

February 8, 2016

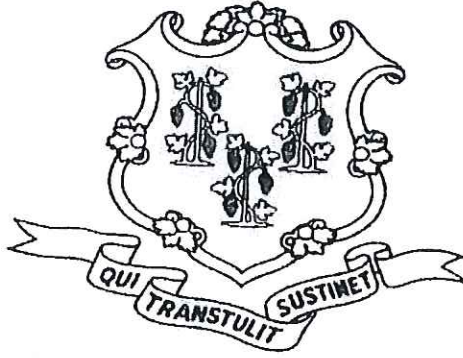
Mr. Chris LaVigne, Director  
Office of CON and Rate Setting  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106

Dear Chris:

Enclosed please find the **2015 Medicaid Cost Report** for Connecticut Baptist Homes, Inc.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each 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 or interest 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.

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	
Address (No. & Street, City, State, Zip Code) 292 Thorpe Ave, Meriden, CT 06450	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider 07-5352
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Medicaid Provider Numbers:	CCNH 210231	RHNS 95283	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) Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2015	Page 1	of 37
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**Administrator's/Owner's Certification**

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

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

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Mary Patricia Morse			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)



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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Connecticut Baptist Homes, Inc.	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 292 Thorpe Ave, Meriden, CT 06450				
Report Prepared By Blum Shapiro & Co. PC	Phone Number 860-561-4000	Date 2/5/2016		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. <b>Total Wages Paid</b> \$				
7. Total salaries paid \$				
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility (203) 237-1206		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Connecticut Baptist Homes, Inc.		Address (No. & Street, City, State, Zip) 292 Thorpe Ave, Meriden, CT 06450		
License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider No. 07-5352
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
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.				
<b>Administrator</b>				
Name of Administrator Mary Patricia Morse		Nursing Home Administrator's License No.:	000925	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		







Connecticut Baptist Homes, Inc.  
Board of Directors - January 2015

Name/Nomination Date	Phone	Business	Home Address	Committee*
Peter C. Young Chairperson 2009	203 481-4063 pyoung@aesa.us	203-481-4063	53 Hotchkiss Grove Rd., Branford, CT 06405	Ex-Officio F, M&D, N, P
Rev. Margaret D. Lewis Vice-Chairperson 2007	860 621-6144 margaretdlewis@gmail.com	203-688-7037	391 Bellevue Ave Southington, CT 06489	F
Rev. Judy G. Allbee Ex-Officio Director 2009	860-693-6897 Jallbee@abconn.org	860 236-5421	ABCCONN 90A North Main Street West Hartford, CT 06107	
Horace Brown Director 2008	860 643-1096 Hhbrown621@att.net		24 East Maple St. Manchester, CT 06040	M&D
Rev. Richard J. Doyle Director 2007	860-682-0685 Doyle42@comcast.net		87 Laurel Ridge East Hampton, CT 06424	P
Sharon Kupiec Director 2014	860-346-6489 860-770-1557 (cell) skupiec@hotmail.com		5 Old Tpke. Rd. Apt 8 Southington, CT 06489	M&D
Roberta Lasek Director 2010	203-237-9476 LRobel1814@aol.com	203-235-7962	387 Spring Street Meriden, CT 06451	M&D
Shirley Mason Director 2007	860 628-8970 Shaym_34@yahoo.com	203-785-5762	27 Coach Dr. Southington, CT 06489	N, M&D
Patricia Morse President, Treasurer	203-237-1206 pmorse@ctbaptisthomes.org	203-237-1206	133 Main Street Farmington, CT 06032	
Margaret Myers Director 2009	203 235-4069 d.myers4@cox.net		412 Baldwin Ave Meriden, CT 06450	P
Rebecca Otterbein Director 2008	(860) 643-8391 rebelotto1@cox.net		142 Diane Drive Manchester, CT 06040	M&D
Shirley Ryan Secretary 2009	203 248-6535 tryan4923@sbcglobal.net		5 Shepard Hill Rd Hamden, CT 06514	N
Thomas Ryan Director 2009	203 248-6535 tryan4923@sbcglobal.net		5 Shepard Hill Rd Hamden, CT 06514	N
Bill Smith Director	860-649-7547 wbsmi314@cox.net	860-550-5174	55 Galaxy Drive Manchester, CT 06040	F
Catherine Souza Director 2008	203 630-9258 catherine.souza@lego.com	860-763-7852	41 Sunset Ave Meriden, CT 06450	F
Jeff Wallace Director 2011	203-483-9305 jeffwallace@livenation.com		27 Short Rocks Road Branford, CT 06405	F
Dan Wilder Director 2014	203-288-4526 danelisha@comcast.net		258 Highland Avenue Hamden, CT 06518	P

\* Committee Key F=FINANCE M&D=MISSION AND DEVELOPMENT N=NOMINATING P=PERSONNEL





## General Information and Questionnaire Related Parties\*

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Connecticut Baptist Housing, Inc.	292 Thorpe Ave, Meriden, CT 06450	<input checked="" type="radio"/>	<input type="radio"/>	Mgmt & Maintenance Contract Service	30 Line IV8		
Pierce Memorial Baptist Home, Inc.	44 Canterbury Rd, Brooklyn, CT 06234	<input type="radio"/>	<input checked="" type="radio"/>	Shared CEO and AR Contract Service	30 Line IV8		
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Most costs were allocated using the methods above, however some expenses are charged directly or allocated on a more appropriate method.

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

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

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

All costs in the "Other" column are for room and board apartments and are being supplied for informational purposes only. These costs are not being submitted for reimbursement.



### 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 Connecticut Baptist Homes, Inc.		License No. 1023C		Report for Year Ended 9/30/2015		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					
None	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
						<b>Total ***</b>	

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

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



### General Information and Questionnaire Accounting Basis

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No            If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Blum, Shapiro & Co. PC		29 South Main Street, West Hartford, CT 06127		
2 Premier Accounting Group		344 North Main St., Marlborough, CT 06447		
3 Healthcare Management Solutions, Inc.		8 Research Parkway, Wallingford, CT 06492		
4				
Services Provided by This Firm ( <i>describe fully</i> )				
1 Annual Audit, 990 preparation, Medicaid and Medicare Cost Report		\$	32,040	
2 General Accounting Services in Lieu of Internal Staff		\$	62,817	
3 General A/R Services in Lieu of Internal Staff		\$	2,385	
4		\$		
			<b>Charge for Services Provided</b>	
			\$ 97,242	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No            Page 15, Line 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Martha Cullina			860-240-6000	
2 Hinckley, Allen & Snyder			860-725-6200	
3				
4				
5				
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1 185 Asylum St, 29th Fl, Hartford, CT 06103				
2 20 Church St, Hartford, CT 06103				
3				
4				
5				
Services Provided by This Firm ( <i>describe fully</i> )				
1 Review of loan modification, collections, Title XIX consultation		\$	1,426	
2 Attorney retained by Berkshire Bank in the loan modification process		\$	1,328	
3		\$		
4		\$		
5		\$		
			<b>Charge for Services Provided</b>	
			\$ 2,754	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No            Page 15, Line 1e				

### Schedule of Resident Statistics

	Name of Facility		License No.		Report for Year Ended				Page		of	
	Connecticut Baptist Homes, Inc.		1023C		9/30/2015				8		37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
<b>1. Certified Bed Capacity</b>												
A. On last day of PREVIOUS report period	80	30	30	20	80	30	30	20	80	30	30	20
B. On last day of THIS report period	80	30	30	20	80	30	30	20	80	30	30	20
<b>2. Number of Residents</b>												
A. As of midnight of PREVIOUS report period	76	29	30	17	76	29	30	17	80	30	30	20
B. As of midnight of THIS report period	79	29	30	20	80	30	30	20	79	29	30	20
<b>3. Total Number of Days Care Provided During Period</b>												
A. Medicare	1,371	765	606		1,124	673	451		247	92	155	
B. Medicaid (Conn.)	16,787	8,683	8,104		12,678	6,610	6,068		4,109	2,073	2,036	
C. Medicaid (other states)												
D. Private Pay	10,453	1,305	2,124	7,024	7,613	815	1,585	5,213	2,840	490	539	1,811
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	28,611	10,753	10,834	7,024	21,415	8,098	8,104	5,213	7,196	2,655	2,730	1,811
<b>4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds</b>												
A. Medicaid Bed Reserve Days	121	74	47		82	46	36		39	28	11	
B. Other Bed Reserve Days	48	19	29		35	10	25		13	9	4	
<b>5. Total Resident Days (3G + 4A + 4B)</b>	28,780	10,846	10,910	7,024	21,532	8,154	8,165	5,213	7,248	2,692	2,745	1,811



### Schedule of Resident Statistics (Cont'd)

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No  
 If "YES", provide the following information:

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

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

Change in Resident Days	CCNH	RHNS	Other
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR
No. of Residents	1 CCNH / 1 RHNS	20	23	8	6	20		
Per Diem Rate								
a. One bed rm.	PPS			425.00	370.00	60.00		
b. Two bed rms.	PPS	199.28	162.81	383.00	342.00			
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	6,226	3,347	2,879	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Physical Therapy Treatments	6,226	3,347	2,879	

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	621	369	252	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Speech Therapy Treatments	621	369	252	

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	4,505	2,452	2,053	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. Total Occupational Therapy Treatments	4,505	2,452	2,053	



**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Connecticut Baptist Homes, Inc.	1023C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	41,661	373	40,804	365	6,963	62
2. Administrator(s) (Complete also Sec. III of Schedule A1)	54,075	857	52,962	840	9,039	143
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	54,671	2,283	54,671	2,283	36,446	1,522
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	93,037	7,141	93,586	7,184	60,252	4,625
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	60,674	4,283	60,674	4,283	21,414	1,512
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	58,417	2,078	58,417	2,078	20,618	734
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	21,600	1,789	7,148	592	3,276	271
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	50,715	1,114	50,715	1,114		
b. RN						
1. Direct Care	50,660	1,230	461,058	11,154		
2. Administrative**	35,102	880	35,102	880		
c. LPN						
1. Direct Care	218,322	8,607				
2. Administrative**						
d. Aides and Attendants	411,892	29,997	263,340	19,178		
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	44,755	1,945	44,755	1,945		
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	57,044	2,075	57,044	2,075		
n. Marketing						
o. Other (Specify)						
See Attached Schedule	11,165	266	11,231	267	7,231	172
<b>A-13. Total Salary Expenditures</b>	<b>1,263,790</b>	<b>64,917</b>	<b>1,291,507</b>	<b>54,236</b>	<b>165,239</b>	<b>9,041</b>

\* 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 (as licensed) Connecticut Baptist Homes, Inc.		License No. 1023C		Report for Year Ended 9/30/2015		Page 12	of 37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
<b>Section III - Administrators***</b>										
Mary Patricia Morse	12,498	12,241	2,090		Administrator subsequent to 7/10/15	240	A2			
Teresa Wells	41,577	40,721	6,949		Administrator through 7/10/15	1,600	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Connecticut Baptist Homes, Inc.	1023C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	4,187	76	4,186	76		
3. Pharmacist	3,939	106	3,939	106		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	69,091	1,354	59,332	1,162		
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	10,800	108	10,800	108		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	18,589	249	12,706	171		
b. Other						
10. Occupational Therapist						
a. Resident Care	77,224	Disallow	64,732	Disallow		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	740	11	6,730	99		
2. Administrative***						
b. LPN						
1. Direct Care	19,728	381				
2. Administrative***						
c. Aides	7,246	273	4,633	175		
d. Other						
12. Other (Specify) See Attached Schedule	7,755		6,433			
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>219,299</b>	<b>2,558</b>	<b>173,491</b>	<b>1,897</b>		

\* 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.







**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2015	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 159,770	74,219	75,847	9,704
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 19,729	9,165	9,366	1,198
4. Social Security (F.I.C.A.)	\$ 183,017	85,018	86,883	11,116
5. Health Insurance	\$ 333,524	154,935	158,333	20,256
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 53,151	24,691	25,232	3,228
8. Uniform Allowance	\$ 341	129	129	83
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 25,249	11,763	11,520	1,966
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 97,242	45,749	44,943	6,550
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 2,754	1,038	1,044	672
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 28,668	13,356	13,080	2,232
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 15,174	5,718	5,752	3,704
2. Cellular Phones	\$ 2,551	961	967	623
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	\$ 427,840	211,902	215,938	
<b>Subtotal</b>	\$ 1,349,010	638,644	649,034	61,332

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

(Carry Subtotals forward to next page)







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

Name of Facility	License No.	Report for Year Ended	Page	of	
Connecticut Baptist Homes, Inc.	1023C	9/30/2015	16	37	
Item		Total	CCNH	RHNS	Other
<b>Subtotals Brought Forward:</b>		1,349,010	638,644	649,034	61,332
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	2,448	1,224	1,224	
3. Gifts to Staff and Residents	\$	11,628	5,814	5,814	
4. Employee Travel	\$	813	379	371	63
5. Education Expenses Related to Seminars and Conventions	\$	9,081	4,231	4,144	706
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (Specify) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$	2,643	1,231	1,206	206
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	5,347	2,491	2,440	416
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$	6,827	3,180	3,115	532
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	6,105	2,844	2,786	475
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**	\$				
13. Other (Specify) See Attached Schedule	\$	48,391	22,619	22,176	3,596
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>1,442,293</b>	<b>682,657</b>	<b>692,310</b>	<b>67,326</b>

\* 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	Other
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
<b>Total Other Advertising</b>	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
Leading Age CT	\$ 3,031	\$ 2,969	\$ 507
ALTCFM	\$ 149	\$ 146	\$ 25
<b>Total Dues</b>	\$ 3,180	\$ 3,115	\$ 532

Schedule of Contributions

Description	CCNH	RHNS	Other
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Volunteer Parties & Gifts	\$ 55	\$ 55	\$ -
Misc. Administrative Expense	\$ 2,737	\$ 2,681	\$ 458
Bank Fees/Svc. Charges	\$ 3,907	\$ 3,827	\$ 653
Background Checks	\$ 430	\$ 421	\$ 71
Consultant Fees	\$ 2,360	\$ 2,311	\$ 395
Directors' Insurance	\$ 2,126	\$ 2,082	\$ 355
Paychex Service Charges	\$ 9,951	\$ 9,746	\$ 1,664
Medical Records Consultant	\$ 1,053	\$ 1,053	\$ -
<b>Total Other Administrative and General</b>	\$ 22,619	\$ 22,176	\$ 3,596

**Schedule C-1 - Management Services\***

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2015	Page 17 of 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 #
Unidine	93,017	Food services contract	Page 18, Line 2c

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



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

Name of Facility		License No.	Report for Year Ended		Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2015		18	37
Item		Total	CCNH	RHNS	Other	
<b>2. Dietary</b>						
<b>a. In-House Preparation &amp; Service</b>						
1. Raw Food	\$	239,274	90,173	90,705	58,396	
2. Non-Food Supplies	\$	18,035	6,797	6,837	4,401	
3. Other (Specify) _____	\$					
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>		\$	245,684	92,588	93,135	59,961
<b>c. Management Services**</b>		\$				
<b>d. Other (Specify) _____</b>		\$				
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		\$	502,993	189,558	190,677	122,758
<b>2F. Dietary Questionnaire</b>		Total	CCNH	RHNS	Other	
<b>G. Resident Meals: Total no. of meals served per day:*</b>						
<b>H. Is cost of employee meals included in 2E?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No						
<b>I. Did you receive revenue from employees?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <b>If yes, specify amt. \$7,157</b>						
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV1</b>						
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <b>If yes, specify cost. See above.</b>						
<b>L. Is any revenue collected from these people?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <b>If yes, specify amt. See above.</b>						
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>If yes, specify cost.</b>						
<b>O. Is any revenue collected from employees?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>If yes, specify amt.</b>						
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						

\* 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 Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2015		Page 19	of 37
Item		Total	CCNH	RHNS	Other	
<b>3. Laundry</b>						
<b>a. In-House Processing*</b>		Lbs.				
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	6,970	4,701	1,556	713
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. \$	4,898	3,304	1,093	501
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>		\$				
<b>c. Management Services**</b>		\$				
<b>d. Other (Specify)</b>		\$				
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	11,868	8,005	2,649	1,214
<b>3F. Laundry Questionnaire</b>						
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
Connecticut Baptist Homes, Inc.		1023C	9/30/2015		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel	53,000	22,500	22,500	8,000
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	16,697	7,096	7,096	2,505
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> ) Housekeeping Uniforms	\$	879	374	374	131
4E.	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	17,576	7,470	7,470	2,636
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Medications	\$	69,121	38,569	30,552	
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	138,101	77,059	61,042	
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$	21,475	11,983	9,492	
f.	X-rays and Related Radiological Procedures***	\$	2,110	1,177	933	
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$				
i.	Recreation	\$	42,264	21,132	21,132	
j.	Other (Specify)**** See Attached Schedule	\$	9,543	3,596	3,618	2,329
5K.	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	282,614	153,516	126,769	2,329

\* 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	Other
Religious Services - Music	\$ 3,596	\$ 3,618	\$ 2,329
<b>Total Other Resident Care</b>	<b>\$ 3,596</b>	<b>\$ 3,618</b>	<b>\$ 2,329</b>



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

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2015	Page of 21   37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No			CCNH	RHNS	Other	Pg
BG Mechanical Services, Inc.	12 Second Ave. Chicopee, MA 01020	O	O		HVAC and Refrigeration	17,053	6,019	22	6f
Paychex, Inc.	714 Brooks St. Suite 120, Rocky Hill CT 06067	O	O		Payroll Services	9,951	1,664	16	m13
		O	O						
		O	O						
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		O	O						

\* 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
Connecticut Baptist Homes, Inc.	1023C	9/30/2015			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 27,746	11,792	11,792	4,162		
b. Heat	\$ 42,637	18,121	18,121	6,395		
c. Light & Power	\$ 106,625	45,316	45,316	15,993		
d. Water	\$ 37,545	15,957	15,957	5,631		
e. Equipment Lease (Provide detail on page 6)	\$					
f. Other (itemize)	\$ 81,380	34,587	34,587	12,206		
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 295,933	125,773	125,773	44,387		
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$ 4,078	2,039	2,039			
b. Building & Building Improvements	\$ 185,537	76,987	76,987	31,563		
c. Non-Movable Equipment	\$ 8,642	3,403	3,403	1,836		
d. Movable Equipment	\$ 45,794	20,071	18,329	7,394		
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 244,051	102,500	100,758	40,793		
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 5,912	2,589	2,589	734		
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 5,912	2,589	2,589	734		
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. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 249,963	105,089	103,347	41,527		

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



**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
Repairs Contract	\$ 8,633	\$ 8,633	\$ 3,047
Dietary Equipment Repairs	\$ 221	\$ 221	\$ 78
Elevator Maint Contract	\$ 3,230	\$ 3,230	\$ 1,140
Heating & Cooling Main Cont	\$ 14,434	\$ 14,434	\$ 5,095
Refrigeration Main Contract	\$ 2,619	\$ 2,619	\$ 924
Sprinkler/Fire Equip Main Cont	\$ 935	\$ 935	\$ 330
Security/Payroll Main Contract	\$ 61	\$ 61	\$ 21
Trash Removal	\$ 3,859	\$ 3,859	\$ 1,361
Pest Control	\$ 595	\$ 595	\$ 210
<b>Total Other Repairs and Maintenance</b>	<b>\$ 34,587</b>	<b>\$ 34,587</b>	<b>\$ 12,206</b>

### Depreciation Schedule

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C		Report for Year Ended 9/30/2015				Page 23	of 37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
<b>A. Land Improvements</b>									
1. Acquired prior to this report period	67,928		67,928	28,158	SL	Various	4,078		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)								4,078	
A-4. Subtotal								4,078	
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period	6,983,523		6,983,523	3,251,509	SL	Various	184,998		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	26,613						539		
B-4. Subtotal								185,537	
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period	295,025		295,025	237,917	SL	Various	8,642		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal								8,642	
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. Truck	25,223		25,223	25,223	SL	5			
b. Snow Plow	8,784		8,784	8,784	SL	5			
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period	1,049,800		1,049,800	888,856	SL	Various	38,810		
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)	79,851						6,984		
D-3. Subtotal								45,794	
<b>E. Total Depreciation</b>								244,051	



Connecticut Baptist Homes, Inc.  
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
11/1/2014	Access System	\$ 2,000	\$ 20	\$ 92
1/1/2015	New insulation and ceiling	\$ 1,525	\$ 20	\$ 58
4/1/2015	Circulating pump for heating system	\$ 3,474	\$ 20	\$ 87
6/1/2015	Keypads	\$ 1,292	\$ 5	\$ 86
6/1/2015	PVC Piping for Hair Salon	\$ 15,200	\$ 20	\$ 190
8/1/2015	Electric Improvements	\$ 3,122	\$ 20	\$ 26
<b>Total additions for Building Improvements</b>		\$ 26,613		\$ 539 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2



Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/1/2014	Mattress Systems	\$ 5,359	10	\$ 447
4/1/2015	Medical Bed	\$ 1,987	5	\$ 199
5/1/2015	Medical Bed	\$ 1,987	5	\$ 166
7/1/2015	Medical Bed	\$ 2,013	5	\$ 134
8/1/2015	Medical Bed	\$ 4,025	5	\$ 201
12/1/2014	Guard for Blender	\$ 2,084	10	\$ 174
12/1/2014	Steamer/Installation	\$ 19,397	10	\$ 1,616
9/1/2015	Ice Machine	\$ 3,722	10	\$ 31
11/1/2014	Office Equipment	\$ 1,956	3	\$ 598
5/1/2015	Computer Station	\$ 12,896	3	\$ 1,791
6/1/2015	Hagar Computers - router and switches	\$ 8,250	5	\$ 413
5/1/2015	Computer	\$ 3,248	3	\$ 451
7/1/2015	Hagar Computers - router and switches	\$ 11,527	5	\$ 576
2/1/2015	Snowblower	\$ 1,400	5	\$ 187
<b>Total additions for Movable Equipment</b>		<b>\$ 79,851</b>		<b>\$ 6,984</b> *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2



### Amortization Schedule\*

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C		Report for Year Ended 9/30/2015			Page 24	of 37
Item		Month	Year					
<b>A. Organization Expense</b>								
1.								
2.								
3.								
<b>A-4. Subtotal</b>								
<b>B. Mortgage Expense</b>								
1. Deferred Financing Costs		April	2013	120 Mo.	58,447	8,780	B	5,824
2. Deferred Financing Costs		Oct	2013	120 Mo.	875	88	B	88
3.								
<b>B-4. Subtotal</b>								5,912
<b>C. Leasehold Improvements and Other</b>								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
<b>C-4. Subtotal</b>								
<b>D. Total Amortization</b>								5,912

\* 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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2015	Page 25	of 37	
<b>II. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	01/01/83				
4. Date of Initial Licensure	01/01/83				
5. Total Licensed Bed Capacity	80				
6. Square Footage	53,000				
7. Acquisition Cost					
a. Land	133,155				
b. Building	319,500				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained		04/25/13			
c. Interest Rate for the Cost Year		3.75%			
d. Term of Mortgage (number of years)		10			
e. Amount of Principal Borrowed		4,000,000			
f. Principal balance outstanding as of 9/30/2015		1,457,699			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
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					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

**Note:** Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.



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

Name of Facility		License No.	Report for Year Ended		Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2015		26	37
Item			Total	CCNH	RHNS	Other
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 101,524	44,468	44,468	12,588
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						
<b>12 B7. Total Building Interest Expense (A1 - A4 + B5)</b>			<b>\$ 101,524</b>	<b>44,468</b>	<b>44,468</b>	<b>12,588</b>

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.		1023C		9/30/2015			27	37
Item				Total	CCNH	RHNS	Other	
Subtotals Brought Forward:				101,524	44,468	44,468	12,588	
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)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 101,524	44,468	44,468	12,588	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 16,007	6,691	6,691	2,625	
b. Insurance on Automobiles				\$ 2,311	1,077	1,054	180	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 44,731	18,698	18,698	7,335	
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 63,049	26,466	26,443	10,140	
15. Total All Expenditures (A-13 thru C-14)				\$ 6,081,139	2,826,091	2,784,904	470,144	



### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Connecticut Baptist Homes, Inc.			1023C	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 91,593	38,043	38,084	15,466
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 141,956	77,224	64,732	
7.			Other - See attached Schedule	\$ 30,439	15,881	14,558	
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	le	Accounting & Legal	\$ 2,754	1,038	1,044	672
11.	15	lh1	Telephone	\$ 15,174	5,718	5,752	3,704
12.	15	lh2	Cellular Telephone	\$ 1,831	690	694	447
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 3,563	1,660	1,626	277
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.	15	k1	Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 24,293	11,659	11,523	1,111
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 311,603	151,913	138,013	21,677

\* 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	Other
10	a2	Management Contract Cedar Ridge - Admin	\$ 6,916	\$ 6,957	\$ 4,479
10	a7a	Maintenance Contract Salaries - Cedar Ridge	\$ 31,127	\$ 31,127	\$ 10,987
<b>Total Other Salaries Adjustment</b>			<b>\$ 38,043</b>	<b>\$ 38,084</b>	<b>\$ 15,466</b>

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B12	Therapies Contract	\$ 7,755	\$ 6,433	\$ -
13	B2	Dentist	\$ 4,187	\$ 4,186	\$ -
13	B3	Pharmacist	\$ 3,939	\$ 3,939	\$ -
<b>Total Other Fees Adjustments</b>			<b>\$ 15,881</b>	<b>\$ 14,558</b>	<b>\$ -</b>

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	m13	Bank Fees/Svc. Charges	\$ 3,907	\$ 3,827	\$ 653
16	m13	Misc. Administrative Expenses	\$ 2,737	\$ 2,681	\$ 458
16	m13	Volunteer Parties & Gifts	\$ 55	\$ 55	\$ -
16	l3	Employee Gifts	\$ 4,960	\$ 4,960	\$ -
<b>Total Other A&amp;G Adjustments</b>			<b>\$ 11,659</b>	<b>\$ 11,523</b>	<b>\$ 1,111</b>



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

Name of Facility			License No.	Report for Year Ended	Page	of	
Connecticut Baptist Homes, Inc.			1023C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 311,603	151,913	138,013	21,677
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 69,121	38,569	30,552	
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 2,110	1,177	933	
30.			Laboratory	\$			
31.	20	5c	Medical Supplies	\$ 13,810	7,706	6,104	
32.	20	5e 2	Oxygen (non emergency)	\$ 21,475	11,983	9,492	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 50,403	22,600	22,566	5,237
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 8,867	3,448	3,463	1,956
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 477,389	237,396	211,123	28,870

\*\*\* 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.



Connecticut Baptist Homes, Inc.  
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
<b>Total Other Ancillary Costs</b>			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	8b	Mortgage Expense	\$ 2,589	\$ 2,589	\$ 734
20	5i	Cable TV Expense	\$ 4,224	\$ 4,224	\$ -
26	12A	Interest Expense	\$ 15,386	\$ 15,386	\$ 4,355
22	7d	Shared Depreciation on Equipment	\$ 401	\$ 367	\$ 148
<b>Total Other Property Adjustments</b>			\$ 22,600	\$ 22,566	\$ 5,237



Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV 1	Meals sold to guests, employees & others	\$ 2,697	\$ 2,713	\$ 1,747
30	IV 8	Discounts Taken	\$ 36	\$ 35	\$ 6
30	IV 8	Insurance Proceeds	\$ 715	\$ 715	\$ 203
<b>Total Other Adjustments</b>			<b>\$ 3,448</b>	<b>\$ 3,463</b>	<b>\$ 1,956</b>

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
<b>Total Unallowable Building Interest</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2015			30	37
Item	Total	CCNH	RHNS	Other		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 6,170,611	3,445,625	2,724,986			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,059,630)	(1,529,815)	(1,529,815)			
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 486,454	271,436	215,018			
b. Medicare Room and Board Contractual Allowance **	\$ 203,165	113,363	89,802			
4. a. Private-Pay Residents and Other	\$ 1,714,007	533,308	760,269	420,430		
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 49,651	27,705	21,946			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (49,954)	(27,874)	(22,080)			
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 9,404	5,247	4,157			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (9,404)	(5,247)	(4,157)			
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 287,220	154,524	132,696			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (129,136)	(69,475)	(59,661)			
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 47,596	28,272	19,324			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (16,444)	(9,768)	(6,676)			
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 246,068	133,861	112,207			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (129,991)	(70,716)	(59,275)			
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 5,819,617	3,000,446	2,398,741	420,430		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 7,157	2,697	2,713	1,747		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 18,831	7,097	7,139	4,595		
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ (120,990)	(52,994)	(52,994)	(15,002)		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 125,556	52,660	52,545	20,351		
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 30,554	9,460	9,403	11,691		
<b>VI. Total All Revenue (III +V)</b>	\$ 5,850,171	3,009,906	2,408,144	432,121		

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

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



Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Other
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
	Unrealized Gain/(Loss) on Inv		\$ (126,278)	\$ (126,278)	\$ (35,750)
	Realized Gain/(Loss) on Inv		\$ 25,923	\$ 25,923	\$ 7,340
	Interest Income		\$ 13,946	\$ 13,946	\$ 3,948
	Dividend Income		\$ 33,415	\$ 33,415	\$ 9,460
<b>Total Interest Income</b>			\$ (52,994)	\$ (52,994)	\$ (15,002)

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	Insurance Proceeds	\$ 715	\$ 715	\$ 203
	Contributions	\$ 11,826	\$ 11,896	\$ 7,658
	Discounts Taken	\$ 36	\$ 35	\$ 6
	Management Contract Income	\$ 8,956	\$ 8,772	\$ 1,497
	Maintenance Contract Income	\$ 31,127	\$ 31,127	\$ 10,987
<b>Total Other Revenue</b>		\$ 52,660	\$ 52,545	\$ 20,351

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	278,049
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	359,524
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	14,467
4 Inventories			\$	33,224
5. Prepaid Expenses			\$	5,754
a. Prepaid Elevator Contract	1,150			
b. Prepaid Dues	1,081			
c. Prepaid Maintenance Contract	2,086			
d. Prepaid Insurance	1,437			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	729,593
Short Term Investments	495,632			
Investment in 288 Thorpe Ave, LLC	233,961			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	1,420,611
<b>B. Fixed Assets</b>				
1. Land			\$	133,155
2. Land Improvements	*Historical Cost	67,928	\$	35,692
	Accum. Depreciation	32,236	Net	
3. Buildings	*Historical Cost	7,010,136	\$	3,573,090
	Accum. Depreciation	3,437,046	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	295,025	\$	48,466
	Accum. Depreciation	246,559	Net	
6. Movable Equipment	*Historical Cost	1,129,651	\$	195,001
	Accum. Depreciation	934,650	Net	
7. Motor Vehicles	*Historical Cost	34,007	\$	
	Accum. Depreciation	34,007	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	4,781
Variance	4,781			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	3,990,185

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

(Carry Total forward to next page)



**G. Balance Sheet (cont'd)**

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	5,410,796
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
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 <b>Total Leasehold or Like Properties (C1 thru 7)</b>				
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits				
2. Escrow Deposits				
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)				
5. Investments Related to Resident Care ( <i>itemize</i> )				
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )				
Name and Address		Amount	Loan Date	
_____		_____	_____	
7. Other Assets ( <i>itemize</i> )				
Long Term Investments		3,174,973		
Deferred Financing Costs		44,542		
Interest in Perpetual Trust / Deposits		140,064		
D-8. <b>Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	3,359,579
D-9. <b>Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	8,770,375

\* 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
Connecticut Baptist Homes, Inc.		1023C	9/30/2015	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	86,903
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> )				\$	96,713
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	19,860
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	91,385
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	4,555
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	333,407
Due to Third Party Payor		42,421			
Accrued Audit Fees		19,000			
Accrued Vacation		162,892			
Accrued Provider Tax		109,094			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>632,823</b>

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

(Carry Total forward to next page)



**G. Balance Sheet (cont'd)**

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				632,823	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
Name of Lender		Purpose	Amount	Date Due	\$
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties ( <i>itemize</i> )					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )					
Note Payable to Berkshire Bank		1,366,314		\$	1,366,314
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	1,366,314
C. Total All Liabilities (Lines A-13 + B-5)				\$	1,999,137

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

Name of Facility		License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2015	35	37
Account				Amount	
<b>A. Reserves</b>					
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>B. Net Worth</b>					
1. Owner's Capital				\$	
2. Capital Stock				\$	
3. Paid-in Surplus				\$	
4. Treasury Stock				\$	
5. Cumulated Earnings				\$	7,002,206
6. Gain or Loss for Period 10/1/2014 thru 9/30/2015				\$	(230,968)
7. Total Net Worth				\$	6,771,238
<b>C. Total Reserves and Net Worth</b>				\$	6,771,238
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$	8,770,375



### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2015	36	37
<b>Account</b>			<b>Amount</b>	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	7,002,206
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	5,850,171
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	6,081,139
D. Net Income or Deficit			\$	(230,968)
E. Balance			\$	6,771,238
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. <b>Balance at End of Period</b>			\$	6,771,238
				09/30/15

### I. Preparer's/Reviewer's Certification

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other			
<b>Preparer/Reviewer Certification</b>					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro &amp; Company, P.C.</i>		Title <i>P.C.</i>		Date Signed <i>2/6/16</i>	
Printed Name of Preparer  Blum, Shapiro & Co, PC					
Address Address  29 South Main St, West Hartford, CT 06127				Phone Number  860-561-4000	