

February 10, 2017

Mr. Chris LaVigne, Director
Office of CON and Rate Setting
Department of Social Services
25 Sigourney Street
Hartford, CT 06106

Dear Mr. LaVigne:

Enclosed please find the 2016 Medicaid Cost Report for Elim Park Baptist Home, Inc.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense (except for additional severance package compensation and related benefits relevant to the planned departure of our Assistant Administrator) that are in excess of the limits prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Further, we did not disallow any depreciation expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

If you have any questions, please contact me at (203) 272-3547 Ext. 122.

Respectfully,



Zell Gaston
Chief Financial Officer

February 10, 2017

Connie Reinhardt
Myers and Stauffer, LLC
7 Waterside Crossing Ct., Suite 202
Windsor, CT 06095

Subject: Request For Allocation Of \$118,365 Cost Of “West Wing Renovations” To Skilled Nursing Facility (License #666c) As Opposed To Residential Care Home (License #1500H) For “Fair Rent” Purposes Re Rate Computation Calculation For Fiscal 2016

Provider: Elim Park Baptist Home

Period: October 1, 2015 Through September 30, 2016

Dear Ms. Reinhardt

With regard to our accompanying fiscal 2016 Medicaid Cost Report, we respectfully request that the \$118,365 capitalized cost of our fixed asset addition entitled “East Wing Renovations” (as reflected on the Attachment to Page 23) be allocated to our Skilled Nursing Facility (License #666c), rather than our Residential Care Home (License #1500H) for “Fair Rent” purposes. Our rationale for this, is that the renovation of our West Wing was undertaken to add to the post-acute area of our Skilled Nursing facility, wherein both Medicaid and other payer source residents currently reside. Hence, this renovation cost has absolutely no relationship to our Residential Care Home operation.

If you have any questions, please contact me at (203) 272-3547 Ext. 122.

Respectfully,



Zell Gaston
Chief Financial Officer

February 10, 2017

Connie Reinhardt
Myers and Stauffer, LLC
7 Waterside Crossing Ct., Suite 202
Windsor, CT 06095

Subject: Eversource “Energy Efficient Lighting Project” Capital Addition Shown On Page 23a of 2016 Medicaid Cost Report

Provider: Elim Park Baptist Home

Period: October 1, 2015 Through September 30, 2016

Dear Ms. Reinhardt

With regard to our accompanying fiscal 2016 Medicaid Cost Report, please note that we are not seeking reimbursement for a \$9,366 portion of the total \$23,433 cost associated with our Eversource “Energy Efficient Lighting Project” capital addition shown on Page 23a of our 2016 Medicaid Cost report. Our rationale for this is that this portion of the total cost constitutes a “discount” allowed by Eversource that we have recorded as a deferred liability, and are in the process of amortizing into income over the respective 47 month loan period. We have also self-disallowed the portion of depreciation expense that relates to the \$9,366 amount shown above.

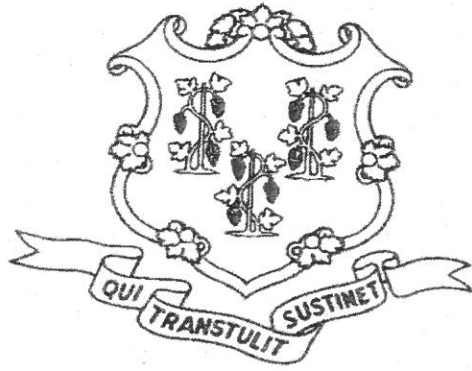
If you have any questions, please contact me at (203) 272-3547 Ext. 122.

Respectfully,



Zell Gaston
Chief Financial Officer

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Elim Park Baptist Home, Inc.	
Address (No. & Street, City, State, Zip Code) 140 Cook Hill Road, Cheshire, CT 06410	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 666c	RHNS	Residential Care Home 1500H	Medicare Provider 07-5265
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Medicaid Provider Numbers:	CCNH 6668	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) Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2016	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 Elim Park Baptist Home, Inc. [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) <i>Chris Newton</i>		Date <i>2/10/17</i>	Signed (Owner)		Date
Printed Name (Administrator) Chris Newton			Printed Name (Owner)		
Subscribed and Sworn to before me: <i>ELENA V. HOULE</i>	State of <i>CT</i>	Date <i>2/10/17</i>	Signed (Notary Public) <i>Elena V. Houle</i>	Comm. Expires <i>2/28/2019</i>	
Address of Notary Public <i>351 Country Club Rd., Chestire, CT 06410</i>					

(Notary Seal)

ELENA V. HOULE
 NOTARY PUBLIC OF CONNECTICUT
 My Commission Expires 2/28/2019

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 Elim Park Baptist Home, Inc.		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 140 Cook Hill Road, Cheshire, CT 06410				
Report Prepared By Elim Park Baptist Home, Inc.		Phone Number 203-272-3547	Date 2/1/2017	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-272-3547	9/30/2016	2	37

Name of Facility (as shown on license) Elim Park Baptist Home, Inc.	Address (No. & Street, City, State, Zip) 140 Cook Hill Road, Cheshire, CT 06410
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License Numbers:	CCNH 666c	RHNS	Residential Care Home 1500H	Medicare Provider No. 07-5265
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Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home	

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

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

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

Name of Administrator Chris Newton	Nursing Home Administrator's License No.:	002003
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Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name Ronald Dischinger	License No.:	850
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**General Information and Questionnaire
Corporate Owners**

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2016	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	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See attached			

Names of Stockholders Owning at Least 10% of Shares			
N/A			



Elim Park Baptist Home, Inc.
Board of Directors
September 2016

BOARD MEMBER	ADDRESS	BUSINESS
<u>Director</u> Adams, Ray	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Director</u> Allen, Brent	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Secretary</u> Annon, Paulette	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Immediate Past Chair</u> Brennan, Terry	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Vice Chair</u> Caligiuri, Sam	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Director</u> Christgau, Christine	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Director</u> DeLacy, Paul	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Director</u> MacNeill, Dave	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Treasurer</u> Ecker, Rob	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Director</u> Mason, Glenn	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Chair</u> Nelson, Chris	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Director</u> Tuell, Jr., Dave	140 Cook Hill Road Cheshire, CT 06410	203-272-3547

General Information and Questionnaire Individual Proprietorship

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2016	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2016	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				
Elim Park Place - see attached note	150 Cook Hill Road, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>	N/A	N/A		
CALTC	217 Avery Heights, Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>	See attached	Page 16 Line 1m13	1,000	1,000
Eva Gaston	N/A	<input type="radio"/>	<input checked="" type="radio"/>	Housekeeper	Page 10 Line A6b	1,437	1,437
Emily Langlais	N/A	<input type="radio"/>	<input checked="" type="radio"/>	Housekeeper	Page 10 Line A6b	1,283	1,283
Michael Miner	N/A	<input type="radio"/>	<input checked="" type="radio"/>	Maintenance & Housekeeper	Page 10 Line 7b & A6l	24,201	24,201
		<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.

Elim Park Baptist Home, Inc.

FYE: 09/30/2016

License#: 666C/1500H

Page 4

CALTC (Note: Group of Nonprofit Entities affiliated for the purpose of providing a seamless continuum of care across provider types. The Organization provides opportunities for managed care, group purchasing, and other cost saving measures.)

Elim Park Baptist Home, Inc. received a \$7,500.00 Member Distribution in February 2016, a \$8,500.00 Member Distribution in May 2016, and an \$10,000 Member Distribution in August 2016. One rebate was received from CALTC in December 2015 in the amount of \$69.46. All of these amounts are reported on Page 30 IV 8 and included in the "Miscellaneous Income" line on the Page 30 Attachment. They are not disallowed in the 2016 Medicaid Cost report.

Elim Park Place is the Independent Living Component of this CCRC Community.

There is one corporation with two operating divisions.

Financial Statements are prepared Individually and Consolidated.

Allocable costs for goods and services that benefit both operating divisions are allocated to each individual division based on various designated criteria, such as square footage, relative payroll costs, etc.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2016	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.

Note: General & Administrative Expenses are allocated based on patient days which is consistent with prior years which have been audited by DSS.

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

N/A

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

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

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 Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2016		Page 6	of 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						
Konica Minolta (Purchased by Wells Fargo Financial)	<input type="radio"/>	<input checked="" type="radio"/>	Copiers & Printers	01/01/16	48 months	19,660	19,985	
Canon Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Copiers & Printers	12/27/11	48 months	15,645	4,712	
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	11/30/14	36 months	1,016	994	
	<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"/>						
	<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 ***	25,691

* 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.



Engineering the flow of communication™

CUSTOMER PRIORITY LEASE RESTRUCTURING

Dear ZELL GASTON,

Here is the special offer we discussed on the phone recently. All you need to do to accept this offer is to sign and fax it back to me at 1-203-460-9973.

Date Sent:	10-30-2014
Lease Number:	2058544-006
Company Name:	ELIM PARK BAPTIST HOME
Old Payment Amount:	\$ 855.00
New Payment Amount:	\$ 470.60
Includes Past Due Payment Of:	\$ 0

*Past due payments include a maximum of 2 past due payments. Remainder of past due balance, if any will be billed separately.

You have taken advantage of reducing your existing Pitney Bowes Equipment Payment by 45%, from \$ 855.00/quarter to \$ 470.60/quarter for the remaining months left on your existing Lease term and have extended the term by an additional 12 quarters. This offer will be effective immediately upon your next Billing cycle. You acknowledge that you are authorized to enter into this agreement on behalf of the lessee, and that you understand that Pitney Bowes Global Financial Services LLC will Lease to you the equipment currently leased under existing Lease #2058544-006 at the new discounted payment, which payment will incorporate all amounts due and owing under your existing Lease. All terms and conditions of the existing Lease are incorporated into this new Lease except as modified above. Please sign and fax this document to 1-203-460-9973 to acknowledge your understanding and acceptance of the terms of this offer. Your offer will be binding on PBGFS only when accepted below by an authorized PBGFS employee.

Offer Accepted Zell Gaston, CFO
Customer Signature
Zell Gaston, CFO

10/31/14
Date

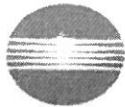
PBGFS Acceptance _____

Thank you for allowing us to continue serving you!

Salvatore Poletta

Sincerely,

Tamra Ellis
Phone: 800-203-3240 ext 5008
Pitney Bowes Leasing Specialist



For office use only (Check one): Branch Windsor

S00236782
11/13/15 05:00 PM

Premier Advantage Agreement

APPLICATION NUMBER

AGREEMENT NUMBER

KONICA MINOLTA

This Premier Advantage Agreement ("Agreement") is written in "Plain English". The words **you** and **your**, refer to the customer (and its guarantors). The words **Lessor, we, us** and **our**, refer to **Konica Minolta Premier Finance, a program of Konica Minolta Business Solutions U.S.A., Inc., its subsidiaries and affiliates. (Supplier)**

CUSTOMER INFORMATION

FULL LEGAL NAME ELIM PARK BAPTIST HOME INC			STREET ADDRESS 140 COOK HILL ROAD		
CITY CHESHIRE	STATE CT	ZIP 06410-3736	PHONE* 203 272 3547	FAX	
BILLING NAME (IF DIFFERENT FROM ABOVE)			BILLING STREET ADDRESS		
CITY	STATE	ZIP	E-MAIL AMUSACCHIO@ELIMPARK.ORG		
EQUIPMENT LOCATION (IF DIFFERENT FROM ABOVE)					

*By providing a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications (for NON-marketing or solicitation purposes) at that number, including, but not limited to, pre-recorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system from Lessor and its affiliates and agents. This Express Consent applies to each such telephone number that you provide to us now or in the future and permits such calls. These calls and messages may incur access fees from your cellular provider.

CUSTOMER ONE GUARANTEE

The Konica Minolta equipment leased in this Agreement is covered under Konica Minolta's Customer One Guarantee. A copy of the Guarantee can be obtained at your local branch or www.kmbs.konicaminolta.us.



MAKE / MODEL NO. / ACCESSORIES (including Software Description and Supplier / Licensor if applicable)

SEE ATTACHED GROUP POOL BILLING SCHEDULE

See attached 'Schedule A' for additional Equipment / Accessories / Software

TERM AND PAYMENT SCHEDULE

TERM IN MONTHS	# of payments	Payment Frequency	Payment Amount <small>(plus applicable taxes)</small>	Advance Payment <small>(plus applicable taxes)</small>
48	48	<input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly	\$ <u>3,276.67</u>	\$ _____
Payment includes _____ B&W pages per month		Overages billed <u>MONTHLY</u> at \$ _____ per B&W page		
Payment includes _____ Color pages per month		Overages billed <u>MONTHLY</u> at \$ _____ per Color page		

See attached Pool Billing Schedule

END OF LEASE OPTIONS: You will have the following options at the end of the original term, provided the Lease has not terminated early and no event of default under the Lease has occurred and is continuing: 1. Purchase the Equipment for the Fair Market Value as determined by us. 2. Renew the Lease per paragraph 1 (on reverse). 3. Return Equipment as provided in Paragraph 6 (on reverse).

THIS IS A NONCANCELABLE / IRREVOCABLE AGREEMENT: THIS AGREEMENT CANNOT BE CANCELED OR TERMINATED.

LESSOR ACCEPTANCE

Konica Minolta Premier Finance			
LESSOR	AUTHORIZED SIGNER	TITLE	DATED

CUSTOMER ACCEPTANCE

ELIM PARK BAPTIST HOME INC	<input checked="" type="checkbox"/> <i>[Signature]</i> , CFO	X	11/16/15
FULL LEGAL NAME OF CUSTOMER (as referenced above)	AUTHORIZED SIGNER	TITLE	DATED
X 06-0658099	X Zell Gaston	X CFO	
FEDERAL TAX I.D. #	PRINT NAME	TITLE	

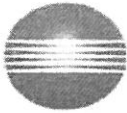
CONTINUING GUARANTEE

As additional inducement for us, Konica Minolta Premier Finance to enter into the Agreement, the undersigned ("you") unconditionally, jointly and severally, personally guarantees that the customer will make all payments and meet all obligations required under this Agreement and any supplements fully and promptly. You agree that we may make other arrangements including compromise or settlement with you and you waive all defenses and notice of those changes and presentment, demand, and protest and will remain responsible for the payment and obligations of this Agreement. We do not have to notify you if the customer is in default. If the customer defaults, you will immediately pay in accordance with the default provision of the Agreement all sums due under the terms of the Agreement and will perform all the obligations of the Agreement. If it is necessary for us to proceed legally to enforce this guarantee, you expressly consent to the jurisdiction of the court set out in paragraph 14 and agree to pay all costs, including attorney's fees incurred in enforcement of this guarantee. It is not necessary for us to proceed first against you before enforcing this guarantee. By signing this guarantee, you authorize us to obtain credit bureau reports for credit and collection purposes.

X		
PRINT NAME OF GUARANTOR	SIGNATURE (NO TITLES)	DATED

To help the Government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means is, when you open an account, we will ask for your name, address and other information that will allow us to identify you; we may also ask to see identifying documents. See reverse side for additional terms and conditions.

1. **LEASE AGREEMENT.** You agree to lease from us the personal property described under "MAKE/MODEL/ACCESSORIES" and as modified by supplements to this Agreement from time to time signed by you and us (such property and any upgrades, replacements, repairs and additions referred to as "Equipment") for business purposes only. To the extent the Equipment includes intangible property or associated services such as periodic software licenses and prepaid database subscription rights, such property shall be referred to as the "Software." You agree to all of the terms and conditions contained in this Agreement and any Schedule, which together are a complete statement of our Agreement regarding the listed equipment ("Agreement") and supercedes all other writings, communications, understandings, agreements, any purchase order and any solicitation documents and related documents. This Agreement may be modified only by written Agreement and not by course of performance. This Agreement becomes valid upon execution by or for us. The Equipment is deemed accepted by you under this Agreement unless you notify us within three (3) days of delivery that you do not accept the Equipment and specify the defect or malfunction. In that event, at our sole option, we or our designee will replace the defective item of Equipment or this Agreement will be canceled and we or our designee will repossess the Equipment. You agree that, upon our request, you will sign and deliver to us, a delivery and acceptance certificate confirming your acceptance of the Equipment leased to you. The "Billing Date" of this Agreement will be the twentieth (20th) day following installation. You agree to pay a prorated amount of 1/30th of the monthly payment times the number of days between the installation date and the Billing Date. This Agreement will continue from the Billing Date for the Term shown and will be extended automatically for successive one (1) month terms unless you: (a) send us written notice, between ninety (90) days and one hundred fifty (150) days before the end of any term, of your decision to return or purchase the Equipment or renew this Lease or (b) you do not purchase or return the Equipment, as specified in your notice, within ten (10) days after the end of the term. Leases with \$1.00 purchase options will not be renewed. The periodic renewal payment has been set by mutual agreement and is not based on the cost of any component of this lease. THE BASE RENTAL PAYMENT SHALL BE ADJUSTED PROPORTIONATELY UPWARD OR DOWNWARD, IF THE ACTUAL COST OF THE EQUIPMENT EXCEEDS OR IS LESS THAN THE ESTIMATE PROVIDED TO LESSEE. If any provision of this Agreement is declared unenforceable in any jurisdiction, the other provisions herein shall remain in full force and effect in that jurisdiction and all others. You authorize us to insert or correct missing information on this lease including your proper legal name, serial numbers, other numbers describing the Equipment and other omitted factual matters. You agree to provide updated annual and/or quarterly financial statements to us upon request. You authorize us or our agent to obtain credit reports and make credit inquiries regarding you and your financial condition and to provide your information, including payment history, to our assignee or third parties having an economic interest in this Agreement or the Equipment.
2. **RENT:** Rent will be payable in installments, each in the amount of the Monthly Payment (or other periodic payment) shown plus any applicable sales, use and property tax. If we pay any tax on your behalf, you agree to reimburse us promptly along with a processing fee. Subsequent rent installments will be payable on the first day of each rental payment period shown beginning after the first rental payment period or as otherwise agreed. We will have the right to apply all sums received from you to any amounts due and owed to us under the terms of this Agreement. Your obligation to make all Monthly Payments (or other periodic payment) hereunder is absolute and unconditional and you cannot withhold or offset against any Monthly Payments (or other periodic payment) for any reason. You agree that you will remit payments to us in the form of company checks (or personal checks in the case of sole proprietorships), direct debit or wires only. You also agree cash and cash equivalents are not acceptable forms of payment for this Agreement and that you will not remit such forms of payment to us. WE BOTH INTEND TO COMPLY WITH ALL APPLICABLE LAWS. IF IT IS DETERMINED THAT YOUR PAYMENTS UNDER THIS AGREEMENT RESULT IN AN INTEREST PAYMENT HIGHER THAN ALLOWED BY APPLICABLE LAW, THEN ANY EXCESS INTEREST COLLECTED WILL BE APPLIED TO AMOUNTS THAT ARE LAWFULLY DUE AND OWING UNDER THIS AGREEMENT OR WILL BE REFUNDED TO YOU IN NO EVENT WILL YOU BE REQUIRED TO PAY ANY AMOUNTS IN EXCESS OF THE LEGAL AMOUNT.
3. **MAINTENANCE AND SUPPLIES.** The charges established by this Agreement include payment for the use of the designated Equipment and accessories, maintenance by Supplier including inspection, adjustment, parts replacement, drums and cleaning material required for the proper operation, as well as toner, developer, copy cartridges and pm kits. All supplies are the property of Supplier until used. If your use of supplies exceeds the typical use pattern (as determined solely by Supplier) for these items by more than 10% or should Supplier, in its sole discretion, determine that Supplies are being abused in any fashion, you agree to pay for such improper or excess use. Paper must be separately purchased by you. A page is defined as one meter click and varies by page size as follows: 8.5"x11" = 1 click, 11"x17" = 2 clicks, 18"x27" = 3 clicks, 27"x36" = 4 clicks and 36"x47" = 5 clicks. You agree to provide Supplier free and clear access to the equipment and Supplier will provide labor or routine, remedial and preventive maintenance service as well as remedial parts. All part replacements shall be on an exchange basis with new or refurbished items. Emergency service calls will be performed at no extra charge during normal business hours (defined as 8:30am to 5:00pm, Monday through Friday, exclusive of holidays observed by Supplier). Overtime charges, at Supplier's current rates, will be charged for all service calls outside normal business hours. Supplier will not be obligated to provide service or repairs in the event of misuse or casualty and will charge you separately if such repairs are made. If necessary, the service and supply portion of this Agreement may be assigned. We may charge you a Supply Freight Fee to cover our costs of shipping supplies to you. You acknowledge that (a) the Supplier (and not Lessor or its assignees) is the sole party responsible for any service, repair or maintenance of the Equipment and (b) the Supplier (not Lessor or its assignees) is the party to any service maintenance agreement.
4. **OWNERSHIP OF EQUIPMENT.** We are the owner of the Equipment and have sole title (unless you have a \$1.00 purchase option) to the Equipment (including Software). You agree to keep the Equipment free and clear of all liens and claims. You are solely responsible for removing any data that may reside in the Equipment you return, including but not limited to, hard drives, disk drives or any other form of memory.
5. **WARRANTY DISCLAIMER: WE MAKE NO WARRANTY EXPRESS OR IMPLIED, INCLUDING THAT THE EQUIPMENT IS FIT FOR A PARTICULAR PURPOSE OR THAT THE EQUIPMENT IS MERCHANTABILITY. YOU AGREE THAT YOU HAVE SELECTED EACH ITEM OF EQUIPMENT BASED UPON YOUR OWN JUDGMENT AND DISCLAIM ANY RELIANCE UPON ANY STATEMENTS OR REPRESENTATIONS MADE BY US. WE ARE LEASING THE EQUIPMENT TO YOU "AS-IS."** You acknowledge that none of Supplier or their representatives are our agents and none of them are authorized to modify the terms of this Agreement. No representation or warranty of Supplier with respect to the Equipment will bind us, nor will any breach thereof relieve you of any of your obligations hereunder. You are aware of the name of the manufacturer or supplier of each item of Equipment and you will contact the manufacturer or supplier for a description of your warranty rights. You hereby acknowledge and confirm that you have not received any tax, financial, accounting or legal advice from us, the manufacturer or Supplier of the Equipment. THIS AGREEMENT CONSTITUTES A "FINANCE LEASE" AS DEFINED IN ARTICLE 2A OF THE UNIFORM COMMERCIAL CODE. You agree that the Customer One Guarantee is a separate and independent obligation of Supplier to you, that no assignee of the Lessor shall have any obligation to you with respect to the Guarantee and that your obligations under this Agreement are not subject to setoff, withholding, reduction, counterclaim or defense for any reason whatsoever including, without limitation, any claim you may have against Supplier with respect to the Customer One Guarantee.
6. **LOCATION OF EQUIPMENT.** You will keep and use the Equipment only at your address shown above and you agree not to move it unless we agree to it. At the end of the Agreement's term, if you do not purchase the Equipment, you will return the Equipment to a location we specify at your expense, in retail resalable condition (normal wear and tear acceptable), full working order, and in complete repair.
7. **LOSS OR DAMAGE.** You are responsible for the risk of loss or for any destruction of or damage to the Equipment. No such loss or damage relieves you from the payment obligations under this Agreement. You agree to promptly notify us in writing of any loss or damage and you will then pay to us the present value of the total of all unpaid Monthly Payments (or other periodic payments shown) for the full Agreement term plus the estimated fair market value of the Equipment at the end of the originally scheduled term, all discounted at four percent (4%) per year. Any proceeds of insurance will be paid to us and credited, at our option, against any loss or damage. You authorize us to sign on your behalf and appoint us as your attorney in fact to execute in your name any insurance drafts or checks issued due to loss or damage to the Equipment.
8. **COLLATERAL PROTECTION AND INSURANCE.** You are responsible for installing and keeping the Equipment in good working order. Except for ordinary wear and tear, you are responsible for protecting the Equipment from damage and loss of any kind. If the Equipment is damaged or lost, you agree to continue to pay the amounts due and to become due hereunder without setoff or defense. During the term of this Agreement, you agree that you will (1) insure the equipment against all loss or damage naming us as loss payee, (2) obtain liability and third party property damage insurance naming us as an additional insured, and (3) deliver satisfactory evidence of such coverage with carriers, policy forms and amounts acceptable to us. All policies must provide that we are given thirty (30) days written notice of any material change or cancellation. If you do not provide evidence of acceptable insurance, we have the right, but no obligation, (a) to obtain insurance covering our interest (and only our interest) in the Equipment for the lease term, and renewals. Any insurance we obtain will not insure you against third party or liability claims and may be canceled by us at any time. In that event you will be required to pay us an additional amount each month for the insurance premium and an administrative fee. The cost may be more than the cost of obtaining your own insurance. You agree that we, or one of our affiliates, may make a profit in connection with the insurance we obtain. You agree to cooperate with us, our insurer and our agent in the placement of coverage and with claims or, (b) we may waive the insurance requirement and charge you a monthly property damage surcharge in the amount of 0035 of the original equipment cost to cover our credit risk, administrative costs and other costs, as would be further described on a letter from us to you and on which we may make a profit. If you later provide evidence that you have obtained acceptable insurance, we will cancel the insurance we obtained or cease charging the surcharge.
9. **INDEMNITY.** We are not responsible for any loss or injuries caused by the installation or use of the Equipment. You agree to hold us harmless and reimburse us for loss and to defend us against any claim for losses or injury caused by the Equipment. We reserve the right to control the defense and to select or approve defense counsel. This indemnity survives the expiration or termination of this Agreement.
10. **TAXES AND FEES.** You agree to pay when invoiced all taxes (including personal property tax, fines and penalties) and fees relating to this Agreement or the Equipment. You agree to (a) reimburse us for all personal property taxes which we are required to pay as Owner of the Equipment or to remit to us each month our estimate of the monthly equivalent of the annual property taxes to be assessed. If you do not have a \$1.00 purchase option, we will file all personal property, use or other tax returns and you agree to pay us a processing fee for making such filings. You agree to pay us up to \$75.00 on the date the first payment is due as an origination fee. We reserve the right to charge a fee upon termination of this Agreement either by trade-up, buy-out or default. Any fee charged under this Agreement may include a profit and is subject to applicable taxes.
11. **ASSIGNMENT: YOU HAVE NO RIGHT TO SELL, TRANSFER, ASSIGN OR SUBLEASE THE EQUIPMENT OR THIS AGREEMENT.** We may sell, assign, or transfer this Agreement and/or the Equipment without notice. You agree that if we sell, assign or transfer this Agreement and/or the Equipment, the new lessor will have the same rights and benefits that we have now and will not have to perform any of our obligations. You agree that the rights of the new Lessor will not be subject to any claims, defenses, or set offs that you may have against us whether or not you are notified of such assignment. The cost of any Equipment, Software, services and other elements of this Agreement has been negotiated between you and the Supplier. None of Lessor's assignees will independently verify any such costs. Lessee's assignees will be providing funding based on the payment you have negotiated with Supplier. You are responsible for determining your accounting treatment of the appropriate tax, legal, financial and accounting components of this Agreement.
12. **DEFAULT AND REMEDIES:** (a) If you do not pay any lease payment or other sum due to us or other party when due or (b) if you break any of your promises in the Agreement or any other Agreement with us or (c) if you, or any guarantor of your obligations, become insolvent or commence bankruptcy or receivership proceedings or have such proceedings commenced against you, you will be in default. If any part of a payment is more than three (3) days late, you agree to pay a late charge of ten percent (10%) of the payment which is late or if less, the maximum charge allowed by law. If you are ever in default, we may do any one or all of the following: (a) instruct Supplier to withhold service, parts and supplies and / or void the Customer One Guarantee; (b) terminate or cancel this Agreement and require that you pay, AS LIQUIDATED DAMAGES FOR LOSS OF BARGAIN AND NOT AS A PENALTY, the sum of: (i) all past due and current Monthly Payments (or other periodic payments) and charges; (ii) the present value of all remaining Monthly Payments (or other periodic payments) and charges, discounted at the rate of four percent (4%) per annum (or the lowest rate permitted by law, whichever is higher); and (iii) the present value (at the same discount rate as specified in clause (ii) above) of the amount of any purchase option with respect to the Equipment or, if none is specified, our anticipated value of the Equipment at the end of the term of this Agreement (or any renewal thereof); and (c) require you to return the Equipment to us to a location designated by us (and with respect to any Software, (i) immediately terminate your right to use the Software including the disabling (on-site or by remote communication) of any Software, (ii) demand the immediate return and obtain possession of the Software and re-license the Software at a public or private sale, and/or (iii) cause the Software supplier to terminate the Software license, support and other services under the Software license). We may recover interest on any unpaid balance at the rate of four percent (4%) per annum but in no event more than the lawful maximum rate. We may also use any of the remedies available to us under Article 2A of the Uniform Commercial Code as enacted in the State of Lessor or its Assignee or any other law. You agree to pay our reasonable costs of collection and enforcement, including but not limited to attorney's fees and actual court costs relating to any claim arising under this Agreement including, but not limited to, any legal action or referral for collection. If we have to take possession of the Equipment, you agree to pay the cost of repossession. The net proceeds of the sale of any repossessed equipment will be credited against what you owe us. YOU AGREE THAT WE WILL NOT BE RESPONSIBLE FOR ANY CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES FOR ANY REASON WHATSOEVER. You agree that any delay or failure to enforce our rights under this Agreement does not prevent us from enforcing any rights at a later time. All of our rights are cumulative. It is further agreed that your rights and remedies are governed exclusively by this Agreement and you waive lessee's rights under Article 2A (508-522) of the UCC.
13. **UCC FILINGS:** You grant us a security interest in the Equipment if this Agreement is deemed a secured transaction and you authorize us to record a UCC-1 financing statement or similar instrument in order to show our interest in the Equipment.
14. **CONSENT TO LAW, JURISDICTION, AND VENUE.** This Agreement shall be deemed fully executed and performed in the state of Lessor or its Assignee's principal place of business and shall be governed by and construed in accordance with its laws. If the Lessor or its Assignee shall bring any judicial proceeding in relation to any matter arising under the Agreement, the Customer irrevocably agrees that any such matter may be adjudged or determined in any court or courts in the state of the Lessor or its Assignee's principal place of business, or in any court or courts in Customer's state of residence, or in any other court having jurisdiction over the Customer or assets of the Customer, all at the sole election of the Lessor. The Customer hereby irrevocably submits generally and unconditionally to the jurisdiction of any such court so elected by Lessor in relation to such matters. BOTH PARTIES WAIVE TRIAL BY JURY IN ANY ACTION BETWEEN US.
15. **LESSEE GUARANTEE.** You agree, upon our request, to submit the original of this Agreement to the Lessor via overnight courier the same day of the facsimile or other electronic transmission of the signed Agreement. Both parties agree that this Agreement signed and submitted to us by facsimile or other electronic transmission shall, upon execution by us (manually or electronically, as applicable), be binding upon the parties. You waive the right to challenge in court the authenticity of a faxed or other electronically-transmitted signed copy of this Agreement and agree that the faxed or other electronically-transmitted copy containing your faxed or other electronically-transmitted signature and our manual or electronic signature shall be considered the sole original for all purposes, including without limitation, any enforcement action under paragraph 12.
16. **COVERAGES AND COST ADJUSTMENTS.** You agree to comply with any billing procedures designated by us, including notifying us of the meter reading on the Billing Date. If meter readings are not received, we reserve the right to estimate your usage and bill you for that amount. At the end of the first year of this Agreement and once each successive twelve month period, we may increase your payment, and the per page charge over the pages included (Coverage) by a maximum of ten percent (10%) of the existing charge, or if less, the maximum amount permitted by applicable law.
17. **COMPUTER SOFTWARE.** Notwithstanding any other terms and conditions of this Agreement, you agree that as to Software only: a) We have not had, do not have, nor will have any title to such Software; b) You have executed or will execute a separate software license Agreement and we are not a party to and have no responsibilities whatsoever in regards to such license Agreement; c) You have selected such Software and as per Agreement paragraph 5, WE MAKE NO WARRANTIES OF MERCHANTABILITY, DATA ACCURACY, SYSTEM INTEGRATION OR FITNESS FOR USE AND TAKE ABSOLUTELY NO RESPONSIBILITY FOR THE FUNCTION OR DEFECTIVE NATURE OF SUCH SOFTWARE, SYSTEMS INTEGRATION, OR OTHERWISE IN REGARDS TO SUCH SOFTWARE. CUSTOMER'S LEASE PAYMENTS AND OTHER OBLIGATIONS UNDER THIS LEASE AGREEMENT SHALL IN NO WAY BE DIMINISHED ON ACCOUNT OF OR IN ANY WAY RELATED TO THE ABOVE SAID SOFTWARE LICENSE AGREEMENT OF FAILURE IN ANY WAY OF THE SOFTWARE.



KONICA MINOLTA

Premier Advantage Grouped Pool Billing Schedule

S00236782
11/13/15 05:00 PM

APPLICATION NO.

AGREEMENT NO.

This Grouped Pool Billing Schedule is to be attached to and become part of the Item Description for the Agreement by and between the undersigned and **Konica Minolta Premier Finance**.

POOL NAME: BW 1

Asset Location: ELIM PARK BAPTIST HOME INC, 140 COOK HILL ROAD, CHESHIRE, CT, 06410-3736

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1 BIZHUB 227			
2 BIZHUB 227			
3 BIZHUB 227			
4 BIZHUB 4050			
5 SEE ATTACHED SCHEDULE A			

Number of Pages Included 0 Excess Page Charge* \$ 0.00750

POOL NAME: BW 2

Asset Location: ELIM PARK BAPTIST HOME INC, 140 COOK HILL ROAD, CHESHIRE, CT, 06410-3736

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1 BIZHUB 364E			
2 BIZHUB 364E			
3			
4			
5			

Number of Pages Included 0 Excess Page Charge* \$ 0.00550

POOL NAME: BW 3

Asset Location: ELIM PARK BAPTIST HOME INC, 140 COOK HILL ROAD, CHESHIRE, CT, 06410-3736

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1 BIZHUB C224E			
2 BIZHUB C224E			
3 BIZHUB C224E			
4			

Number of Pages Included 0 Excess Page Charge* \$ 0.00700

POOL NAME: COLOR 1

Asset Location: ELIM PARK BAPTIST HOME INC, 140 COOK HILL ROAD, CHESHIRE, CT, 06410-3736

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1 BIZHUB C224E			
2 BIZHUB C224E			
3 BIZHUB C224E			
4			

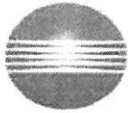
Number of Pages Included 0 Excess Page Charge* \$ 0.05540

LESSOR ACCEPTANCE

Konica Minolta Premier Finance	<input checked="" type="checkbox"/>		
LESSOR	AUTHORIZED SIGNER	TITLE	DATED

CUSTOMER ACCEPTANCE

ELIM PARK BAPTIST HOME INC	<input checked="" type="checkbox"/>		
FULL LEGAL NAME OF CUSTOMER (as referenced above)	AUTHORIZED SIGNER	TITLE	DATED
X 06-0658099	X Zell Gaston	X CFO	11/13/15
FEDERAL TAX I.D.#	PRINT NAME	TITLE	



KONICA MINOLTA

Premier Advantage Grouped Pool Billing Schedule

S00236782
11/13/15 05:00 PM

APPLICATION NO

AGREEMENT NO

This Grouped Pool Billing Schedule is to be attached to and become part of the Item Description for the Agreement by and between the undersigned and **Konica Minolta Premier Finance**.

POOL NAME: BW 4

Asset Location: ELIM PARK BAPTIST HOME INC, 140 COOK HILL ROAD, CHESHIRE, CT, 06410-3736

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1. BIZHUB C3350			
2. BIZHUB C3350			
3. BIZHUB C3350			
4. BIZHUB C3350			
5. BIZHUB C3350			

Number of Pages Included 0 Excess Page Charge* \$ 0.01000

POOL NAME: COLOR 2

Asset Location: ELIM PARK BAPTIST HOME INC, 140 COOK HILL ROAD, CHESHIRE, CT, 06410-3736

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1. BIZHUB C3350			
2. BIZHUB C3350			
3. BIZHUB C3350			
4. BIZHUB C3350			
5. BIZHUB C3350			

Number of Pages Included 0 Excess Page Charge* \$ 0.06519

POOL NAME: BW 5

Asset Location: ELIM PARK BAPTIST HOME INC, 140 COOK HILL ROAD, CHESHIRE, CT, 06410-3736

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1. BIZHUB C368 COPIER/PRINTER			
2.			
3.			
4.			

Number of Pages Included 0 Excess Page Charge* \$ 0.00700

POOL NAME: COLOR 3

Asset Location: ELIM PARK BAPTIST HOME INC, 140 COOK HILL ROAD, CHESHIRE, CT, 06410-3736

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1. BIZHUB C368 COPIER/PRINTER			
2.			
3.			
4.			

Number of Pages Included 0 Excess Page Charge* \$ 0.05400

LESSOR ACCEPTANCE

Konica Minolta Premier Finance

LESSOR

X AUTHORIZED SIGNER

TITLE

DATED

CUSTOMER ACCEPTANCE

ELIM PARK BAPTIST HOME INC

FULL LEGAL NAME OF CUSTOMER (as referenced above)

X AUTHORIZED SIGNER

DATED

X 06-0652099 FEDERAL TAX ID #

X Zell Gaston PRINT NAME

X CFO TITLE



KONICA MINOLTA

Premier Advantage Grouped Pool Billing Schedule

S00236782
11/13/15 05:00 PM

APPLICATION NO.

AGREEMENT NO.

This Grouped Pool Billing Schedule is to be attached to and become part of the Item Description for the Agreement by and between the undersigned and **Konica Minolta Premier Finance**.

POOL NAME: BW 6

Asset Location: ELIM PARK BAPTIST HOME INC, 140 COOK HILL ROAD, CHESHIRE, CT, 06410-3736

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1. BIZHUB C454E			
2. BIZHUB C454E			
3.			
4.			
5.			

Number of Pages Included 0 Excess Page Charge* \$ 0.00500

POOL NAME: COLOR 4

Asset Location: ELIM PARK BAPTIST HOME INC, 140 COOK HILL ROAD, CHESHIRE, CT, 06410-3736

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1. BIZHUB C454E			
2. BIZHUB C454E			
3.			
4.			
5.			

Number of Pages Included 0 Excess Page Charge* \$ 0.04800

POOL NAME: BW 7

Asset Location: ELIM PARK BAPTIST HOME INC, 140 COOK HILL ROAD, CHESHIRE, CT, 06410-3736

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1. PRINTPATH MFP CONNECTOR, UP TO 49 MF			
2.			
3.			
4.			

Number of Pages Included 0 Excess Page Charge* \$ 0.00

POOL NAME: BW 8

Asset Location: ELIM PARK BAPTIST HOME INC, 140 COOK HILL ROAD, CHESHIRE, CT, 06410-3736

Make/Model/Accessories	Asset Invoice Information	Serial #	Starting Meter
1. ESP 15AMP PWR FILTER NEW			
2.			
3.			
4.			

Number of Pages Included 0 Excess Page Charge* \$ 0.00

LESSOR ACCEPTANCE

Konica Minolta Premier Finance	X		
LESSOR	AUTHORIZED SIGNER	TITLE	DATED

CUSTOMER ACCEPTANCE

ELIM PARK BAPTIST HOME INC	X		
FULL LEGAL NAME OF CUSTOMER (as referenced above)	AUTHORIZED SIGNER	TITLE	DATED
X 06-0658099	X Zell Gaston	X CFO	11/16/15
FEDERAL TAX I.D. #	PRINT NAME	TITLE	

Order Package Acceptance Agreement

Customer Name/Address:

ELIM PARK BAPTIST HOME INC 140 COOK HILL ROAD CHESHIRE, CT 06410-3736

Customer's signature below constitutes Customer's acceptance of the preceding forms in this Order Package (as identified by Order Package ID S00236782 time stamped 11/13/15 05:00 PM).

This Order Package is governed by the terms and conditions of the Master Agreement contract between Konica Minolta Business Solutions U.S.A., Inc. and MEDASSETS PERFORMANCE MGMT SOLUTIONS, INC., dated 02/01/2015 terms of which are incorporated into this agreement. If payment by credit card is indicated above, Customer hereby grants KMBS the authority to charge the Customer's credit card in the amount indicated (plus applicable taxes). KMBS assumes no responsibility to pick-up, return to any party, and/or resolve any financial obligations on any existing Customer equipment except as specifically stated in this Agreement or separately executed form.

Not binding on KMBS until signed by KMBS Manager.

Authorized Customer Representative

Name: X Zell Gaston
(Please Print)

Signature: X [Handwritten Signature], CFO

Title: X CFO

Date: X 11/13/15

KMBS Representative

Name: _____
(Please Print)

Signature: _____

Date: _____

KMBS Manager

Name: _____
(Please Print)

Signature: _____

Date: _____

Order Agreement

Check Applicable Box Purchase Lease Other:

INVOICE TO Account #		SOLD TO Account # SO 0004233676		SHIP TO Account #	
Legal Name GE CAPITAL		Legal Name ELIM PARK BAPTIST HOME INC		Legal Name ELIM PARK BAPTIST HOME INC	
Attn Line 1		Attn Line 1		Attn Line 1	
Attn Line 2		Attn Line 2		Attn Line 2	
Street Address 1961 HIRST DR		Street Address 140 COOK HILL ROAD		Street Address 140 COOK HILL ROAD	
City MOBERLY	State MO	Zip 65270	City CHESHIRE	State CT	Zip 06410-3736
Tax Exempt <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Copy Required)	Tax Exempt #		P.O. #		P.O. Expiration Date
P.O. Required <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Copy Required)	P.O. #		P.O. #		P.O. Expiration Date

Payment Terms: SEE LEASE	Credit Card	<input type="checkbox"/> Yes, I want to pay by Credit Card. Please provide contact name/phone below. <input type="checkbox"/> Pay in Full (including applicable tax) <input type="checkbox"/> Partial Payment, Amount \$ _____			Check Amount
		Contact Name: _____ Phone: _____			

Requested Delivery Date: SEE ATTACHED **Maintenance Contract** Accepted Declined

QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER	PRICE EACH	EXTENDED
2	A7AK011	BIZHUB 227 *			
2	7670525506	DELIVERY CHARGE - LEVEL 1			
2	7640018092	BASIC NETWORK SERVICE - BNS02			
2	A7V7WY1	DF-628 REVERSE AUTOMATIC DOCUM			
2	135310	DK-513 DESK (STORAGE ONLY)			
2	A879011	FK-513 FAX KIT (SUPTS SINGLE LINE			
2	A0PD016	LK-102 V3 I-OPTION LICENSE KIT (ENC			
2	XGPCS15DKM	ESP DIAGNOSTIC POWER FILTER 120V/			
2	MXA87AWY1KMUS	UPGRADE KIT UK-211 MEMORY EXPER			
2	7640019024	BIZHUB SECURE HEALTHCARE			
1	A7AK011	BIZHUB 227			
1	7670525506	DELIVERY CHARGE - LEVEL 1			
1	7640018092	BASIC NETWORK SERVICE - BNS02			
1	A7V7WY1	DF-628 REVERSE AUTOMATIC DOCUM			
QTY	MATERIAL #	SUPPLY - MATERIAL DESCRIPTION		PRICE EACH	EXTENDED
2	A87M030	TN323 TONER (YIELD:23K)	N/A		
1	A87M030	TN323 TONER (YIELD:23K)	N/A		
2	A33K030	TN-322 TONER (24K) FOR BIZHUB 364E/	N/A		
1	A33K430	TN-321C TONER CYAN (C364E/C364/C2	N/A		
1	A33K130	TN-321K TONER BLACK (C364E/C364/C2	N/A		
1	A33K330	TN-321M TONER MAGENTA (C364E/C36	N/A		

ADDITIONAL CHARGES	Additional Charges
<input type="checkbox"/> Network <input type="checkbox"/> Removal <input type="checkbox"/> Other	TOTAL _____
	(TOTAL is exclusive of applicable taxes)

PICK-UP	Requested Removal Date: 09/01/2015		
QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER

COMMENTS

Order Agreement Additional Equipment - Schedule B

INVOICE TO Account #	SOLD TO Account # SO 0004233676	SHIP TO Account #
Legal Name GE CAPITAL	Legal Name ELIM PARK BAPTIST HOME INC	Legal Name ELIM PARK BAPTIST HOME INC
Attn Line 1	Attn Line 1	Attn Line 1
Attn Line 2	Attn Line 2	Attn Line 2
Street Address 1961 HIRST DR	Street Address 140 COOK HILL ROAD	Street Address 140 COOK HILL ROAD
City MOBERLY State MO Zip 65270	City CHESHIRE State CT Zip 06410-3736	City CHESHIRE State CT Zip 06410-3736

QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER	PRICE EACH	EXTENDED
1	135310	DK-513 DESK (STORAGE ONLY)			
1	A2YUWY2	FS-533 FINISHER (50-SHEET INNER STA			
1	A84FWY1	MK-602 MOUNT KIT (MOUNT KIT REQUI			
1	A0PD016	LK-102 V3 I-OPTION LICENSE KIT (ENCR			
1	XGPCS15DKM	ESP DIAGNOSTIC POWER FILTER 120V/			
1	MXA87AWY1KMUS	UPGRADE KIT UK-211 MEMORY EXPER			
1	7640019024	BIZHUB SECURE HEALTHCARE			
2	A61F011	BIZHUB 364E			
2	7670525506	DELIVERY CHARGE - LEVEL 1			
2	7640018093	BASIC NETWORK SERVICE - BNS03			
2	A3CFWY1	DF-624 REVERSE AUTOMATIC DOCUME			
2	7640018680	DK-510 ENHANCED COPY DESK (STORA			
2	A2YUWY2	FS-533 FINISHER (50-SHEET INNER STA			
2	A0PD11H	LK-101 V3 I-OPTION LICENSE KIT (WEB			
2	A4MHWY1	UK-204 I-OPTION - MEMORY UPGRADE			
2	XGPCS15DKM	ESP DIAGNOSTIC POWER FILTER 120V/			
2	A4MF012	FK-511 FAX KIT			
2	7640019024	BIZHUB SECURE HEALTHCARE			
13	A6VF011	BIZHUB 4050			
13	7670525505	DELIVERY CHARGE - LEVEL 0			
13	7640018092	BASIC NETWORK SERVICE - BNS02			
13	A0PD11H	LK-101 V3 I-OPTION LICENSE KIT (WEB			
13	7640019026	BIZHUB SECURE HEALTHCARE SMALL			
3	A6VF011	BIZHUB 4050			
3	7670525505	DELIVERY CHARGE - LEVEL 0			
3	7640018092	BASIC NETWORK SERVICE - BNS02			
3	A6EDW11	FK-512 FAX KIT			
3	A6VGWY1	MOUNT KIT MK-P03			

Pick Up

QTY	MATERIAL #	MATERIAL DESCRIPTION	SERIAL NUMBER	PRICE EACH	EXTENDED

**MyKMBS.com
Access Request Form**

Customer Name: ELIM PARK BAPTIST HOME INC

Business Class: Corporate Acct National Government Branch

New or Existing Customer: New Existing

SAP Account #: 0004233676/0004233676
Required Existing

Serial Number(s):	1 _____	4 _____	7 _____
<small>(include at least one)</small>	2 _____	5 _____	8 _____
	3 _____	6 _____	9 _____

USER	<p>Role: <input type="checkbox"/> Fleet Manager* <input type="checkbox"/> Local Manager** <input type="checkbox"/> Meters Only <input type="checkbox"/> Order Supplies Only <input type="checkbox"/> Service Calls Only</p> <p>If Fleet Manager or Local Manager is selected, also check one of the following: <input type="checkbox"/> Set-up to view all locations <input type="checkbox"/> Set-up to view only the location(s) linked to specified serial number(s)</p> <p>First Name: <u>ANTHONY</u> <small>Required</small> Last Name: <u>MUSACCHIO</u> <small>Required</small></p> <p>Email: <u>AMUSACCHIO@ELIMPARK.ORG</u> <small>Required</small></p>
USER	<p>Role: <input type="checkbox"/> Fleet Manager* <input type="checkbox"/> Local Manager** <input type="checkbox"/> Meters Only <input type="checkbox"/> Order Supplies Only <input type="checkbox"/> Service Calls Only</p> <p>If Fleet Manager or Local Manager is selected, also check one of the following: <input type="checkbox"/> Set-up to view all locations <input type="checkbox"/> Set-up to view only the location(s) linked to specified serial number(s)</p> <p>First Name: _____ <small>Required</small> Last Name: _____ <small>Required</small></p> <p>Email: _____ <small>Required</small></p>
USER	<p>Role: <input type="checkbox"/> Fleet Manager* <input type="checkbox"/> Local Manager** <input type="checkbox"/> Meters Only <input type="checkbox"/> Order Supplies Only <input type="checkbox"/> Service Calls Only</p> <p>If Fleet Manager or Local Manager is selected, also check one of the following: <input type="checkbox"/> Set-up to view all locations <input type="checkbox"/> Set-up to view only the location(s) linked to specified serial number(s)</p> <p>First Name: _____ <small>Required</small> Last Name: _____ <small>Required</small></p> <p>Email: _____ <small>Required</small></p>
KMBS	<p>* Fleet Manager - All capabilities of Local Managers as well as the ability to manage users and see reports. ** Local Manager - Gives user the ability to place supply orders, initiate service calls, report meter reads and pay invoices by credit card. Have customer alert his/her IT Department to accept the following email addresses: meterreads@kmbs.konicaminolta.us activator@kmbs.konicaminolta.us extranet@kmbs.konicaminolta.us</p> <p>Representative: <u>PAMELA FALCIGNO</u> Territory Code: <u>963102</u> Sales Manager: <u>RONALD DEHMER</u> Territory Code: <u>963000</u></p> <p>Corporate Acct Mgr: _____ Territory Code: _____ Branch Name: <u>963 - SOUTHERN CONNECTICU</u> Branch Number: <u>963</u></p> <p><small>if Applicable</small></p> <p>Branch forms are to be submitted with your sales order to your local branch administrators For Corporate, National, and Government accounts, email completed form to mykmbs.nad@kmbs.konicaminolta.us</p>
COMMENTS	<p> </p>

Lease Reimbursement / Direct Paid Buyout / Rebate

Customer Name: ELIM PARK BAPTIST HOME INC
Address: 140 COOK HILL ROAD
City: CHESHIRE **State:** CT **Zip Code:** 06410-3736

Lease Reimbursement

Konica Minolta Business Solutions U.S.A., Inc. ("KMBS") does hereby agree to pay the Customer named above, the sum of \$ _____ representing the principal balance remaining on Lease Agreement # _____ with _____ for Model _____ Serial # _____, provided ("Leasing Company") KMBS receives payment in full from the Leasing Company (for a lease agreement) or from the Customer (for a purchase agreement) for the new transaction.

KMBS shall have no liability to the Customer or to any third party as a result of this transaction. The funds described above will be issued based upon the representation by the Customer of the outstanding balance due. The Customer agrees to remit these reimbursement funds to the Leasing Company in payment of the outstanding principal balance. If KMBS agrees to ship Customer's equipment to the Leasing Company, it is the responsibility of the Customer to first provide the Return Authorization and shipping instructions to KMBS.

Direct Paid Buyout

Konica Minolta Business Solutions U.S.A., Inc. ("KMBS") does hereby agree to pay direct to the Leasing Company named below, the sum of \$ _____, representing the Total Buyout Quote(s) attached, itemized by lease agreement number and dollar amount below; provided KMBS receives payment in full from the Leasing Company (for a lease agreement) or from the Customer (for a purchase agreement) for the new transaction.

Leasing Company: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

Lease Agreement # _____	Amount \$ _____
Lease Agreement # _____	Amount \$ _____
Lease Agreement # _____	Amount \$ _____

KMBS shall have no liability to the Customer or to any third party as a result of this transaction, beyond remittance of the designated funds identified above. The funds described above will be issued based upon the Total Buyout Quote(s) attached and itemized above. The Customer agrees that any other charges not itemized on the Buyout Quote(s) attached, or resulting from additional charges for Lease Payments, Taxes, Late Fees, or Other charges imposed by the Leasing Company will be the sole responsibility of the Customer. If KMBS agrees to ship Customer's equipment to the Leasing Company, it is the responsibility of the Customer to first provide the Return Authorization and shipping instructions to KMBS.

Rebate

Konica Minolta Business Solutions U.S.A., Inc. ("KMBS") does hereby agree to pay the Customer named above, the sum of \$ 100.00, representing a special incentive towards the lease or purchase of new KMBS product(s), provided KMBS receives payment in full from the respective Leasing Company (for a lease agreement) or from the Customer (for a purchase agreement) for the new transaction.

Comments:

BIZHUB MARKETPLACE

Reimbursement or Rebate check will be issued in approximately eight (8) to ten (10) weeks from the date of installation provided KMBS receives full funding for the new transaction. Direct Paid Buyouts will be issued to the Leasing Company in approximately two (2) weeks from the date KMBS receives full funding for the new transaction.



For office use only (Check one): Branch Windsor

KONICA MINOLTA

Premier Advantage Supplement

APPLICATION NO.

AGREEMENT NO.
7976972001

SUPPLEMENT NO.

CUSTOMER INFORMATION:

FULL LEGAL NAME ELIM PARK BAPTIST HOME, INC. THE			STREET ADDRESS 140 Cook Hill Road	
CITY Cheshire	STATE CT	ZIP 06410	PHONE*	FAX
BILLING NAME (IF DIFFERENT FROM ABOVE)			BILLING STREET ADDRESS	
CITY	STATE	ZIP	E-MAIL	

*By providing a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications (for NON-marketing or solicitation purposes) at that number, including, but not limited to, prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system from Owner and its affiliates and agents. This Express Consent applies to each such telephone number that you provide to us now or in the future and permits such calls. These calls and messages may incur access fees from your cellular provider.

EQUIPMENT ADDED:

MAKE/MODEL/ACCESSORIES/SOFTWARE (Including Software Description and Supplier/Licensor if applicable)	SERIAL NO.	STARTING METER
1. KM 4050 with FK512, MK203, LK101, 15 Amp Power Filter		
2. Add to Pool BW 1		
3.		
4.		
5.		
6.		

See attached 'Schedule A' for additional Equipment / Accessories / Software

EQUIPMENT DELETED:

MAKE/MODEL/ACCESSORIES/SOFTWARE (Including Software Description and Supplier/Licensor if applicable)	SERIAL NO.	ENDING METER
1.		
2.		
3.		
4.		

NEW TOTAL PAYMENT:

The payment below is your new TOTAL payment.

Monthly Payment* \$ _____

Total B&W Pages Included _____

Excess B&W Page Charge* \$ _____

Total Color Pages Included _____

Excess Color Page Charge* \$ _____

ADDITIONAL PAYMENT:

Your new payment is the SUM of the below amount plus your current total payment. (Which includes your original payment amount and any amounts on all prior supplements)

OR

Monthly Payment* \$ 43.40

Additional B&W Pages Included _____

Excess B&W Page Charge* \$ _____

Additional Color Pages Included _____

Excess Color Page Charge* \$ _____

Please check one: Meter Reading Frequency: Monthly Quarterly *plus applicable taxes
(If nothing is checked, your frequency will revert to the original Premier Advantage Agreement or any subsequent Supplements.)

TERM:

48 Mos. Balance of applicable term. Termination date of this Supplement coincides with the termination date set forth in the Premier Advantage Agreement or previous Supplement (as applicable).

_____ Mos. New term for Equipment referenced above only. Such term begins upon Supplement endorsement and acceptance by Lessor. The term of the Premier Advantage Agreement remains in full force and effect for the remaining original Equipment.

TERMS AND CONDITIONS:

You have requested this Supplement to the Premier Advantage Agreement (or Supplement) as set forth above. If you choose the new TOTAL payment section above, you agree that the payment on this Supplement is the new total payment for your Agreement. Except for the specific provisions set forth above, the original terms and conditions set forth in the Premier Advantage Agreement and any personal guarantee(s) shall remain in full force and effect and are incorporated herein by reference. You agree to pay us up to seventy five dollars (\$75.00) when invoiced as an origination fee.

LESSOR ACCEPTANCE

Konica Minolta Premier Finance	x		
LESSOR	AUTHORIZED SIGNER	TITLE	DATED

CUSTOMER ACCEPTANCE

ELIM PARK BAPTIST HOME, INC. THE	x		12/17/15
FULL LEGAL NAME OF CUSTOMER (as referenced above)	AUTHORIZED SIGNER		DATED
FEDERAL TAX I.D. #	PRINT NAME	TITLE	

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2016	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	Address (No. & Street, City, State, Zip Code)
1 Blum Shapiro & Company, P.C.	29 South Main Street, W. Hartford, CT 16127
2 Blum Shapiro & Company, P.C.	29 South Main Street, W. Hartford, CT 16127
3 Blum Shapiro & Company, P.C.	29 South Main Street, W. Hartford, CT 16127
4 Cornerstone Accounting Group	P.O. Box 7, Indian Valley, VA 24105

Services Provided by This Firm (*describe fully*)

1 Annual Audit	\$ 25,385
2 Medicaid Cost Report Review, Tax Form 990 Preparation	\$ 7,197
3 ERISA Audit of Benefit Plan & Related Consulting, Form 5500 Preparation	\$ 9,329
4 Medicare Cost Report Preparation	\$ 3,000
	Charge for Services Provided
	\$ 44,911

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

- Yes No Page 15 line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder & Woods LLC	203-899-8900
2 Jackson Lewis PC	914-514-6060
3 Wiggin and Dana LLP	203-498-4400
4	
5	

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

- 1 200 Connecticut Ave, Norwalk, CT 06854
 2 P.O. Box 416019, Boston, MA 02241
 3 P.O. Box 1832, New Haven, CT 06508
 4
 5

Services Provided by This Firm (*describe fully*)

1 Collections \$1,371 - disallowed	\$ 1,612
2 Personnel & Labor Relations	\$ 5,392
3 Review/Consultation - Admissions Agreement, RCH Residency Agreement, State Law Requirements.	\$ 16,368
4	\$
5	\$
	Charge for Services Provided
	\$ 23,372

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

ELIM PARK BAPTIST HOME, INC.
LEGAL FEES FYE 2016

LEGAL FEES - ADMINISTRATION GL 1.83.6420

TRX Date	Account Number	Account Description	Debit Amount	Vendor Name	Comments &/or Disposition
11/30/15	1.8300.6420	Legal Fees	\$51.44	WIGGIN AND DANA LLP	Consultation re Workplace Violence reporting requirements
12/31/15	1.8300.6420	Legal Fees	\$124.20	WIGGIN AND DANA LLP	Consultations re Audit Letter update; "Certificate Of Need" plan
					Various consultations re Residential Care Home ("RCH")/HCBS reviews & need for RCH lease; review of Admissions Agreement for post-acute admissions; various claim/admission issues; Fitness Center use for outpatient therapy; Admission Agreement questions re short-term & outpatient rehab; therapy licensure question; questions re additional campus PT site; work on RCH residency agreement.
4/30/16	1.8300.6420	Legal Fees	\$4,549.95	WIGGIN AND DANA LLP	Various consultations re work on & finalization of Residential Care Home ("RCH") residency agreement; draft letter re use of fitness room for Medicare PT; letter confirming advice on outpatient therapy location.
5/31/16	1.8300.6420	Legal Fees	\$1,180.35	WIGGIN AND DANA LLP	Various consultations re Residential Care Home ("RCH") regulations & RCH Agreement; review of Omnicare agreement; Omnicare settlement and Responsible Party Addendum.
6/30/16	1.8300.6420	Legal Fees	\$353.66	WIGGIN AND DANA LLP	Various consultations re Omnicare discounts; review, analysis, and revision of final Omnicare Settlement Agreement.
7/31/16	1.8300.6420	Legal Fees	\$2,145.15	WIGGIN AND DANA LLP	Allocated HealthCare portion of consultations to check 401(k) plan records; review and revise employee handbook.
7/31/16	1.8300.6420	Legal Fees	\$2,063.88	WIGGIN AND DANA LLP	

ELIM PARK BAPTIST HOME, INC.
LEGAL FEES FYE 2016

LEGAL FEES - ADMINISTRATION GL 1.83.6420

TRX Date	Account Number	Account Description	Debit Amount	Vendor Name	Comments &/or Disposition
8/1/16	1.8300.6420	Legal Fees	\$166.88	GOLDMAN GRUDER & WOODS LLC	Allocated portion of cost of Small Claims lawsuit to recover overpaid vacation payment from terminated employee.
8/26/16	1.8300.6420	Legal Fees	\$73.13	GOLDMAN GRUDER & WOODS LLC	Allocated portion of additional cost re Small Claims lawsuit to recover overpaid vacation payment from terminated employee.
8/31/16	1.8300.6420	Legal Fees	\$1,838.25	WIGGIN AND DANA LLP	Various consultations re Medicaid eligibility questions; response to Omnicare re credit dispute; legal risks re Omnicare discount settlement; citation/deficiencies re resident info. & policies; "Informal Dispute Resolution plan for F323 deficiency and citation.
9/22/16	1.8300.6420	Legal Fees	\$1,822.60	JACKSON LEWIS PC	
9/30/16	1.8300.6420	Legal Fees	\$4,061.25	WIGGIN AND DANA LLP	Omnicare settlement and IDR meeting prep
9/30/16	1.8300.6420	Legal Fees	\$127.13	JACKSON LEWIS PC	"Discrimination" case that is still pending.
			\$18,557.87		

LEGAL FEES - FINANCE GL 1.87.6420

11/25/15	1.8700.6420	Legal Fees- Finance	\$111.15	GOLDMAN GRUDER & WOODS LLC	Collections-Disallow
11/25/15	1.8700.6420	Legal Fees- Finance	\$675.00	GOLDMAN GRUDER & WOODS LLC	Collections-Disallow
12/24/15	1.8700.6420	Legal Fees- Finance	\$390.00	GOLDMAN GRUDER & WOODS LLC	Collections-Disallow
9/1/16	1.8700.6420	Legal Fees- Finance	\$195.00	GOLDMAN GRUDER & WOODS LLC	Collections-Disallow
			\$1,371.15		

LEGAL FEES - HUMAN RESOURCES GL 1.89.6420

3/1/16	1.8900.6420	Legal Fees- HR	\$22.75	JACKSON LEWIS PC	Allocated portion of cost of correspondence to C. Walker/HR re new CT background law.
3/1/16	1.8900.6420	Legal Fees- HR	\$595.00	JACKSON LEWIS PC	RN termination

ELIM PARK BAPTIST HOME, INC.
LEGAL FEES FYE 2016

LEGAL FEES - ADMINISTRATION GL 1.83.6420

TRX Date	Account Number	Account Description	Debit Amount	Vendor Name	Comments &/or Disposition
3/1/16	1.8900.6420	Legal Fees- HR	\$411.25	JACKSON LEWIS PC	Collection Disallow
3/1/16	1.8900.6420	Legal Fees- HR	\$523.25	JACKSON LEWIS PC	Disability leave policy review
6/1/16	1.8900.6420	Legal Fees- HR	\$140.00	JACKSON LEWIS PC	CHRO matter - ongoing
6/1/16	1.8900.6420	Legal Fees- HR	\$1,368.00	JACKSON LEWIS PC	CHRO matter - ongoing
7/1/16	1.8900.6420	Legal Fees- HR	\$328.50	JACKSON LEWIS PC	CHRO matter - ongoing
7/1/16	1.8900.6420	Legal Fees- HR	\$54.00	JACKSON LEWIS PC	Immigration issue
			\$3,442.75		

GRAND TOTAL LEGAL FEES FYE 2016

\$23,371.77

Subtotals By Vendor:

Wiggin & Dana LLP	16,368.13
Goldman Gruder & Woods LLC	1,611.16
Jackson Lewis PC	5,392.48
TOTAL	<u>23,371.77</u>

Schedule of Resident Statistics

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2016						Page 8	of 37	
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Residential Care Home	RHNS			Residential Care Home
		Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total					
1. Certified Bed Capacity										
A. On last day of PREVIOUS report period	132	90		42	90	42	132	90	42	
B. On last day of THIS report period	132	90		42	90	42	132	90	42	
2. Number of Residents										
A. As of midnight of PREVIOUS report period	125	87		38	87	38	125	87	41	
B. As of midnight of THIS report period	123	88		35	84	36	120	88	35	
3. Total Number of Days Care Provided During Period										
A. Medicare	9,115	9,115			6,877		6,877			
B. Medicaid (Conn.)	17,040	17,040			13,032		13,032	2,238		
C. Medicaid (other states)							4,008	4,008		
D. Private Pay										
E. State SSI for RCH	4,811	2,332		2,479	1,501		3,569	1,242	831	
F. Other (Specify)	11,299			11,299			8,305	2,994	2,994	
G. Total Care Days During Period (3A thru F)	2,914	2,914		2,135	2,135		2,135	779		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds	45,179	31,401		13,778	23,545		33,918	11,261	7,856	
4. Medicaid Bed Reserve Days										
A. Medicaid Bed Reserve Days	37	37		37	37		37			
B. Other Bed Reserve Days	710	35		675	21		540	14	156	
5. Total Resident Days (3G + 4A + 4B)	45,926	31,473		14,453	23,603		34,495	11,431	3,561	

Schedule of Resident Statistics (Cont'd)

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2016	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	Residential Care Home (3)	Lost			Gained			CCNH	RHNS	Residential Care Home	
				(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	Residential Care Home
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	Residential Care Home	R.C.H. / ICF-MR
No. of Residents	26		42		7		5	34
Per Diem Rate								
a. One bed rm.	Various PPS		252.93		550.00		252.00	138.70
b. Two bed rms.	Various PPS		252.93		520.00		232.00	138.70
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	8,470	8,023		447
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	32,179	32,179		
D. Total Physical Therapy Treatments	40,649	40,202		447

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	159	159		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	2,321	2,321		
D. Total Speech Therapy Treatments	2,480	2,480		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	955	955		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	30,445	30,445		
D. Total Occupational Therapy Treatments	31,400	31,400		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Elim Park Baptist Home, Inc.	666c	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	93,667	1,336			43,013	614
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	157,754	668			72,443	307
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	442,202	16,818			197,541	7,446
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	361,390	25,737			165,957	11,819
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	200,963	15,909			87,992	6,966
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	78,845	4,422			34,523	1,936
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	205,107	15,117			25,472	1,877
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	102,487	1,336			47,064	614
b. Other Accountants	130,056	5,416			59,724	2,487
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	170,249	3,104			18,071	329
b. RN						
1. Direct Care	1,186,441	30,940				
2. Administrative**	348,531	8,326			19,077	464
c. LPN						
1. Direct Care	936,004	29,932			225,328	7,323
2. Administrative**						
d. Aides and Attendants	1,406,980	91,389			176,807	8,839
e. Physical Therapists	611,725	16,787			6,802	187
f. Speech Therapists	89,014	1,585				
g. Occupational Therapists	559,300	13,937				
h. Recreation Workers	101,824	5,435			46,760	2,496
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	81,816	2,905			37,572	1,334
n. Marketing	42,399	275			19,471	127
o. Other (Specify)						
See Attached Schedule	23,471	868			10,778	399
A-13. Total Salary Expenditures	7,330,225	292,242			1,294,395	55,564

* 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		Name and Address of All Other Employment**	Total Hours Worked	Total Hours Worked	Compensation Received
		9/30/2016	11				
Name	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Line Where Claimed on Page 10	Total Hours Worked	Total Hours Worked	Compensation Received	Total Hours Worked
Section I - Operators/Owners							
N/A							
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).							
Eva Gaston		Housekeeper	A6b	140	140		1,437
Emily Langlais		Housekeeper	A6b	122			
Michael Miner		Housekeeper & Maintenance	A6b&A7b	1,960			

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Elim Park Baptist Home, Inc.		License No. 666c		Report for Year Ended 9/30/2016		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
Chris Newton	93,667		43,013	Non-discriminatory except for life	1,950	A2			
Section IV - Assistant Administrators									
Ronald Dischinger	157,754		72,443	Non-discriminatory except for life	975	A3	Elim Park Place, 150 Cook Hill Road, Cheshire, CT 06410	975	230,197

*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.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Elim Park Baptist Home, Inc.	666c	9/30/2016	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	4,800	40				
3. Pharmacist	5,063	163			1,688	22
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	7,763	103			86	1
b. Other						
6. Social Worker						
7. Recreation Worker	2,316	21			1,064	10
8. Physicians						
a. Medical Director (entire facility)	16,447	73			7,553	34
b. Utilization Review (Title 18 and 19 only) monthly meeting	1,748	13			802	6
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						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	62,989	1,204			464	9
2. Administrative***						
c. Aides	37,716	1,384			218	8
d. Other						
12. Other (Specify) See Attached Schedule	42,972	84			19,732	38
B-13 Total Fees Paid in Lieu of Salaries	181,814	3,085			31,607	128

* 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 Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
United Dental Resources	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Albert a. Natelli	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare Of Connecticut	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Healthpro Management Services	Rehab Consulting & Physical Therapist	<input type="radio"/>	<input checked="" type="radio"/>		
Larry, Kayte Devlin Batter	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Frank Difiglia	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Robert Brian Gille	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Anthony Rurus	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Chris Merwin	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
John Paolillo	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Thomas R. Sansone	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
John Desorbo	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Jonathan W. Condie	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Joseph Silva	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Salvatore T. Anastasio	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Jay Kaplan	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Prohealth Physicians	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Joel Zaretsky	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Benjamin Yeboah	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Key Personnel	Agency Nurses & Aides	<input type="radio"/>	<input checked="" 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
Elim Park Baptist Home, Inc.	666c	9/30/2016		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 548,618	466,281			82,337
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 11,765	9,999			1,766
4. Social Security (F.I.C.A.)	\$ 623,414	529,851			93,563
5. Health Insurance	\$ 901,187	765,936			135,251
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,776	4,909			867
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 201,312	171,099			30,213
8. Uniform Allowance	\$ 9,899	8,413			1,486
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*	\$ 20,000	13,706			6,294
d. Accounting and Auditing	\$ 44,911	30,777			14,134
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 23,372	16,017			7,355
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 32,471	22,252			10,219
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 9,208	6,310			2,898
2. Cellular Phones	\$ 6,740	4,619			2,121
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$				
Subtotal	\$ 2,438,673	2,050,169			388,504

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2016	16	37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:	2,438,673	2,050,169		388,504
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ 14,704	10,077		4,627
2. Holiday Parties for Staff	\$ 5,959	4,084		1,875
3. Gifts to Staff and Residents	\$ 6,606	4,527		2,079
4. Employee Travel	\$ 14,938	10,237		4,701
5. Education Expenses Related to Seminars and Conventions	\$ 34,805	23,852		10,953
6. Automobile Expense (not purchase or depreciation)	\$ 3,325	2,279		1,046
7. Other (Specify) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (all such expenses)	\$ 1,213	831		382
2. Advertising Telephone Directory (all such expenses)***	\$ 399	273		126
3. Advertising Other (Specify)*** See Attached Schedule	\$ 38,869	26,636		12,233
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	\$ 7,982	5,470		2,512
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 12,133	8,317		3,816
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,050	720		330
9. Subscriptions	\$ 3,809	2,610		1,199
10. Contributions*** See Attached Schedule	\$ 178,267	122,166		56,101
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 114,244	78,293		35,951
12. Administrative Management Services**	\$			
13. Other (Specify) See Attached Schedule	\$ 228,381	156,203		72,178
C-14 Total Administrative & General Expenditures	\$ 3,105,357	2,506,744		598,613

* 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	Residential Care Home
	\$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Marketing - Therapy - disallowed on p. 28	\$ 2,279	\$ -	\$ 1,047
Marketing - Admissions - disallowed on p. 28	\$ 24,345		\$ 11,180
Advertising Other/Public Relations - disallowed on p. 28	\$ 12		\$ 6
Total Other Advertising	\$ 26,636	\$ -	\$ 12,233

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
INFECTION CONTROL NURSES OF CT INC	\$ 21		\$ 9
NADONA	\$ 68		\$ 31
ACHA	\$ 42		\$ 20
AICPA - disallowed p. 28 (Attachment)	\$ 188		\$ 86
ALTCFM	\$ 247		\$ 113
AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS	\$ 195		\$ 89
AOTA	\$ 26		\$ 12
CAHCF	\$ 240		\$ 110
CTCPA - disallowed p. 28 (Attachment)	\$ 93		\$ 43
Leading Age	\$ 6,734		\$ 3,091
Occupational Therapy Association - disallowed p. 28 (Attachment)	\$ 103		\$ 47
SOCIETY FOR HUMAN RESOURCE MAN	\$ 231		\$ 106
ASSOC HEALTHCARE VOLUNTEER RES	\$ 103		\$ 47
NEADHVS	\$ 26		\$ 12
Total Dues	\$ 8,317	\$ -	\$ 3,816

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Cheshire, CT Police & Fire Department Donations	\$ 119,356	\$ -	\$ 54,811
Employee Emergency Fund - Martinez, Turner, Lewis, Lopez	\$ 2,810		\$ 1,290
Total Contributions	\$ 122,166	\$ -	\$ 56,101

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home	
Supplies - Christian Ministries	\$ 123		\$ 57	\$ 180
Employee Physicals & Other- Flu Vaccines For Staff	\$ 1,121		\$ 515	\$ 1,636
Employee Physicals & Other - Pre Placement Physicals (disallowed on p. 28 Attachment)	\$ 48		\$ 22	\$ 70
Supplies - Volunteer - disallowed p. 28 (Attachment)	\$ 540		\$ 248	\$ 788
Volunteer Recognition - disallowed p. 28 (Attachment)	\$ 2,446		\$ 1,123	\$ 3,569
Professional Fees	\$ 22,755		\$ 10,450	\$ 33,205
Cable TV - disallowed p. 28 (Attachment)	\$ 12,589		\$ 5,781	\$ 18,370
Tuition Reimbursement - disallowed p. 28	\$ 6,976		\$ 3,204	\$ 10,180
Licenses	\$ 1,868		\$ 858	\$ 2,726
Bank & Credit Card Fees - payment processing, check orders, stop payments, returned item fees, g	\$ 11,850		\$ 5,442	\$ 17,292
Miscellaneous - Administration	\$ 7,373		\$ 3,386	\$ 10,759
Alliance-CALTC - disallowed p. 28 (Attachment)	\$ 685		\$ 315	\$ 1,000
Insurance Directors & Officers	\$ 13,772		\$ 6,324	\$ 20,096
Other - Nursing	\$ 413		\$ 190	\$ 603
Purchased Services - Admissions - disallowed p. 28 (Attachment)	\$ 2,987		\$ 1,371	\$ 4,358
Telephone (Internet Services)	\$ 5,869		\$ 2,695	\$ 8,564
Other - Social Services	\$ 257		\$ 118	\$ 375
Other - Admissions - Reprax & Vendormate - disallowed p. 28 (Attachment)	\$ 493		\$ 227	\$ 720
Discounts Taken - disallowed p. 29	\$ (2,321)		\$ (1,066)	\$ (3,387)
Purchased Services - Administration	\$ 14,870		\$ 6,829	\$ 21,699
Purchased Services - Finance	\$ 41,723		\$ 19,160	\$ 60,883
Resident Background Check - Admissions			\$ 443	\$ 443
Employee Background Check	\$ 4,460		\$ 2,050	\$ 6,510
Employee Background Check - Therapy - disallowed p. 28 (Attachment)	\$ 1,166		\$ 535	\$ 1,701
Other Comp	\$ 34		\$ 16	\$ 50
Nursing Recruitment	\$ 480		\$ 220	\$ 700
Miscellaneous - HR	\$ 43		\$ 20	\$ 63
Purchased Services - IT	\$ 3,583		\$ 1,645	\$ 5,228
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Total Other Administrative and General	\$ 156,203	\$ -	\$ 72,178	#####

Schedule C-1 - Management Services*

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2016	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 #
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	33,004	Dietary Staff Management, Support, Training, Food Purchase, Quality Assurance, Quantity Discount	Page 18, Line 2c
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	11,674	Laundry Staff Management, Support, Training, Quality Assurance, Quantity Discount	Page 19, Line 3c
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	11,224	Housekeeping Staff Management, Support, Training, Quality Assurance, Quantity Discount	Page 20, Line 4c
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	11,251	Maintenance Staff Management, Support, Training, Quality Assurance, Quantity Discount	Page 22, Line 6f

* 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.

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

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2016		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 204,905	140,421			64,484
2.	Non-Food Supplies	\$ 21,309	14,603			6,706
3.	Other (<i>Specify</i>) _____ In-house food for Dept. meetings within EPBH - disallowed	\$ 13,344	9,145			4,199
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 180,021	123,368			56,653
c. Management Services**		\$ 33,004	22,618			10,386
d. Other (<i>Specify</i>) _____ Sodexo Misc Support Fees		\$ 17,160	11,760			5,400
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 469,743	321,915			147,828
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G.	Resident Meals: Total no. of meals served per day:*	376	258			118
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 checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost.	\$1,227	
L.	Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$3,067	
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item) P 30 IV1					
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify cost.	\$11,466	
O.	Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.		
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Elim Park Baptist Home, Inc.		666c	9/30/2016		19	37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*	Lbs.	504,608	448,864			55,744
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$					
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.					
	Amt. \$					
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.					
	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$	6,223	5,536			687
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	55,371	49,254			6,117
c. Management Services**	\$	11,674	10,384			1,290
d. Other (Specify) Reduction of Linen Expense, Supplies, R&M	\$	-2,567	-2,283			-284
3E. Total Laundry Expenditures (3a + b + c + d)	\$	70,701	62,891			7,810
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
Elim Park Baptist Home, Inc.		666c	9/30/2016		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel	49,191	34,706		14,485
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	37,401	26,012		11,389
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. \$	28,610	19,898		8,712
c.	Management Services*		\$ 11,224	7,806		3,418
d.	Other (<i>Specify</i>) Sodexo - Misc. Support Fees		\$ 8,083	5,622		2,461
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 85,318	59,338		25,980
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from Omnicare of Connecticut		\$ 435,185	435,185		
b.	Medicine Cabinet Drugs		\$ 72,112	60,131		11,981
c.	Medical and Therapeutic Supplies		\$ 845	845		
d.	Ambulance/Limousine***		\$ 2,845	2,845		
e.	Oxygen					
1.	For Emergency Use		\$			
2.	Other***		\$ 27,075	27,075		
f.	X-rays and Related Radiological Procedures***		\$ 39,496	39,496		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 45,310	45,310		
i.	Recreation		\$ 13,756	9,427		4,329
j.	Other (<i>Specify</i>)**** See Attached Schedule		\$ 179,088	164,963		14,125
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 815,712	785,277		30,435

* 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	Residential Care Home
Supplies - Short Term	\$ 34,281		
Supplies - Short Term - wound vac - disallowed p. 29	\$ 8,677		
Supplies - Short Term - Air Mattresses - disallowed p. 29	\$ 512		
Equipment Rental - Short Term	\$ 227		
Equipment Rental - Short Term - wound vac - disallowed p. 29	\$ 2,500		
Equipment Rental - Short Term - Air Mattresses - disallowed p. 29	\$ 1,320		
Supplies - Long Term	\$ 89,791		
Supplies - Long Term - wound vac - disallowed p. 29	\$ 201		
Equipment Rental - Long Term - wound vac- disallowed p. 29	\$ 1,316		
Equipment Rental - Long Term - Air Mattresses - disallowed p. 29	\$ 1,594		
Supplies - RCH			\$ 3,593
Supplies (Non-Medical)- Nsg	\$ 998		\$ 459
Small Equipment Purchased- Nsg	\$ 1,440		\$ 661
Purchased Services - Therapy - disallowed p. 29	\$ 3,454		\$ 1,586
Supplies- Therapy - disallowed p. 29	\$ 16,726		\$ 7,805
Therapy Equipment Rental - disallowed p. 29	\$ 1,926		\$ 21
Total Other Resident Care	\$ 164,963	\$ -	\$ 14,125

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

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2016	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	Residential Care Home	Pg	Line
Sodexo	Pittsburgh, PA 15251-6170	<input type="radio"/>	<input checked="" type="radio"/>	None	Dietary Purchased Services (A)	123,368		56,653	18	2b
Sodexo	Pittsburgh, PA 15251-6170	<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry Purchased Services (A)	49,254		6,117	19	3b
Sodexo	Pittsburgh, PA 15251-6170	<input type="radio"/>	<input checked="" type="radio"/>	None	Housekeeping Purchased Services (A)	19,898		8,712	20	4b
Sodexo	Pittsburgh, PA 15251-6170	<input type="radio"/>	<input checked="" type="radio"/>	None	Maintenance Purchased Services (A)	20,348		8,910	22	6f
HealthMedX	5100 N. Towne Centre Dr., Ozark, MO 65721	<input type="radio"/>	<input checked="" type="radio"/>	None	Vision Software Support	18,162		8,333	16	1m11
Connecticut Computer	101 E. Summer Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	None	Computer Services	11,837		5,431	16	1m11
Whalley Computer Associates	Brattleboro, VT 05302-1292	<input type="radio"/>	<input checked="" type="radio"/>	None	Computer Services	15,467		7,096	16	1m11
ADP Inc.	225 Second Ave., Waltham, MA 02454	<input type="radio"/>	<input checked="" type="radio"/>	None	Payroll Services	20,287		9,307	16	1m11
Cox Communications	P.O. Box 182656, Columbus, OH 43218	<input type="radio"/>	<input checked="" type="radio"/>	None	Cable TV	12,589		5,781	16	1m12
AR Solutions	P.O. Box 592, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	None	Accounts Receivable Support Consultant	8,800		4,078	16	1m12
Intellitec Solutions LLC	2002 W. 14th Street, Wilmington, DE 19806	<input type="radio"/>	<input checked="" type="radio"/>	None	Microsoft Dynamics Software Support	14,142		6,494	16	1m11
Konica Minolta Premier Finance	Philadelphina, PA 19176-0239	<input type="radio"/>	<input checked="" type="radio"/>	None	Repair & Maintenance Of Copiers	8,029		3,687	16	1m12
The Brickman Group, LLC (on Sodexo Invoice)	16 Roselle St. Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>	None	Landscape/Snow Rem (Sodexo Invoice)	27,221		11,920	22	6a
CT Support Services Holdings, LLC	444 East St. Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	None	Oxygen Rental	27,075			20	5c2

* 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
Elim Park Baptist Home, Inc.	666c	9/30/2016			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 149,974	101,381			48,593	
b. Heat	\$ 43,981	31,610			12,371	
c. Light & Power	\$ 148,060	128,363			19,697	
d. Water	\$ 46,137	39,008			7,129	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 25,691	17,606			8,085	
f. Other (<i>itemize</i>)	\$ 118,120	82,130			35,990	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 531,963	400,098			131,865	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 25,932	18,035			7,897	
b. Building & Building Improvements	\$ 425,229	301,060			124,169	
c. Non-Movable Equipment	\$ 104,802	72,888			31,914	
d. Movable Equipment	\$ 171,051	120,778			50,273	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 727,014	512,761			214,253	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 11,653				11,653	
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 11,653				11,653	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 738,667	512,761			225,906	

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

Elim Park Baptist Home, Inc.
9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/1/2015	Tree Trimming	\$ 794	5	\$ 79
3/9/2016	Asbestos Abatement re Demolition Of House-114 Cook Hill Road	\$ 3,900	20	\$ 98
3/4/2016	Demolition- House at 114 Cook Hill Road	\$ 9,500	20	\$ 238
4/13/2016	Replace Split Rail Fence Outside Health Care Facility	\$ 4,642	8	\$ 290
5/27/2016	Parking Signs- RCH/Visitor, HeathCare, Outpatient Rehab	\$ 996	10	\$ 50
5/13/2016	Parking Lot Striping- Lower HealthCare Parking Lot	\$ 1,600	2	\$ 400
6/23/2016	RCH Patio Garden- Stepping Stone Path	\$ 1,020	5	\$ 102
7/6/2016	Fence (Wood)- 40' Long by 8' High	\$ 6,576	8	\$ 411
9/30/2016	HealthCare Patio Wall/Courtyard	\$ 5,628	15	\$ 188
9/30/2015	Rounding	\$ (1)		
Total additions for Land Improvements		\$ 34,655		\$ 1,855 *
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:				
10/8/2015	Carpet- Residential Care Home #206	\$ 1,120	5	\$ 112
10/15/2015	Painting For South Dining Room	\$ 7,063	5	\$ 706
4/11/2016	Residential Care Home- Replace Skylights	\$ 4,466	20	\$ 112
7/28/2016	Light Diffusers (10)- Residential Care Home, 2nd Floor	\$ 1,232	10	\$ 62
6/21/2016	Laundry Room Renovations	\$ 11,759	15	\$ 392
9/30/2016	West Wing Renovations (See attached detail)	\$ 118,365	20	\$ 2,959
2/29/2016	North South Dining Room	\$ 49,821	20	\$ 1,246
9/30/2016	HealthCare Lobby, Social Services Confernce Room, Country Kitchen	\$ 48,595	20	\$ 1,215
9/30/2016	Rounding	\$ 1		
Total additions for Building Improvements		\$ 242,421		\$ 6,803 *
Deletions:				
7/31/2016	Write-Off "Negative Cost" Assets - CL&P Refund-SNF Revocations	\$ 8,880		
Total deletions for Building Improvements		\$ 8,880		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/1/2015	Arc Flash Protection Kit	\$ 1,379	15	\$ 46
12/9/2015	Aluminum Slider 5600 For Rehab and MDS Offices	\$ 2,993	15	\$ 100
12/16/2015	Main Kitchen Disposal	\$ 1,086	15	\$ 36
12/4/2015	Control Board For RCH Water Heater	\$ 1,607	15	\$ 54
1/26/2016	Electrolux Wascomat Washer/Dryer- HCC Laundry	\$ 21,750	15	\$ 725
2/25/2016	Ice Dispenser Near RCH Kitchen	\$ 540	10	\$ 27
3/10/2016	Motor Condensor Fan & Blade	\$ 1,402	10	\$ 70
2/9/2016	Ice Machine Post Acute	\$ 5,100	15	\$ 170
3/22/2016	Emergency Lighting In HealthCare	\$ 18,458	15	\$ 615

Elim Park Baptist Home, Inc.
9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/1/2015	Tree Trimming	\$ 794	5	\$ 79
3/9/2016	Asbestos Abatement re Demolition Of House-114 Cook Hill Road	\$ 3,900	20	\$ 98
3/4/2016	Demolition- House at 114 Cook Hill Road	\$ 9,500	20	\$ 238
4/13/2016	Replace Split Rail Fence Outside Health Care Facility	\$ 4,642	8	\$ 290
5/27/2016	Parking Signs- RCH/Visitor, HeathCare, Outpatient Rehab	\$ 996	10	\$ 50
5/13/2016	Parking Lot Striping- Lower HealthCare Parking Lot	\$ 1,600	2	\$ 400
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7/6/2016	Fence (Wood)- 40' Long by 8' High	\$ 6,576	8	\$ 411
9/30/2016	HealthCare Patio Wall/Courtyard	\$ 5,628	15	\$ 188
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**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:				
10/8/2015	Carpet- Residential Care Home #206	\$ 1,120	5	\$ 112
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4/11/2016	Residential Care Home- Replace Skylights	\$ 4,466	20	\$ 112
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9/30/2016	West Wing Renovations (See attached detail)	\$ 118,365	20	\$ 2,959
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9/30/2016	HealthCare Lobby, Social Services Conference Room, Country Kitchen	\$ 48,595	20	\$ 1,215
9/30/2016	Rounding	\$ 1		
Total additions for Building Improvements		\$ 242,421		\$ 6,803 *
Deletions:				
7/31/2016	Write-Off "Negative Cost" Assets - CL&P Refund-SNF Revocations	\$ 8,880		
Total deletions for Building Improvements		\$ 8,880		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/1/2015	Arc Flash Protection Kit	\$ 1,379	15	\$ 46
12/9/2015	Aluminum Slider 5600 For Rehab and MDS Offices	\$ 2,993	15	\$ 100
12/16/2015	Main Kitchen Disposal	\$ 1,086	15	\$ 36
12/4/2015	Control Board For RCH Water Heater	\$ 1,607	15	\$ 54
1/26/2016	Electrolux Wascomat Washer/Dryer- HCC Laundry	\$ 21,750	15	\$ 725
2/25/2016	Ice Dispenser Near RCH Kitchen	\$ 540	10	\$ 27
3/10/2016	Motor Condensor Fan & Blade	\$ 1,402	10	\$ 70
2/9/2016	Ice Machine Post Acute	\$ 5,100	15	\$ 170
3/22/2016	Emergency Lighting In HealthCare	\$ 18,458	15	\$ 615

4/11/2016	40 Gallon Braising Pan (44.5%)	\$ 7,087	10	\$ 354
4/15/2016	Wall AC, Lennox LP 126HD3B 265V	\$ 2,263	5	\$ 226
4/14/2016	Trim Around Wall AC	\$ 214	5	\$ 21
4/18/2016	Duct Kit for Wall AC	\$ 250	5	\$ 25
4/30/2016	Freezer Door- Main Kitchen	\$ 2,774	15	\$ 92
6/30/2016	Salt Water Aquarium- Post Acute	\$ 1,300	10	\$ 65
8/18/2016	100 Gallon HW Heater- SNF	\$ 2,300	10	\$ 115
5/25/2016	Exchange Server	\$ 18,879	5	\$ 1,888
6/21/2016	Laundry Room Renovation	\$ 20,810	15	\$ 694
9/29/2016	SNF Gas Water Heater	\$ 4,800	15	\$ 160
9/30/2016	Energy Efficient Lighting Project (Disallowed \$468 of \$1,172 depreciation expen	\$ 23,433	10	\$ 1,172
9/30/2015	Reverse Prior Year (Pg 23a) Misc. Adj. To Reconcile To GL (Timing item)	\$ (730)		\$ -
9/30/2016	Rounding	\$ (1)		\$ -
Total additions for Non-Movable Equipment		\$ 137,695		\$ 6,656 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3
 **Ties to Page 23, Line C2

DETAIL OF BUILDING & EQUIPMENT COST FOR "WEST WING RENOVATIONS" CAPITAL ADDITION

Vendor	Description	***** Invoice *****			Building 1.0000.1810	Equipment 1.0000.1820
		Number	Date	Amount		
AKIN HOUSE INC	50% DEP HC CAB/CHEST/WARDROBE	ORDER #92446	8/3/2016	\$34,067.31		\$34,067.31
AMERICAN HOTEL REGISTER COMPAN	HC WEST HAMPER FRAMES	8015822	7/7/2016	\$1,959.92		\$1,959.92
ASF ENTERPRISES LLC	PAVILION POST ACUTE CHAIRS (2)	38117	4/22/2016	\$516.90		\$516.90
AUTOMATIC DOOR SYSTEMS INC	PAVILION RENO WIRE HARNESS/LAB	51700A	7/1/2016	\$404.25		\$404.25
AUTOMATIC DOOR SYSTEMS INC	PAVILION DOOR OPERATORS/SENSO	51618A	5/19/2016	\$6,800.00		\$6,800.00
Best Buy/3 TV's For Rooms 2,2,	Credit Card Entries Apr 16		4/30/2016	\$1,052.73		\$1,052.73
Best Buy/5 TV Mounts for Rooms	Credit Card Entries Apr 16		4/30/2016	\$159.47		\$159.47
Bronson Design/Lamps for Lindb	Bronson Design/Lamps for Lindb		8/31/2016	\$215.60		\$215.60
Bronson Design/West (Pines) 4 Lamps	Credit Card Jun 16		6/30/2016	\$431.20		\$431.20
BUILDERS HARDWARE	HC PAVILLION DOORS	PSI-83265	7/1/2016	\$6,605.00		\$6,605.00
CHESHIRE GLASS CO INC	PAVILLION CORRIDOR GLASS/RM 14	1001051726	7/5/2016	\$287.43	\$287.43	
Clock for Lindberg Room	Credit Card Entries Jul 16		7/31/2016	\$56.99		\$56.99
COMMERCIAL FLOORING CONCEPTS I	HC WEST CARPET MED/CHART RM	8736-2	7/19/2016	\$1,450.14	\$1,450.14	
COMMERCIAL FLOORING CONCEPTS I	POST ACUTE WEST FLOORING	8736-1	7/1/2016	\$45,800.00	\$45,800.00	
CONNECTICUT SUPPORT SERVICES H	5 PRIDE LIFT CHAIRS HC WEST	52565	6/1/2016	\$4,650.00		\$4,650.00
Costco Whse/Pavilion TV Mount	Costco Whse/Pavilion TV Mount		8/31/2016	\$73.37		\$73.37
Crystal Clean Aquarium	Reclass Crystal Clean Aquarium		8/19/2016	\$1,500.00		\$1,500.00
ELITE ELECTRIC LLC	PAVILLION WIRING	1236	8/1/2016	\$170.00	\$170.00	
ELITE ELECTRIC LLC	PAVILLION LOUNGE RECEPTACLE	1736	6/1/2016	\$270.00	\$270.00	
ELITE ELECTRIC LLC	PAVILLION LINBERG RM TV REWIRIN	1237	8/1/2016	\$340.00	\$340.00	
ELITE ELECTRIC LLC	PAVILLION RECEPTACLE FOR FISH	2176	7/28/2016	\$382.00	\$382.00	
ELITE ELECTRIC LLC	PAVILLION/RECEP/DEMO HEAT/CUT	2115	5/26/2016	\$448.00	\$448.00	
ELITE ELECTRIC LLC	HC PAVILLION AUTO DOOR WIRING	1999	5/18/2016	\$1,045.00	\$1,045.00	
ELITE ELECTRIC LLC	PAVILLION DESK RENO/WIRING	1998	5/1/2016	\$4,000.00	\$4,000.00	
EMERALD RESOURCES INC	PAVILLION SECURE CARE SYSTEM	5321148	6/22/2016	\$180.00		\$180.00
EMERALD RESOURCES INC	PAVILLION KEYPADLOCK/SWITCH/BO	5321161	6/27/2016	\$1,816.50		\$1,816.50
EMERALD RESOURCES INC	PAVILLION RENO/DOOR LOCK SYSTEM	5321016	7/1/2016	\$4,773.20		\$4,773.20
G. Marti	reclass G Marti - Pavilion		4/30/2016	\$935.00	\$935.00	
GABRIEL MARTINEZ	NORTH WING FRAME WALL/DOOR	184	5/4/2016	\$450.00	\$450.00	
Gallery Direct/HC Center Hallw	Credit Card Entries Apr 16		4/30/2016	\$753.00		\$753.00
Gallery Direct/HC Pavilion Din	Credit Card Entries Apr 16		4/30/2016	\$2,348.00		\$2,348.00
Gallery Direct/West/Lindberg-Pictures	Credit Card Jun 16		6/30/2016	\$3,335.00		\$3,335.00
GERIATRIC MEDICAL & SURGICAL S	FREIGHT PRIDE LIFT CHAIRS	A74562	6/8/2016	\$46.24		\$46.24
GERIATRIC MEDICAL & SURGICAL S	POST ACUTE WEST LIFT CHAIRS-8	A56757	5/2/2016	\$7,000.00		\$7,000.00
HOME DEPOT INC.	SALT/4X8/TRACK/PICTURE KIT/MAN	4292016	4/29/2016	\$803.75	\$803.75	
HOME DEPOT INC.	#6035 3225 0013 1788 MAY 16	5272016	5/27/2016	\$1,545.53	\$1,545.53	
INPRO CORPORATION	WEST SIGNAGE	1149007	7/5/2016	\$1,875.60		\$1,875.60
INPRO CORPORATION	PAVILLION CORNER GUARDS	1151585	7/15/2016	\$5,815.33		\$5,815.33
INSTITUTIONAL CON	50% DEPOSIT NO/SO FURNITURE		3/16/2016	\$5,466.00		\$5,466.00
INSTITUTIONAL CONTRACT SALES INC	BAL DUE LINDBERG RM/COFFEE TAB	16439 BAL DUE	8/10/2016	\$380.00		\$380.00
INSTITUTIONAL CONTRACT SALES INC	PAVILLION END TABLES (4)	16436	6/6/2016	\$1,155.00		\$1,155.00
INSTITUTIONAL CONTRACT SALES INC	HC PINES FURNITURE FINAL PMT	16419	5/11/2016	\$5,466.00		\$5,466.00
INSTITUTIONAL CONTRACT SALES INC	50% DEP LINDBERG AREA FURNITUR	16439	6/16/2016	\$8,210.50		\$8,210.50
INSTITUTIONAL CONTRACT SALES INC	BAL DUE LINDBERG FURNITURE	16439-BAL DUE	7/1/2016	\$8,210.50		\$8,210.50
Lowes/Pavillion Reno/Wall Cab/Cal Lime	Credit Card May 16		5/31/2016	\$190.35		\$190.35
LYON & BILLARD CO	HC PAVILLION SCREWS	1127969	5/10/2016	\$96.00	\$96.00	
MCMELLON ASSOCIATES LLC	PAVILLION TRIM TWO DOORS	6172016	6/17/2016	\$350.00		\$350.00
MCMELLON ASSOCIATES LLC	HC NURSES' STATION TRIM/GROMME	5062016	5/6/2016	\$822.65		\$822.65
MOSER PILON NELSON ARCHITECTS	POST-ACUTE CONV/BAKERY/MODEL	19634	6/1/2016	\$350.00	\$350.00	
MOSER PILON NELSON ARCHITECTS	POST ACUTE CONV/MKTG PLANS/FIR	19602	4/30/2016	\$875.00	\$875.00	
P.H. HAWLEY ASSOCIATES LLC	HC PINES WALL SPECIAL/GRAB BAR	10342	7/6/2016	\$636.19		\$636.19
R W HINE HARDWARE	PAINT/KEYS/FLAMESTOPPER/BATTER	7312016	7/31/2016	\$54.72	\$54.72	
R W HINE HARDWARE	PAINT/TUBE/PHONE/HINGE/BRUSHES	5312016	5/31/2016	112.85	112.85	
R W HINE HARDWARE	PAINT/GLOVES/TAPE/CONCR/FIRE E	4302016	4/30/2016	\$122.93	\$122.93	
R W HINE HARDWARE	#10780 JUN 16/PAINT/PROPANE/TA	6302016	6/30/2016	\$362.16		\$362.16
RICCI-CAVALLARO PAINTING INC.	1/3 DEP/HC POST ACUTE PAINTING	363	4/27/2016	\$11,666.67	\$11,666.67	
RICCI-CAVALLARO PAINTING INC.	RMS 5/7/29/4/13 PREP/PAINTING	296	11/30/2015	\$12,355.00	\$12,355.00	
RICCI-CAVALLARO PAINTING INC.	FINAL PMT PINE'S PAINTING	403	6/17/2016	\$33,333.33	\$33,333.33	
ROLLINS PRINTING INC	WEST SIGNAGE	59506	7/1/2016	\$478.00		\$478.00
School Outfitters/Pavillion Corkboard	Credit Card May 16		5/31/2016	\$191.46		\$191.46
Grainger	Post Acute Renovation	1000984255 EPBH	6/30/2016	\$53.23	\$53.23	
Grainger	Post Acute Renovation			\$22.72	\$22.72	
Grainger	Pavillion/Door Hangers	1000963394 EPBH	4/30/2016	\$520.60		\$520.60
SUBURBAN STATIONERS	HC PINES 2 DR FILE (3)	6071709-1	6/1/2016	\$392.85		\$392.85
TELSERV LLC	AK/POST ACUTE WEST INSTALL	29881	4/29/2016	\$90.00		\$90.00
TELSERV LLC	HC WEST/LIFE ENRICH WIRING	30496	6/28/2016	\$207.43		\$207.43
TELSERV LLC	POST ACUTE WEST PHONE WIRING	29823	4/29/2016	\$587.65		\$587.65
TELSERV LLC	POST ACUTE WEST CAMERA INSTALL	31083	8/18/2016	\$1,058.95		\$1,058.95
TELSERV LLC	SKILLED NURSING CABLING PROJEC	30006	5/11/2016	\$4,342.40		\$4,342.40
TPC ASSOCIATES INC	HC CONSOLE DISCONNECT/SERVICE	192138	6/3/2016	\$254.25		\$254.25
WM Supercenter/2 TV's For Room	Credit Card Entries Apr 16		4/30/2016	\$376.00		\$376.00
ADAMSAHERN SIGN SOLUTIONS INC	50% DEP DESIGN WORK-SIGNS	9272016	9/27/2016	\$253.53		\$253.53
HOME DEPOT INC.	6035 3225 0013 1788 SEP 16	9282016	9/28/2016	\$250.62	\$250.62	
INPRO CORPORATION	SO PINES RENO/END CAP/VINYL	1170415	9/29/2016	\$1,425.54		\$1,425.54
R W HINE HARDWARE	PAINT/BULBS/NUTS/BOLTS/DR BIT	9302016	9/30/2016	\$782.89	\$782.89	
TOTALS				245,866.43	118,364.97	127,501.46

**Medicaid Provider #6668 & 1500H
FYE 9/30/16**

**Rollforward of Motor Vehicles Cost & Accumulated Depreciation
From October 1, 2015 Through September 30, 2016**

Movable Equipment-Motor vehicles (specify name, model, and year of each vehicles)	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation For This Year
	Yes	No	Month	Year							

Existing Motor Vehicles As Of Beginning Of Report Period, October 1, 2015:

2008 Ford F350 Truck	Yes		10	2008	15,622		15,622	15,622	S/L	4 yrs	-
2010 Dodge Wheelchair Van	Yes		06	2010	33,290		33,290	33,290	S/L	4 yrs	-
Side Step Rail for Wheelchair Van	Yes		07	2010	970		970	970	S/L	4 yrs	-
Sander For 2008 Ford Pick-Up	Yes		10	2011	195		195	68	S/L	10	19
2011 Buick Regal (In Kind Donation)	Yes		6	2015	18,450		18,450	2,207	S/L	4 yrs	4,613
Rounding								-			
Total Existing Motor Vehicles As Of October 1, 2014					68,527		68,527	52,157			4,632

Acquisitions Of Motor Vehicles During Report Period Ended September 30, 2016:

Motor Vehicles Acquired During Report Period					-		-	-			-
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Disposals Of Motor Vehicles During Report Period Ended September 30, 2016:

Motor Vehicles Disposed Of During Report Period					-		-	-			-
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**Total Cost & Accumulated Depreciation
For Vehicles For Cost Report Year
Ended September 30, 2015**

68,527	68,527	52,157	4,632
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Amortization Schedule*

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c		Report for Year Ended 9/30/2016		Page 24	of 37
	Date of Acquisition		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
Item	Month	Year			Length of Amortization	Cost to Be Amortized
A. Organization Expense						
1.						
2.						
3.						
A-4. Subtotal						
B. Mortgage Expense						
1. First Niagara Bank-C.O.I.-Tax Exem	12	2012	10 Years	66,556	18,500 SL	0
2. First Niagara Bank-C.O.I.-Taxable	12	2012	7 Years	34,985	13,891 SL	0
3.						
B-4. Subtotal						11,654
C. Leasehold Improvements and Other						
1. Acquired prior to this report period						
2. Disposals (attach schedule)						
3. Acquired during this report period (attach schedule)						
C-4. Subtotal						
D. Total Amortization						11,654

* 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 Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2016	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes

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	Various (1957-1986)
2. Date Structure Completed	Various (1957-2002)
3. If NOT Original Owner, Date of Purchase	N/A
4. Date of Initial Licensure	07/01/76
5. Total Licensed Bed Capacity	132
6. Square Footage	42,220
7. Acquisition Cost	
a. Land	37,500
b. Building	633,575

Part B - Owner and Related Parties

1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)	See attached schedu			
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				

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.

Elim Park Baptist Home, Inc.
Medicaid Provider #6668 & 1500H
FYE 9/30/16

Part B -- Lines 1(g) through 1(l)

On December 21, 2012, Elim Park Baptist Home refinanced its Connecticut Development Authority (CDA) 1998A and 2003 Series bonds through Connecticut Innovations, Inc. (CII) 2012A Series bonds. The new bonds have a variable interest rate that is fixed at 3.070% through the use of an interest rate swap instrument with First Niagara Bank, N.A. (FNB). The bonds are due in 10 years with a balloon maturity and will be amortized over a 20-year schedule.

Additionally, the Corporation refinanced its CDA 1998B Series bonds through First Niagara with a variable rate term note that is fixed at 3.580% through the use of an interest rate swap instrument with First Niagara. The note will be amortized over a 7 year schedule.

The new CII 2012A Series bond debt is "tax-exempt" debt, which totals \$17,714,000. It was allocated in the ratio of approx. 82% to Elim Park Place (the Independent Living) service line of Elim Park, and 18% to Elim Park Baptist Home (the Skilled Nursing Facility) service line of Elim Park. The new First Niagara Bank loan is "taxable" debt, which totals \$2,620,828. It was allocated in the ratio of 12% to Elim Park Place (the Independent Living) service line of Elim Park, and 82% to Elim Park Baptist Home (the Skilled Nursing Facility) service line of Elim Park. Hence, the information shown below, as required pursuant to Pg 25, Part B, Lines 1(a) through 1(f), reflects only the portion of the total "tax-exempt" and "taxable" debt that has been separately allocated to Elim Park Baptist Home; i.e. the Skilled Nursing facility.

	CII Bond Debt Tax-Exempt	FNB Loan Taxable	TOTAL CII & FNB Debt
Line 1(a) Type of Financing (e.g., fixed, variable)	Fixed	Fixed	--
Line 1(b) Date of Mortgage	Dec. 21, 2012	Dec. 21, 2012	--
Line 1(c) Interest Rate	3.070%	3.580%	--
Line 1(d) Term of Mortgage (number of years)	10 Years	7 Years	--
Line 1(e) Amount of Principal Borrowed	\$3,182,080	\$2,306,328	\$5,488,408
Line 1(f) Principal Outstanding	\$2,741,939	\$1,170,299	\$3,912,238

NOTE: "Principal Outstanding" amounts obtained from Long-Term Debt spreadsheet located at: "Users/FinShare/Audit 2015/Long-Term Debt Account Analysis FYE 2016" (which were then agreed to "Trial Balance" in CROSSREFERENCE file).

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

Name of Facility		License No.	Report for Year Ended			Page	of
Elim Park Baptist Home, Inc.		666c	9/30/2016			26	37
Item			Total	CCNH	RHNS	Residential Care Home	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$ 135,988	93,192			42,796
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)			\$ 135,988	93,192			42,796

(Carry Subtotals forward to next page)

Elim Park Baptist Home, Inc.
 LIC #- 666C - 113RH - 1500HA
 Supporting Detail for Cost Report Page 24, line B1 & B2; Page 26, line 12; Page 29, line 39
 FYE 9/30/2016

Refinanced 1990 Bonds with 1998 Series - Allocation of Interest Expense

Allocation of COI and related Amortization Expense

Interest Expense Disallowance Calculation for the 1990 Series Bonds

Bond	14,435,000
Percentage Allocated to Nursing Home	70%
Allocated to Nursing Home	10,104,500
Total Fair Rental Additions Allowed	7,142,877
Difference (10,104,500-7,142,877)	2,961,623
Divided By Amount Allocated to Nursing Home	10,104,500
Percentage of Bond Interest Disallowed	29.31%

1990 Series Bonds

Total 1990 Series COI	476,425
70%	333,492
30%	142,933
1990 Bonds	
FYE 1998 Expense	14,565.31
70%	10,190.71
30%	4,374.60

Original 1990 Series Bonds

Bonds	% of Interest		Maturity
-------	---------------	--	----------

1,500,000	8.00	FYE 9/30/95	12/94	Repaid Total Allocation to Independent Living
1,500,000	8.10	FYE 9/30/97	12/96	Repaid Total Allocation to Independent Living
2,915,000	8.75	FYE 9/30/09	12/08	(requirement of original Bonds, \$3,000,000
<u>8,520,000</u>	9.00	FYE9/30/21	12/20	in Life Use Fees Collected to be repaid 12/94 - 12/96)
14,435,000				

(3,000,000) Repayment of Principal
 11,435,000 Bond Principal Remaining at Refinance Date
\$10,104,500 Allocated to NH
\$ 4,330,500 Allocated to Independent Living

Allocation of the remaining 1990 Series Bonds

Elim Park Baptist Home	10,104,500	88%
Elim Park Place	1,330,500	12%
	<u>11,435,000</u>	100%

1998 Series Bonds

1,890,000	Serial Bonds - 1998-2003		
1,770,000	Term Bonds - 20007		
1,025,000	Serial Bonds - 2008-2009	11,164,876	88%
5,950,000	Term Bonds - 2018	-104003	Discount
2,000,000	3 yr. Adjustable Rate Bonds 2020	11,060,873	
<u>12,635,000</u>		1,470,124	12%
(104,003)	Discount	12,530,997	Total Debt
12,530,997	Total Debt		

1998 Series Bonds

Total 1998 Series COI	409,813
EPBH - 88%	360,635.80
EPP - 12%	49,177.61
1998 Bonds	
FYE 2013 COI Expense	3,104.66
EPBH - 88%	2,732.10
EPP - 12%	372.56
EPBH - Write-Of NBV of COI	128,408.22
EPP - Write-Of NBV of COI	5,978.82
Total EPBH-1998 Bonds COI	131,140.32
Total EPP-1998 Bonds COI	6,351.38

Refinancing Of 1998 Series Bonds With First Niagara Bank on Dec. 21, 2012

2012A Series Bonds (Tax-Exempt)

17,714,000			
		3,182,080	18%
	Elim Park Baptist Home	14,531,920	82%
	Elim Park Place	<u>17,714,000</u>	100%
<u>17,714,000</u>			

2012A Series Bonds (Tax-Exempt)

Total 2012A Series COI	370,506.48
EPBH - 18%	66,556.47
EPP - 82%	303,950.02
2012A Series Bonds	
FYE 2016 COI Expense	37,050.72
EPBH - 18% (see NOTE below)	6,655.68
EPP - 82% (see NOTE below)	30,395.04

First Niagara Bank Loan (Taxable)

2,620,828			
		2,306,329	88%
	Elim Park Baptist Home	314,499	12%
	Elim Park Place	<u>2,620,828</u>	100%
<u>2,620,828</u>			

First Niagara Bank Loan (Taxable)

Total FNB Bank Loan COI	39,755.08
EPBH - 88% (see NOTE below)	34,984.47
EPP - 12% (see NOTE below)	4,770.61
FNB Bank Loan	
FYE 2016 COI Expense	5,679.24
EPBH - 88% (see NOTE below)	4,997.76
EPP - 12% (see NOTE below)	681.48

Elim Park Baptist Home, Inc.
 LIC #- 666C - 113RH - 1500HA
 Supporting Detail for Cost Report Page 24, line B1 & B2; Page 26, line 12; Page 29, line 39
 FYE 9/30/2016

Calculation of Interest Expense Allowed

Consolidated Interest Expense on 2012A Series Bonds (Tax-Exempt)	527,748.38
Percentage Allocated to Home	18%
Interest Expense on FNB Bond Debt for FYE 2015 Per General Ledger	<u>\$ 94,994.71</u>

Consolidated Interest Expense on First Niagara Bank Loan (Taxable)	80,586.23
Percentage Allocated to Home	88%
Interest Expense on FNB Loan Debt for FYE 2015 Per General Ledger	<u>\$ 70,915.88</u>

Grand Total Interest Expense for FYE 2015 Allocated To Home	135,987.93
Percentage Disallowed	29.31%
Amount Disallowed	<u>39,858.06</u>
TOTAL ALLOWABLE	<u>96,129.87</u>

Total Interest Expense Allowed **96,129.87**

Interest Expense Reported in General Ledger **135,987.93**

Interest Expense Disallowance **(39,858.06)**

Calculation of COI Expense Allowed

<u>2012A Series Bonds (Tax-Exempt)</u>	6,655.68
<u>First Niagara Bank Loan (Taxable)</u>	4,997.76

Total COI Expense-FYE 2016 **11,653.44**

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

Name of Facility		License No.		Report for Year Ended			Page	of
Elim Park Baptist Home, Inc.		666c		9/30/2016			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				135,988	93,192		42,796	
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$	4,250	2,913	1,337	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	140,238	96,105	44,133	
14. Insurance								
a. Insurance on Property (buildings only)				\$	58,709	40,029	18,680	
b. Insurance on Automobiles				\$	7,085	4,831	2,254	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	65,794	44,860	20,934	
15. Total All Expenditures (A-13 thru C-14)				\$	14,861,535	12,302,029	2,559,506	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.				666c	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 559,300	559,300		
4.			Other - See attached Schedule	\$ 334,721	160,595		174,126
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 81,746	57,836		23,910
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$ 1,466	1,247		219
9.	15	1c	Bad Debts	\$ 20,000	13,706		6,294
10.	15	1e	Accounting & Legal	\$ 4,313	2,956		1,357
11.	30	IV3	Telephone	\$ 5,036	3,451		1,585
12.	15	h2	Cellular Telephone	\$ 5,980	4,098		1,882
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1m13	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 10,180	6,976		3,204
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 557	382		175
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	1m2&	Unallowable Advertising *	\$ 38,869	26,636		12,233
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m4&	Fund Raising / Contributions	\$ 178,267	122,166		56,101
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 241,897	194,105		47,792
Page 18 - Dietary Expenditures							
24.	18	2a3/d	Meals to employees, guests and others who are not residents	\$ 11,466	7,858		3,608
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,493,798	1,161,312		332,486

* 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	Residential
10	A2	Disallow CEO Severance	\$ 77,096		\$ 35,404
10	A5c	Disallow EPP Market Supervisor Wages	\$ 32,110		\$ 14,746
10	A12a,b1,b2	To adjust Wages - RN RCH, rate above Aides			\$ 22,281
10	A12c1	To adjust Wages - LPN RCH, rate above Aides			\$ 78,096
10	A12n	To adjust Wages - Admissions counselors for time spent marketing facility	\$ 42,399		\$ 19,471
10	A4	To adjust Wages - Administrative Assistant - Therapy	\$ 8,990		\$ 4,128
Total Other Salaries Adjustment			\$ 160,595	\$ -	\$ 174,126

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential
13	B12	Purchased Services Management Therapy - HealthPro Management	\$ 42,972		\$ 19,732
13	B2	Purchased Services - Dental	\$ 4,800		
13	B8a	Medical Director Fees - Nursing Admin - excess over \$158,90 per hour	\$ 4,795		\$ 2,202
13	B8b	Medical Staff - Nursing - Dr. Zaretsky 2015 fees paid and expensed in 2016	\$ 206		\$ 94
13	B11b1	To adjust Nursing Agency Expense - LPN RCH, rate above Aides			\$ 194
13	B3	Pharmacist	\$ 5,063		\$ 1,688
Total Other Fees Adjustments			\$ 57,836	\$ -	\$ 23,910

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential
15	1a	Employee Benefits Attributable to CEO Severance	\$ 9,041		\$ 1,596
15	1a	Employee Benefits Attributable to Occupational Therapists	\$ 115,074		\$ -
15	1a	Employee Benefits Attributable to RCH RNs above Aides	\$ -		\$ 4,274
15	1a	Employee Benefits Attributable to RCH LPNs above Aides	\$ -		\$ 14,979
15	1a	Employee Benefits Attributable to Admissions & Marketing Coordinators	\$ 11,848		\$ 2,097
15	1a	Employee Benefits Attributable to EPP Market Supervisor	\$ 5,847		\$ 1,032
15	1a8	Uniforms - Therapy	\$ 779		\$ 138
16	1L2	Parties in excess of one - Employee Picnic	\$ 4,527		\$ 2,079
16	1L3	Gifts to employees, discriminatory in nature	\$ 488		\$ 244
16	1L4	Employee travel - Admissions - travel for the purpose of marketing the facility	\$ 1,752		\$ 804
16	1L4	Employee travel - Therapy - travel for the purpose of marketing the facility	\$ 946		\$ 434
16	1L5	Education - Therapy	\$ 2,558		\$ 1,175
16	1m2	Advertising Telephone Directory	\$ 273		\$ 126
16	1m3	Marketing - Admissions - Kim Thompson -Marketing Consultant	\$ 5,312		\$ 2,438
16	1m8a	Cheshire and Hamden Chambers of Commerce Dues	\$ 720		\$ 330
16	1m8	AICPA - disallowed p. 28 (Attachment)	\$ 188		\$ 86
16	1m8	American College of Healthcare Administrator's-Dues	\$ 195		\$ 89
16	1m8	AOTA (American Occupational Therapy Association)-Dues	\$ 26		\$ 12
16	1m8	CAHCF-Dues	\$ 240		\$ 110
16	1m8	CTCPA - disallowed p. 28 (Attachment)	\$ 93		\$ 43
16	1m8	Occupational Therapy Association - disallowed p. 28 (Attachment)	\$ 103		\$ 47
16	1m9	Subscription - HR BLR - disallow FYE 2016 portion in FYE 2015.	\$ (74)		\$ (31)
16	1m13	Employee Physicals & Other - pre placement physicals - disallowed p. 28 (Attachment)	\$ 48		\$ 22
16	1m13	Purchased Services - Admissions - disallowed p. 28 (Attachment)	\$ 2,987		\$ 1,371
16	1m13	Bank & Credit Card Fees - payment processing, check orders, stop payments, return	\$ 11,850		\$ 5,442
16	1m13	Cable TV - disallowed p. 28 (Attachment)	\$ 12,589		\$ 5,781
16	1m13	Employee Background Check - Therapy - disallowed p. 28 (Attachment)	\$ 1,166		\$ 535
16	1m13	Other - Admissions - Reprax & Vendormate - disallowed p. 28 (Attachment)	\$ 493		\$ 227
16	1m13	Misc. Admin. - Correction to true up differences in resident trust account	\$ (1,304)		\$ (599)
16	1m13	Misc. Admin - Plants for HC Lobby and hallway	\$ 1,071		\$ 492
16	1m13	Professional Fees - Accountancy Board	\$ 32		\$ 14
16	1m13	Licenses - State of CT CPA License Renewal	\$ 14		\$ 6
16	1m13	Other Nursing - residents' belongings	\$ 174		\$ 80
16	1m13	Alliance-CALTC - disallowed p. 28 (Attachment)	\$ 685		\$ 315
16	1m13	Volunteer Recognition - disallowed p. 28 (Attachment)	\$ 2,446		\$ 1,123
16	1m13	Supplies - Volunteer - disallowed p. 28 (Attachment)	\$ 540		\$ 248
16	1m13	Other - Social Services - Gift Cards	\$ 257		\$ 118
Total Other A&G Adjustments			\$ 192,984	\$ -	\$ 47,277

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

Name of Facility				License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.				666c	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,493,798	1,161,312		332,486
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 435,185	435,185		
28.	20	5d	Ambulance/Limousine	\$ 2,845	2,845		
29.	20	5f	X-rays, etc	\$ 39,496	39,496		
30.	20	5h	Laboratory	\$ 45,310	45,310		
31.	20	5c	Medical Supplies	\$ 845	845		
32.	20	5e2	Oxygen (non emergency)	\$ 27,075	27,075		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 49,446	38,226		11,220
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 615	428		187
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ (17,939)	(12,809)		(5,130)
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	\$ (3,387)	(2,321)		(1,066)
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	\$ 58,095	39,812		18,283
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 4,930	3,429		1,501
51. Total Amount of Decrease (Items 1 - 50)				\$ 2,136,314	1,778,833		357,481

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential
20	5j	Supplies Short Term - Nsg - wound vac supplies	\$ 8,677		
20	5j	Supplies Short Term - Nsg - Air Pressure Mattresses	\$ 512		
20	5j	Supplies Long Term - Nsg - wound vac supplies	\$ 201		
20	5j	Equipment Rental Short Term - Nsg - wound vac	\$ 2,500		
20	5j	Equipment Rental Short Term - Nsg - Air Pressure Mattresses	\$ 1,320		
20	5j	Equipment Rental Long Term - Nsg - wound vac	\$ 1,316		
20	5j	Equipment Rental Long Term - Nsg - Air Pressure Mattresses for Medicare	\$ 1,594		
20	5j	Purchased Services - Therapy - Swallowing Diagnostics	\$ 3,454		\$ 1,586
20	5j	Supplies - Therapy	\$ 16,726		\$ 7,805
20	5j	Equipment Repair - Therapy	\$ 1,926		\$ 21
20	5b	Supplies (Non-Medical) RCH - Estimated Unallowable RCH Supplies			\$ 522
20	5j	Non-Legend Drugs RCH - Estimated Unallowable RCH Drugs			\$ 1,286
Total Other Ancillary Costs			\$ 38,226	\$ -	\$ 11,220

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential
22	7d	Depreciation - In Kind Donation from Janice Rood Power Scooter for Ther	\$ 111		\$ 49
22	7d	Depreciation - Televisions SNF #8a,b, South Lounge, SNF #1a, #1b, #2, #5	\$ 51		\$ 23
22	7d	Depreciation - Computer for Rehab - Year 4 of 5	\$ 71		\$ 31
22	7d	Depreciation - Laptops For Rehab - Year 2 of 4	\$ 195		\$ 84
Total Excess Movable Equipment Depreciation			\$ 428	\$ -	\$ 187

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
26	12	Interest Expense - First Niagara Bank Loan	\$ 27,303		\$ 12,555
22	6f	Purchased Services Mangement - Dietary, Laundry, Housekeeping, Mainte	\$ (41,354)		\$ (18,107)
22	6c	Outpatient Therapy Indirect Cost Estimate	\$ 433		\$ 67
22	6a	Televisions For Resident Rooms, Post Acute Lounge, SNF #29	\$ 809		\$ 355
Total Other Property Adjustments			\$ (12,809)	\$ -	\$ (5,130)

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV1	Guest Meals	\$ 2,102		\$ 965
30	IV8	Mary Melby Donations	\$ 25,603		\$ 11,757
30	IV8	Miscellaneous Income	\$ 5,852		\$ 2,687
27	12d	Interest Expense Other (Gift Annuities)	\$ 2,886		\$ 1,326
30	IV8	Gain or Loss on Disposal of Equipment	\$ 3,294		\$ 1,513
30	IV8	Correction - Bank Of America Professional Fees (Gift Annuities)	\$ 75		\$ 35
Total Other Adjustments			\$ 39,812	\$ -	\$ 18,283

Schedule of Unallowable Building Interest

22	7b	Depreciation - Physical Therapy Area Carpeting - Year 5 of 5	\$ 2,923		1279
22	7d	Depreciation - Resident Supported Standing Table for Therapy -Year 5 of 1	\$ 181		79
22	7c	Depreciation - Disallowance Re: "Lighting Retrofit Project"(See page 23a)	\$ 325		143
Total Unallowable Building Interest			\$ 3,429	\$ -	\$ 1,501

Elim Park Baptist Home, Inc.
 LIC #- 666C - 113RH - 1500HA
 Supporting Detail for Cost Report Page 24, line B1 & B2; Page 26, line 12; Page 29, line 39
 FYE 9/30/2016

Refinanced 1990 Bonds with 1998 Series - Allocation of Interest Expense

Allocation of COI and related Amortization Expense

Interest Expense Disallowance Calculation for the 1990 Series Bonds

Bond	14,435,000
Percentage Allocated to Nursing Home	70%
Allocated to Nursing Home	10,104,500
 Total Fair Rental Additions Allowed	 7,142,877
Difference (10,104,500-7,142,877)	2,961,623
Divided By Amount Allocated to Nursing Home	10,104,500
Percentage of Bond Interest Disallowed	29.31%

1990 Series Bonds

Total 1990 Series COI	476,425
70%	<u>333,492</u>
30%	142,933
 1990 Bonds	
FYE 1998 Expense	14,565.31
70%	<u>10,190.71</u>
30%	4,374.60

Original 1990 Series Bonds

Bonds	% of Interest		Maturity
-------	---------------	--	----------

1,500,000	8.00	FYE 9/30/95	12/94	Repaid Total Allocation to Independent Living
1,500,000	8.10	FYE 9/30/97	12/96	Repaid Total Allocation to Independent Living
2,915,000	8.75	FYE 9/30/09	12/08	(requirement of original Bonds, \$3,000,000
<u>8,520,000</u>	9.00	FYE 9/30/21	12/20	in Life Use Fees Collected to be repaid 12/94 - 12/96)
14,435,000				

(3,000,000) Repayment of Principal
 11,435,000 Bond Principal Remaining at Refinance Date
\$10,104,500 Allocated to NH
\$ 4,330,500 Allocated to Independent Living

Allocation of the remaining 1990 Series Bonds

Elim Park Baptist Home	10,104,500	88%
Elim Park Place	1,330,500	12%
	<u>11,435,000</u>	100%

1998 Series Bonds

1,890,000	Serial Bonds - 1998-2003		
1,770,000	Term Bonds - 20007		
1,025,000	Serial Bonds - 2008-2009	11,164,876	88%
5,950,000	Term Bonds - 2018	-104003	Discount
2,000,000	3 yr. Adjustable Rate Bonds 2020	11,060,873	
<u>12,635,000</u>		1,470,124	12%
(104,003)	Discount	12,530,997	Total Debt
<u>12,530,997</u>	Total Debt		

1998 Series Bonds

Total 1998 Series COI	409,813
EPBH - 88%	<u>360,635.80</u>
EPP - 12%	49,177.61
 1998 Bonds	
FYE 2013 COI Expense	3,104.66
EPBH - 88%	<u>2,732.10</u>
EPP - 12%	372.56
 EPBH - Write-Of NBV of COI	128,408.22
EPP - Write-Of NBV of COI	5,978.82
Total EPBH-1998 Bonds COI	<u>131,140.32</u>
Total EPP-1998 Bonds COI	6,351.38

Refinancing Of 1998 Series Bonds With First Niagara Bank on Dec. 21, 2012

2012A Series Bonds (Tax-Exempt)

17,714,000		Allocation New Bonds	
	Elim Park Baptist Home	3,182,080	18%
	Elim Park Place	14,531,920	82%
<u>17,714,000</u>		<u>17,714,000</u>	100%

2012A Series Bonds (Tax-Exempt)

Total 2012A Series COI	370,506.48
EPBH - 18%	<u>66,556.47</u>
EPP - 82%	303,950.02
 2012A Series Bonds	
FYE 2016 COI Expense	37,050.72
EPBH - 18% (see NOTE below)	<u>6,655.68</u>
EPP - 82% (see NOTE below)	30,395.04

First Niagara Bank Loan (Taxable)

2,620,828		Allocation New Bonds	
	Elim Park Baptist Home	2,306,329	88%
	Elim Park Place	314,499	12%
<u>2,620,828</u>		<u>2,620,828</u>	100%

First Niagara Bank Loan (Taxable)

Total FNB Bank Loan COI	39,755.08
EPBH - 88% (see NOTE below)	<u>34,984.47</u>
EPP - 12% (see NOTE below)	4,770.61
 FNB Bank Loan	
FYE 2016 COI Expense	5,679.24
EPBH - 88% (see NOTE below)	<u>4,997.76</u>
EPP - 12% (see NOTE below)	681.48

Elim Park Baptist Home, Inc.
 LIC #- 666C - 113RH - 1500HA
 Supporting Detail for Cost Report Page 24, line B1 & B2; Page 26, line 12; Page 29, line 39
 FYE 9/30/2016

Calculation of Interest Expense Allowed**Calculation of COI Expense Allowed**

Consolidated Interest Expense on 2012A Series Bonds (Tax-Exempt)	527,748.38
Percentage Allocated to Home	18%
Interest Expense on FNB Bond Debt for FYE 2015 Per General Ledger	<u>\$ 94,994.71</u>

<u>2012A Series Bonds (Tax-Exempt)</u>	6,655.68
<u>First Niagara Bank Loan (Taxable)</u>	4,997.76

Total COI Expense-FYE 2016	<u><u>11,653.44</u></u>
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Consolidated Interest Expense on First Niagara Bank Loan (Taxable)	80,586.23
Percentage Allocated to Home	88%
Interest Expense on FNB Loan Debt for FYE 2015 Per General Ledger	<u>\$ 70,915.88</u>

Grand Total Interest Expense for FYE 2015 Allocated To Home	135,987.93
Percentage Disallowed	29.31%
Amount Disallowed	<u>39,858.06</u>
TOTAL ALLOWABLE	<u>96,129.87</u>

Total Interest Expense Allowed	96,129.87
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Interest Expense Reported in General Ledger	<u>135,987.93</u>
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Interest Expense Disallowance	<u><u>(39,858.06)</u></u>
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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2016			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 11,612,766	8,313,316		3,299,450		
b. Medicaid Room and Board Contractual Allowance **	\$ (5,708,701)	(4,605,357)		(1,103,344)		
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 4,586,940	4,586,940				
b. Medicare Room and Board Contractual Allowance **	\$ 691,146	691,146				
4. a. Private-Pay Residents and Other	\$ 3,148,173	2,530,492		617,681		
b. Private-Pay Room and Board Contractual Allowance **	\$ (102,767)	(100,882)		(1,885)		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 401,433	401,433				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (401,433)	(401,433)				
c. Prescription Drugs - Non-Medicare	\$ 32,957	32,957				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (33,612)	(33,612)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,160,787	1,148,022		12,765		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (930,222)	(919,993)		(10,229)		
c. Physical Therapy - Non-Medicare	\$ 76,297	75,458		839		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (74,323)	(73,506)		(817)		
4. a. Speech Therapy - Medicare	\$ 138,496	138,496				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (118,968)	(118,968)				
c. Speech Therapy - Non-Medicare	\$ 3,335	3,335				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (3,261)	(3,261)				
5. a. Occupational Therapy - Medicare	\$ 1,009,167	1,009,167				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (966,920)	(966,920)				
c. Occupational Therapy - Non-Medicare	\$ 77,590	77,590				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (77,761)	(77,761)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,521,119	11,706,659		2,814,460		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 3,067	2,102		965		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 5,036	3,451		1,585		
4. Rental of Television and Cable Services	\$ 9,405	6,445		2,960		
5. Interest Income (Specify)	\$ 18,765	12,860		5,905		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 55,557	38,074		17,483		
V. Total Other Revenue (1 thru 8)	\$ 91,830	62,932		28,898		
VI. Total All Revenue (III +V)	\$ 14,612,949	11,769,591		2,843,358		

* 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
Elim Park Baptist Home, Inc.	666c	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	557,633
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,474,890
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	348,341
4 Inventories			\$	
5. Prepaid Expenses			\$	230,265
a. Prepaid Supplies	4,900			
b. Prepaid Insurance	89,948			
c. Prepaid Services	128,705			
d. Prepaid: Dues \$4,488; Water/Sewer \$2,224	6,712			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	3,065
Other Current Assets	3,065			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,614,194
B. Fixed Assets				
1. Land			\$	123,173
2. Land Improvements	*Historical Cost	585,654	\$	90,986
	Accum. Depreciation	494,668	Net	
3. Buildings	*Historical Cost	13,658,332	\$	3,446,428
	Accum. Depreciation	10,211,904	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	1,186,559	\$	748,498
	Accum. Depreciation	438,061	Net	
6. Movable Equipment	*Historical Cost	3,969,767	\$	680,131
	Accum. Depreciation	3,289,636	Net	
7. Motor Vehicles	*Historical Cost	68,527	\$	11,738
	Accum. Depreciation	56,789	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	30,020
Construction In Progress		30,020		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	5,130,974

* 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
Elim Park Baptist Home, Inc.	666c	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	7,745,168
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
			\$	
2. Land Improvements				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
3. Buildings				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
4. Non-Movable Equipment				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
5. Movable Equipment				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
6. Motor Vehicles				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
7. Minor Equipment-Not Depreciable				
			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)				
			\$	
D. Investment and Other Assets				
1. Deferred Deposits				
			\$	
2. Escrow Deposits				
			\$	
3. Organization Expense				
		*Historical Cost	101,540	
		Accum. Depreciation	44,045	Net
			\$	57,495
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>)				
			\$	224,593
		Restricted Gift Annuities	208,593	
		Deposit	16,000	
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
			\$	282,088
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
			\$	8,027,256

* 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
Elim Park Baptist Home, Inc.		666c	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	842,680
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	942,460
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	141,413
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	470,354
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	11,049,305
See Attached Schedule		11,049,305			

A-13. Total Current Liabilities (Lines A1 thru 12)				\$	13,446,212

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

(Carry Total forward to next page)

Elim Park Baptist Home, Inc.
Medicaid Provider #6668 & 1500H
FYE 9/30/16

Page 33, Line 12 "Other Current Liabilities"

<u>Description</u>	<u>G/L No.</u>	<u>Amount</u>
Advanced Billing	1.0000.1586	1,031,642
Payroll Withholding Liability - Life Insurance	1.0000.2030	13,125
Payroll Withholding Liability - 401K Plan	1.0000.2035	46,262
Payroll Withholding Liability - Garnishment	1.0000.2040	537
Payroll Withholding Liability - Pension Loan	1.0000.2045	21,002
Payroll Withholding Liability - Other	1.0000.2050	150
Payroll Withholding Liability - Employee Contributions	1.0000.2051	21
Pharmacy Clearing Account	1.0000.2056	(196)
Accrued Accounting Fees	1.0000.2060	37,358
Accounts Receivable Refunds Owed	1.0000.2070	4,057
Accrued Other	1.0000.2080	(4)
Resident Fund Liability	1.0000.2090	47,394
Accrued Pension	1.0000.2140	5,063
Accrued Bond Interest	1.0000.2200	10,551
Due To Third Party Reimbursement Agencies	1.0000.2500	322,126
Third Party Reserve - Medicare	1.0000.2910	120,726
Tenant Security Held	1.0000.2920	3,092
Intercompany Payable - Elim Park Place	1.0000.2990	9,386,399
TOTAL		<u>11,049,305</u>

G. Balance Sheet (cont'd)

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			13,446,212	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable			\$	3,531,754
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>)			\$	130,771
Annuities Payable		112,898		
Deferred Liabilities		8,569		
Other Non-Current Liabilities		9,304		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	3,662,525
C. Total All Liabilities (Lines A-13 + B-5)			\$	17,108,737

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

Name of Facility	License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(8,832,895)
6. Gain or Loss for Period			\$	(248,586)
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	(9,081,481)
C. Total Reserves and Net Worth			\$	(9,081,481)
D. Total Liabilities, Reserves, and Net Worth			\$	8,027,256

**Elim Park Baptist Home, Inc.
Medicaid Provider #6668 & 1500H
FYE 9/30/16**

Page 35, Line 7 "Net Worth"

***** AUDITED FINANCIALS *****						COST REPORT	
***** Unrestricted *****		***** Temporarily Restricted *****			Permanently Restricted	Cost Report Reclasses	TOTAL
Elim Park Baptist Home Fund	Endowment Fund (Transferred To Foundation)	Elim Park Baptist Home Fund	Endowment Fund (Transferred To Foundation)	Mary Melby Fund	Endowment Fund (Transferred To Foundation)		
Total Revenues	14,588,733	(77,530)		52,446		(2,591)	14,561,058 a
Total Expenses	(14,864,126)	0		0		2,591	(14,861,535)
Income(Loss)-Operations	(275,393)	0	(77,530)	0	52,446	0	(300,477)
Unrealized Gain (Loss)	(37,078)		84,200		4,769		51,891 a
Change In Net Assets	(312,471)	0	6,670	0	57,215	0	(248,586)
Net Assets-Beginning	(9,332,821)	0	282,351	0	217,575	0	(8,832,895)
Net Assets-Ending	(9,645,292)	0	289,021	0	274,790	0	(9,081,481)

NOTE: Source of this schedule is the Audited Financial Statements for the year ended September 30, 2016.

NOTE: Source of Cost Report Reclasses is as follows:

1) See below	3,387
2) See below	(797)
3) See below	1
Total Reclasses	<u><u>2,591</u></u>

1) Discounts included in Other Revenue on Audited Financial Statements but reported in Miscellaneous Expense and disallowed on Annual Cost Report.

2) Amortization of Deferred Liability (revenue) pursuant to Lighting Retrofit project loan from Eversource -- Was netted in amortization expense on audited financials, but reclassified to Revenue on Annual Cost Report.

3) Miscellaneous rounding adjustment.

a. Page 36 Line B. Total Revenue \$14,612,152.

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(8,832,895)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,612,949
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	14,861,535
D. Net Income or Deficit			\$	(248,586)
E. Balance			\$	(9,081,481)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/16	\$	(9,081,481)


I. Preparer's/Reviewer's Certification

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2016	Page 37	of 37
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<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 checked="" type="checkbox"/> Residential Care Home

Preparer/Reviewer Certification

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.

Signature of Preparer 	Title Controller, Senior Staff Accountant	Date Signed 2/10/17 2/10/17
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Printed Name of Preparer Thomas Penna, James Papierz

Address Address 140 Cook Hill Road, Cheshire, CT 06410	Phone Number 203-272-3547 ext. 160
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