleaning Machine	\$ 1,749	5	\$ 1,749
7/31/2015	Circulator Pump	\$ 1,716	5	\$ 1,716
7/31/2015	Electronic Air Cleaner	\$ 2,480	5	\$ 2,480
7/31/2015	S/T on Direct Supply,1015.04	\$ 61	5	\$ 61
7/31/2015	Microtech Universal Monitor-12	\$ 2,075	5	\$ 2,075
7/31/2015	Microtech informer-12	\$ 2,266	5	\$ 2,266
7/31/2015	Veramatic + 14Vacuum Cleaner"	\$ 631	5	\$ 631
7/31/2015	MOVEABLE EQUIPMENT - 1996	\$ 13,433	5	\$ 13,433
7/31/2015	MOVEABLE EQUIPMENT - 1996	\$ 28,219	10	\$ 28,219
7/31/2015	MOVEABLE EQUIPMENT - 1997	\$ 18,278	5	\$ 18,278
7/31/2015	MOVEABLE EQUIPMENT - 1998	\$ 7,479	5	\$ 7,479
7/31/2015	MOVEABLE EQUIPMENT - 1999	\$ 9,417	5	\$ 9,417
7/31/2015	Sales tax - Tower	\$ 45	5	\$ 45
7/31/2015	Q1500 RPM Burnisher	\$ 943	5	\$ 943
7/31/2015	Minitower pentium computer	\$ 974	5	\$ 974
7/31/2015	Sales tax-Tower-\$1500,\$2290	\$ 227	5	\$ 227
7/31/2015	Computer Pentium 4	\$ 958	5	\$ 958
7/31/2015	Sales tax - Cbord	\$ 18	5	\$ 18
7/31/2015	HP3800N color printer	\$ 890	5	\$ 890
7/31/2015	HP 4250 printer	\$ 885	5	\$ 885
7/31/2015	Roll-a-weigh scale	\$ 1,271	5	\$ 1,271
7/31/2015	New oven door	\$ 770	5	\$ 770
7/31/2015	Sales tax-11/06 Budget inv.	\$ 107	5	\$ 107
7/31/2015	Buffer, edger	\$ 1,335	5	\$ 1,335
7/31/2015	Sales tax - Kwalu invoice	\$ 502	5	\$ 502
7/31/2015	Sales tax on #209	\$ 443	5	\$ 443
7/31/2015	Versamatic vacuum cleaner	\$ 631	5	\$ 631
7/31/2015	5 Computers	\$ 4,915	5	\$ 4,915
7/31/2015	Security System	\$ 3,877	5	\$ 3,877
7/31/2015	Sales tax - various	\$ 2,341	5	\$ 2,341
7/31/2015	Slicer, compact manual	\$ 1,213	5	\$ 1,213
7/31/2015	Fax machine - Panafax UF8000	\$ 995	5	\$ 995
7/31/2015	Sales tax on # 224	\$ 60	5	\$ 60
7/31/2015	Opti360 computer	\$ 936	5	\$ 936
7/31/2015	Tornado 1500 floor machine	\$ 1,166	5	\$ 1,166
7/31/2015	5 computers Opti 360	\$ 4,142	5	\$ 4,142
7/31/2015	Tornado 1500 floor machine	\$ 1,266	5	\$ 1,266

7/31/2015	Upright true hepa vac	\$ 520	5	\$ 520
7/31/2015	Addition to # 215 -p/r system	\$ 102	5	\$ 102
7/31/2015	OptiPlex 380 Minitower	\$ 820	5	\$ 820
7/31/2015	OptiPlex 380 minitower base	\$ 945	3	\$ 945
7/31/2015	Optiplex 380 minitower	\$ 1,106	3	\$ 1,106
7/31/2015	Optiplex 380 Minitower	\$ 1,073	3	\$ 1,073
7/31/2015	Optiplex 380 minitower	\$ 1,028	3	\$ 1,028
Total deletions for Movable Equipment		\$ 217,358		\$ 217,358

**

*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:				
11/30/2014	Parking lot light fixture	\$ 2,415	5	\$ 443
11/30/2014	Kitchen Work	\$ 2,759	5	\$ 506
1/30/2015	Lock Door Monitor System	\$ 2,190	10	\$ 164
2/23/2015	SMD	\$ 2,175	5	\$ 290
4/30/2015	Wall Paint	\$ 1,353	10	\$ 68
6/30/2015	Carpet Installation	\$ 110,331	5	\$ 7,355
Total additions for Leasehold Improvement		\$ 121,222		\$ 8,826
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ -

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*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C		Report for Year Ended 9/30/2015			Page 24	of 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.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				614,284	423,698	SL		21,918	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				121,222		SL		8,826	
C-4. Subtotal									30,744
D. Total Amortization									30,744

* 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 Regency House of Wallingford, Inc.	License No. 2072-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				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		130		
6. Square Footage		60,298		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		N/A		
b. Date Mortgage Obtained		06/13/07	12/20/07	
c. Interest Rate for the Cost Year		7%	2%	
d. Term of Mortgage (number of years)		15		
e. Amount of Principal Borrowed		2,800,000		
f. Principal balance outstanding as of 9/30/15		1,470,642	10,540,451	
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
Regency House of Wallingford, Inc.		2072-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Regency House of Wallingford, In		2072-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify) \$				1,866	1,866		
A. Item		Rate	Amount				
Equipment Lease		4.347%	1,866				
Lender							
M&T Bank							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$				1,866	1,866		
12. D. Other Interest Expense (Specify) \$				2,594	2,594		
M&T Loan \$1,059; Property \$47; Admin Interest \$1,488							
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$				4,460	4,460		
14. Insurance							
a. Insurance on Property (buildings only) \$				22,410	22,410		
b. Insurance on Automobiles \$				4,086	4,086		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage) \$				6,439	6,439		
2. Fire and Extended Coverage \$							
3. Other (Specify) \$				24,648	24,648		
General Liability Insurance							
14d. Total Insurance Expenditures (14a + b + c) \$				57,583	57,583		
15. Total All Expenditures (A-13 thru C-14) \$				13,597,490	13,597,490		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.				2072-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.	10	12M	Salaries not related to Resident Care	\$ 10,054	10,054		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 331,990	331,990		
7.			Other - See attached Schedule	\$ 28,371	28,371		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 7,487	7,487		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,438	1,438		
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.	16	L6	Automobile Expense (e.g. personal use)	\$ 125	125		
18.	16	M3	Unallowable Advertising *	\$ 26,366	26,366		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	M10	Fund Raising / Contributions	\$ 500	500		
21.	16	M12	Unallowable Management Fees	\$ 160,076	160,076		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 35,198	35,198		
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)				\$ 601,605	601,605		

* 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	B12	IV therapy	\$ 5,120		
13	B12	Dentist	\$ 3,708		
13	B2	Consulting Fees- Rehabilitation Therapy and Ancillary	\$ 6,660		
13	B8a	Medical Director	\$ 12,883		
Total Other Fees Adjustments			\$ 28,371	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a 3,4,5,7	Benefits on Salaries Not related to Resident Care	\$ 2,712		
16	L3	Gifts to Staff	\$ 7,522		
16	m13	Bank Charges	\$ 25,003		
16	m13	Miscellaneous Expenses	\$ (53)		
16	m13	Penalties	\$ 14		
Total Other A&G Adjustments			\$ 35,198	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Regency House of Wallingford, Inc.			2072-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 601,605	601,605		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 336,430	336,430		
28.	20	5d	Ambulance/Limousine	\$ 9,675	9,675		
29.	20	5f	X-rays, etc	\$ 45,686	45,686		
30.	20	5h	Laboratory	\$ 48,649	48,649		
31.	20	5c	Medical Supplies	\$ 6,006	6,006		
32.	20	5e2	Oxygen (non emergency)	\$ 20,802	20,802		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 36,393	36,393		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,821	1,821		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 1,847	1,847		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 14,307	14,307		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 7,513	7,513		
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)			\$ 1,130,734	1,130,734		

*** 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.

Regency House of Wallingford, Inc.
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Rental Expenses- Nursing	\$ 345		
20	5j	Equipment Rental- Nursing	\$ 11,048		
20	5j	IV Therapy Supplies - Rehab Therapy and Ancillary	\$ 2,511		
20	Misc	Procure Disallowed Price Markup	\$ 1,389		
22	5j	Flu Vaccine	\$ 9,127		
20	5i	Cable TV Expense - Resident Rooms	\$ 11,973		
Total Other Ancillary Costs			\$ 36,393	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	D2c	Disallowed Movable Equipment Depreciation (TV's & Mattresses)	\$ 1,821		
Total Excess Movable Equipment Depreciation			\$ 1,821	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Auto Insurance	\$ 4,086		
22	6e	Auto Lease	\$ 10,528		
22	6e	Lease Overpayment	\$ (307)		
Total Other Property Adjustments			\$ 14,307	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Miscellaneous Income - SCA Diaper rebate	\$ 2,988		
30	IV8	Miscellaneous Income - Medical Records Fee	\$ 137		
30	IV8	Miscellaneous Income- Other	\$ 100		
30	IV5	Interest Income	\$ 1,741		
27	12d	Other Interest Expense	2,547		
Total Other Adjustments			\$ 7,513	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility Regency House of Wallingford, Inc.		License No. 2072-C		Report for Year Ended 9/30/2015		Page 30	of 37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (<i>CT only</i>)	\$	13,262,782	13,262,782		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(5,318,326)	(5,318,326)		
2.	a.	Medicaid (<i>All other states</i>)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (<i>all inclusive</i>)	\$	3,531,900	3,531,900		
	b.	Medicare Room and Board Contractual Allowance **	\$	485,428	485,428		
4.	a.	Private-Pay Residents and Other	\$	2,587,881	2,587,881		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(396,505)	(396,505)		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	202,002	202,002		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(202,002)	(202,002)		
	c.	Prescription Drugs - Non-Medicare	\$	125,507	125,507		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(125,507)	(125,507)		
2.	a.	Medical Supplies - Medicare	\$	3,715	3,715		
	b.	Medical Supplies - Medicare Contractual Allowance **	\$	(3,715)	(3,715)		
	c.	Medical Supplies - Non-Medicare	\$				
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	524,890	524,890		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(459,218)	(459,218)		
	c.	Physical Therapy - Non-Medicare	\$	155,909	155,909		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(155,909)	(155,909)		
4.	a.	Speech Therapy - Medicare	\$	127,018	127,018		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(80,285)	(80,285)		
	c.	Speech Therapy - Non-Medicare	\$	31,473	31,473		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$	(22,522)	(22,522)		
5.	a.	Occupational Therapy - Medicare	\$	532,721	532,721		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(473,176)	(473,176)		
	c.	Occupational Therapy - Non-Medicare	\$	156,637	156,637		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(155,275)	(155,275)		
6.	a.	Other (<i>Specify</i>) - Medicare	\$	814	814		
	b.	Other (<i>Specify</i>) - Non-Medicare	\$	1,105	1,105		
III. Total Resident Revenue (Section I. thru Section II.)				\$	14,337,342	14,337,342	
IV. Other Revenue*							
1.	Meals sold to guests, employees & others			\$			
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income (<i>Specify</i>)			\$	1,741	1,741	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (<i>Specify</i>)			\$	1,716	1,716	
V. Total Other Revenue (1 thru 8)				\$	3,457	3,457	
VI. Total All Revenue (III +V)				\$	14,340,799	14,340,799	

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,092,860
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,440,960
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	18,793
5. Prepaid Expenses			\$	172,217
a. Insurance	26,596			
b. Taxes (personal property, real estate)	3,139			
c. Management fees	50,600			
d. Other	91,882			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	457,653
Patient Personal Funds	42,988			
Due from Realty	364,203			
Due from Related	29,963			
Other Receivable	20,499			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,182,483
B. Fixed Assets				
1. Land			\$	13,000
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>735,506</u>		\$	281,064
	Accum. Depreciation <u>454,442</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>471,220</u>		\$	113,409
	Accum. Depreciation <u>357,811</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	407,473

* 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
Regency House of Wallingford, Inc.	2072-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	3,589,956
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost <u>12,210,767</u>	
			Accum. Depreciation <u>2,575,109</u>	Net
			\$	9,635,658
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost <u>725,678</u>	
			Accum. Depreciation <u>725,678</u>	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	9,635,658
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>)			\$	11,975
Security Deposits				11,975

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	11,975
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	13,237,589

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of	
Regency House of Wallingford, Inc.	2072-C	9/30/2015	33	37	
Account			Amount		
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable			\$	1,442,602	
2. Notes Payable (<i>itemize</i>)			\$		

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	20,488	
Name of Lender	Purpose	Amount	Date Due		
M & T Bank	Equipment	20,488	Through May 2020		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	379,800	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$		
6. Accrued Payroll Taxes Payable			\$		
7. Medicare Final Settlement Payable			\$		
8. Medicare Current Financing Payable			\$		
9. Mortgage Payable (<i>Current Portion</i>)			\$		
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$		
11. Accrued Income Taxes*			\$		
12. Other Current Liabilities (<i>itemize</i>)			\$	511,594	
Accrued expenses		39,620	Pension Expense 14,207		
Patient personal funds		42,988			
Due to Related Party		220,133			
Revenue Assessment		194,645			
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	2,354,484	

* 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 Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				2,354,484	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	83,208
Name of Lender	Purpose	Amount	Date Due		
M & T Bank	Equipment	83,208	Through May 2020		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	83,208
C. Total All Liabilities (Lines A-13 + B-5)				\$	2,437,692

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

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-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			\$	9,635,658
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			\$	9,635,658
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	5,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	415,930
6. Gain or Loss for Period			\$	743,309
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	1,164,239
C. Total Reserves and Net Worth			\$	10,799,897
D. Total Liabilities, Reserves, and Net Worth			\$	13,237,589

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	961,371
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,340,799
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,597,490
D. Net Income or Deficit			\$	743,309
E. Balance			\$	1,704,680
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Tax Refund				3,959
F-3. Total Additions			\$	3,959
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	218,900
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Partner Drawings - 2014 subsequent to CR filing			218,900	
2. Other Withdrawings (<i>Specify</i>)			\$	330,500
Purpose		Amount		
CT Income Tax		80,500		
Stockholder Distributions		250,000		
3. Total Deductions			\$	549,400
H. Balance at End of Period			\$	1,159,239
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-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 <i>Blum, Shapiro & Company, P.C.</i>		Title <i>P.C.</i>		Date Signed <i>2/5/16</i>
Printed Name of Preparer Blum Shapiro & Co				
Address 29 South Main Street, West Hartford, CT 06127			Phone Number 860-561-4000	