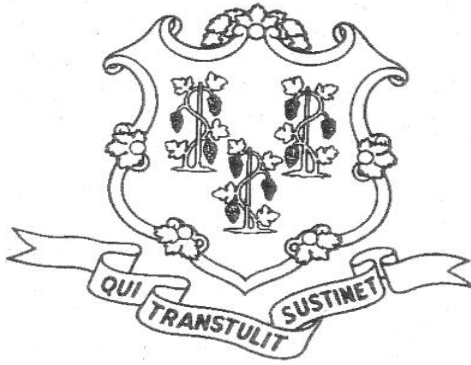


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Health Care Reliance, LLC d/b/a Ellis Manor	
Address (No. & Street, City, State, Zip Code) 210 George Street Hartford, CT 06114	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 796-C	RHNS	(Specify)	Medicare Provider 07-5291
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-MR
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For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Health Care Reliance, LLC d/b/a Ellis Manor	796-C	9/30/2016	1	37

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 Health Care Reliance, LLC d/b/a Ellis Manor [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)		Date	Signed (Owner)		Date
Printed Name (Administrator) William Pond			Printed Name (Owner) Benjamin Z. Fischman		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Health Care Reliance, LLC d/b/a Ellis Manor		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 210 George Street Hartford, CT 06114				
Report Prepared By Ellis Manor		Phone Number 203-250-2030	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-296-9166		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) Health Care Reliance, LLC d/b/a Ellis Manor			Address (No. & Street, City, State, Zip) 210 George Street Hartford, CT 06114		
License Numbers:	CCNH 796-C	RHNS	(Specify)	Medicare Provider No. 07-5291	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator William Pond			Nursing Home Administrator's License No.:	1520	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Reliance, LLC d/b/a Ellis Manor	796-C	9/30/2016	3A	37

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
Health Care Reliance, LLC d/b/a Ellis Manor	210 George St Hartford, CT 06114	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Benjamin Fischman		President	56%
Samuel Strasser		Secretary	6%

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each
Benjamin Fischman		President	56%
Chow Ju-Fa Chen			16%
Toby Hersh			16%

**General Information and Questionnaire
 Related Parties***

Name of Facility Health Care Reliance, LLC d/b/a Ellis Manor	License No. 796-C	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	%**				
Benjamin Fischman, Affinity Health Care Mgt	221 East 33rd St New York , NY 10016	<input type="radio"/>	<input checked="" type="radio"/>		Management of Operations	Pg 16 Line m.11	333,604	384,170
Benjamin Fischman, Affinity Health Care Mgt	221 East 33rd St New York , NY 10016	<input type="radio"/>	<input checked="" type="radio"/>		Consolidated Pension-NonUnion	Pg 15 Line 7		
Joseph Grun & Harold Rubin, Gerimedix	3741 Ocean Ave Brooklyn, NY 11224	<input checked="" type="radio"/>	<input type="radio"/>	99%	Medicaid Supplies	Various	105,923	Unknown
Reliance Health Care LLC	1781 Highland Ave Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Real estate	Pg 22 Line 9	523,082	523,082
Alexandria, Blair, and Douglas Manor		<input type="radio"/>	<input checked="" type="radio"/>		None	N/A	N/A	N/A
Douglas Manor		<input type="radio"/>	<input checked="" type="radio"/>		Nurse Coordinator	Pg 10 Line 12.b	25,110	25,110
		<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 Health Care Reliance, LLC d/b/a Ellis Manor	License No. 796-C	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.

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility			License No.	Report for Year Ended			Page	of
Health Care Reliance, LLC d/b/a Ellis Manor			796-C	9/30/2016			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Citicorp Financial	<input type="radio"/>	<input checked="" type="radio"/>	Copy Machine	05/01/97		199	199	
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	05/29/97		637	637	
Cooler Waters	<input type="radio"/>	<input checked="" type="radio"/>	Water Coolers	monthly		765	765	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							1,601	

* 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 Health Care Reliance, LLC d/b/a El	License No. 796-C	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 1 Genovese & Wonneberger, LLC 2 3 4	Address (No. & Street, City, State, Zip Code) Cheshire, CT
---	---

Services Provided by This Firm (*describe fully*)

1 Monthly Accounting / Financial Management	\$ 11,840
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 11,840

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

- Yes No Pg 15, Line 1.d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Attached Page 7A 2 3 4 5	Telephone Number
--	------------------

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 See Attached Page 7A	\$ 68,178
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 68,178

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

- Yes No Pg 15, Line 1.e

Schedule of Resident Statistics

Name of Facility Health Care Reliance, LLC d/b/a Ellis Manor			License No. 796-C			Report for Year Ended 9/30/2016				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	105	105			105	105							
B. On last day of THIS report period	105	105							105	105			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	100	100			100	100							
B. As of midnight of THIS report period	89	89							89	89			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,482	2,482			1,965	1,965			517	517			
B. Medicaid (Conn.)	25,585	25,585			19,565	19,565			6,020	6,020			
C. Medicaid (other states)													
D. Private Pay	670	670			469	469			201	201			
E. State SSI for RCH													
F. Other (Specify)	2,767	2,767			2,036	2,036			731	731			
G. Total Care Days During Period (3A thru F)	31,504	31,504			24,035	24,035			7,469	7,469			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	31,504	31,504			24,035	24,035			7,469	7,469			

Schedule of Resident Statistics (Cont'd)

Name of Facility Health Care Reliance, LLC d/b/a Ellis Manor			License No. 796-C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	8		67		3		11						
Per Diem Rate													
a. One bed rm.	RUGs 772.52		235.55		420.00		375.00						
b. Two bed rms.	RUGs 193.52				385.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,064	3,064				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,017	2,017				
C. Other								7,141	7,141				
D. Total Physical Therapy Treatments								12,222	12,222				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								455	455				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								419	419				
C. Other								1,282	1,282				
D. Total Speech Therapy Treatments								2,156	2,156				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,714	2,714				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								1,264	1,264				
C. Other								6,978	6,978				
D. Total Occupational Therapy Treatments								10,956	10,956				

Report of Expenditures - Salaries & Wages

Name of Facility Health Care Reliance, LLC d/b/a Ellis Manor	License No. 796-C	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	107,070	2,061				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	178,292	8,077				
5. Dietary Service						
a. Head Dietitian	24,757	637				
b. Food Service Supervisor	67,576	2,365				
c. Dietary Workers	298,125	19,356				
6. Housekeeping Service						
a. Head Housekeeper	37,061	1,943				
b. Other Housekeeping Workers	212,643	12,005				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	49,195	2,609				
b. Other Maintenance Workers	382					
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	106,575	6,654				
9. Barber and Beautician Services						
10. Protective Services	6,240	344				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	82,729	1,911				
b. RN						
1. Direct Care	837,453	20,789				
2. Administrative**	295,880	8,568				
c. LPN						
1. Direct Care	776,103	26,056				
2. Administrative**						
d. Aides and Attendants	1,283,135	76,697				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	96,952	4,150				
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	60,921	2,202				
n. Marketing						
o. Other (Specify) See Attached Schedule	45,788	2,360				
<i>A-13. Total Salary Expenditures</i>	<i>4,566,877</i>	<i>198,784</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
5050-5062 S & W - NURS MED REC	\$ 45,788	2,360				
-	\$ -	-				
-	\$ -	-				
-	\$ -	-				
Total	\$ 45,788	2,360	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
5400-6190 PURCH SERV - IV NURS	\$ 3,750	50				
	\$ -	-				
Total	\$ 3,750	50	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Health Care Reliance, LLC d/b/a Ellis Manor				796-C	9/30/2016				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Health Care Reliance, LLC d/b/a Ellis Manor				796-C	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
William Pond	15,696			Std	Facility Administrator	280	A2	None	NA	NA
Edward Baker (Terminated 11/2015)	11,066			Std	Facility Administrator	224	A2	None	NA	NA
Judy-Ann Johnson (Term 8/2016)	80,308			Std	Facility Administrator	1,557	A2	None	NA	NA
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Health Care Reliance, LLC d/b/a Ellis Manor	796-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	2,205	38				
3. Pharmacist	8,363	112				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	268,428	3,056				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	31,100	337				
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	76,908	1,099				
b. Other						
10. Occupational Therapist						
a. Resident Care	258,493	2,739				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	633					
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	3,750	50				
B-13 Total Fees Paid in Lieu of Salaries	649,880	7,431				

* 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		License No.	Report for Year Ended		Page	of
Health Care Reliance, LLC d/b/a Ellis Manor		796-C	9/30/2016		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
United Health	Dental	<input type="radio"/>	<input checked="" type="radio"/>			
Omnicare	Pharmacy, IV	<input type="radio"/>	<input checked="" type="radio"/>			
Foremost Rehab	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>			
Joesph Anquillaire MD and Jaque Menhdolson MD	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

* 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
Health Care Reliance, LLC d/b/a Ellis Manor	796-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 160,752	160,752			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 70,847	70,847			
4. Social Security (F.I.C.A.)	\$ 328,471	328,471			
5. Health Insurance	\$ 388,279	388,279			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,509	3,509			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 4,800	4,800			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 11,840	11,840			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 68,178	68,178			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 17,763	17,763			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 39,579	39,579			
2. Cellular Phones	\$ 1,081	1,081			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 697	697			
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	\$ 608,550	608,550			
Subtotal	\$ 1,704,346	1,704,346			

* 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
Health Care Reliance, LLC d/b/a Ellis Manor	796-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	1,704,346	1,704,346			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 1,129	1,129			
2. Holiday Parties for Staff	\$ 34	34			
3. Gifts to Staff and Residents	\$ 693	693			
4. Employee Travel	\$ 1,356	1,356			
5. Education Expenses Related to Seminars and Conventions	\$ 1,378	1,378			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 20,605	20,605			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 2,666	2,666			
4. Fund-Raising***	\$				
5. Medical Records	\$ 2,428	2,428			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,769	1,769			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 350	350			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 102	102			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 135,851	135,851			
12. Administrative Management Services**	\$ 333,604	333,604			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 49,407	49,407			
C-14 Total Administrative & General Expenditures	\$ 2,255,718	2,255,718			

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
-	\$ -		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
8000-7810 ADVERTISING - PROMO	\$ 426		
8000-7540 PROMOTIONAL	\$ 2,240		
	\$ -		
Total Other Advertising	\$ 2,666	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	\$ -		
CAHCF-Annual Membership Dues	\$ 350		
	\$ -		
	\$ -		
	\$ -		
Total Dues	\$ 350	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
5050-7450 LICENSES & FEES - NGG	\$ 771		
6200-7450 LICENSE & FEE DIET	\$ 706		
7000-8042 EMPLOYEE INQUIRIES	\$ 1,307		
8000-7450 LICENSES & FEES	\$ 765		
8000-7900 BANK SERVICE FEES	\$ 509		
	\$ 110		
	\$ -		
	\$ -		
8000-7955 PRIOR YEAR EXPENSE	\$ 3,652		
9000-9710 FINES & PENALTIES	\$ 41,587		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
Total Other Administrative and General	\$ 49,407	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Health Care Reliance, LLC d/b/a Ellis Ma	License No. 796-C	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 #
Affinity Health Care Mgt, Inc	333,604	Oversight of Operations including , Accounting, Purchasing, Human Resources, Payroll and Policy Review	Page 16/M12

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

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

Name of Facility Health Care Reliance, LLC d/b/a Ellis Manor	License No. 796-C	Report for Year Ended 9/30/2016	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 266,762	266,762		
2. Non-Food Supplies	\$ 24,826	24,826		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 479	479		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 292,067	292,067		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	259	259		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Health Care Reliance, LLC d/b/a Ellis Manor		796-C	9/30/2016	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	5,422	5,422	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Laundry Chemicals and Minor Equip		\$	7,430	7,430	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	12,852	12,852	
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	
Health Care Reliance, LLC d/b/a Ellis Manor	796-C	9/30/2016	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	24,452	24,452		
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. \$	5,530	5,530		
c. Management Services*	\$				
d. Other (<i>Specify</i>) Minor Furnitirue and Equip	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	29,982	29,982		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	224,165	224,165		
b. Medicine Cabinet Drugs	\$	37,631	37,631		
c. Medical and Therapeutic Supplies	\$	30,956	30,956		
d. Ambulance/Limousine***	\$	532	532		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	29,987	29,987		
f. X-rays and Related Radiological Procedures***	\$	717	717		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	11,969	11,969		
i. Recreation	\$	5,984	5,984		
j. Other (Specify)**** See Attached Schedule	\$	94,852	94,852		
5K. Total Resident Care Expenditures (5a - 5j)	\$	436,793	436,793		

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

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

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

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

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

Name of Facility Health Care Reliance, LLC d/b/a Ellis Manor			License No. 796-C	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	(Specify)	Pg	Line
Achieve Software		<input type="radio"/>	<input checked="" type="radio"/>		Software Maintenance	15,093			16	m.11
ADP		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	22,725			16	m.11
The Corridor Group		<input type="radio"/>	<input checked="" type="radio"/>		Billing and AR	75,878			16	m11
DigitalMedia		<input type="radio"/>	<input checked="" type="radio"/>		Cable TV	16,007			22	6.f
CWPM Service		<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	18,246			22	6.f
St of CT DSS		<input type="radio"/>	<input checked="" type="radio"/>		Eligibility Worker	15,012			16	m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* 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
Health Care Reliance, LLC d/b/a Ellis Manor	796-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 44,201	44,201				
b. Heat	\$ 30,154	30,154				
c. Light & Power	\$ 98,230	98,230				
d. Water	\$ 41,495	41,495				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 1,601	1,601				
f. Other (<i>itemize</i>)	\$ 64,322	64,322				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 280,003	280,003				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 343,984	343,984				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 7,509	7,509				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 351,493	351,493				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 19,058	19,058				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 34,195	34,195				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 53,253	53,253				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 523,082	523,082				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 227,501	227,501				
c. Personal property taxes	\$ 163	163				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,155,492	1,155,492				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
6300-5500 TRASH REMOVAL	\$ 18,246		
8500-5430 CONTRACT SERV - SNOW	\$ 6,615		
8500-5495 CONTRACT SERV - SEWER	\$ 3,450		
8500-5420 CNTRCT SERV MAINT	\$ 3,750		
8500-5425 CONTRACT SERV - LAWN	\$ 5,865		
8500-5445 CONTRACT SERV - ALARM	\$ 399		
	\$ 1,410		
	\$ 519		
Account Not Used	\$ -		
8500-5451 CONTRACT SERV SPRINK	\$ 155		
8500-5452 ONTRCT SRV FIRE PROT	\$ 5,318		
	\$ -		
8500-5466 CNTRCT SRV-FAC NET	\$ 2,588		
	\$ -		
	\$ -		
	\$ -		
8500-6540 CABLE TV	\$ 16,007		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
Total Other Repairs and Maintenance	\$ 64,322	\$ -	\$ -

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility			License No.			Report for Year Ended			Page	of		
Health Care Reliance, LLC d/b/a Ellis Manor			796-C			9/30/2016			23	37		
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period			10,762,805		10,762,805	5,652,742			343,984			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal										343,984		
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					738,872	738,872	709,397				7,509	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
D-3. Subtotal												7,509
E. Total Depreciation											351,493	

Health Care Reliance, LLC d/b/a Ellis Manor
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Health Care Reliance, LLC d/b/a Ellis Manor			796-C		9/30/2016			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Deferred Financing - GW			30 Years	79,469	49,668			2,649	
2.									
3. Deferred Financing			30 Years	492,270	214,685			16,409	
A-4. Subtotal									19,058
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,025,838	629,753			34,195	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									34,195
D. Total Amortization									53,253

* 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 Health Care Reliance, LLC d/b/a Ellis	License No. 796-C	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		05/01/97		
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		105		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD Fixed		
b. Date Mortgage Obtained		07/25/00		
c. Interest Rate for the Cost Year		4.38%		
d. Term of Mortgage (number of years)		40		
e. Amount of Principal Borrowed		11,625,700		
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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Reliance, LLC d/b/a Ellis	796-C	9/30/2016	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Health Care Reliance, LLC d/b/a E		796-C		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
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) See Attachment Page 27A				\$	106,432	106,432	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	106,432	106,432	
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$	16,607	16,607		
2. Fire and Extended Coverage			\$				
3. Other (Specify) See Attachment Page 27A			\$	84,768	84,768		
14d. Total Insurance Expenditures (14a + b + c)				\$	101,375	101,375	
15. Total All Expenditures (A-13 thru C-14)				\$	9,887,471	9,887,471	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Health Care Reliance, LLC d/b/a Ellis Manor			796-C	9/30/2016	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$ 258,493	258,493		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$ 68,108	68,108		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 361	361		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 2,666	2,666		
19.			Income Tax / Corporate Business Tax	\$ 697	697		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 28,801	28,801		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 62,052	62,052		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 421,178	421,178		

* 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.

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Health Care Reliance, LLC d/b/a Ellis Manor			796-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 421,178	421,178		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 224,165	224,165		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 717	717		
30.			Laboratory	\$ 11,969	11,969		
31.			Medical Supplies	\$ 5,137	5,137		
32.			Oxygen (non emergency)	\$ 29,987	29,987		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 10,622	10,622		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1,432	1,432		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 705,207	705,207		

*** 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.

Health Care Reliance, LLC d/b/a Ellis Manor
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		5460-5346 P.S. CONSOL BILLING A	\$ 311		
		5400-6180 IV THERAPY - MEDICARE	\$ 764		
		5400-6181 IV THERAPY - CONTRACT	\$ 1,328		
		5100-6103 PERSONAL CARE SUPPL	\$ 5,672		
		5460-5349 NURSING REN EQ-MEDA	\$ 310		
		5500-6106 PART B MED SUPPLIES	\$ 1,705		
		5400-6320 P.S.AMBUL-RUGS MED A	\$ 532		
		-	\$ -		
		-	\$ -		
Total Other Ancillary Costs			\$ 10,622	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Health Care Reliance, LLC d/b/a Ellis Ma	796-C	9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,192,060	10,192,060			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,136,694)	(4,136,694)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,067,232	1,067,232			
b. Medicare Room and Board Contractual Allowance **	\$ 225,647	225,647			
4. a. Private-Pay Residents and Other	\$ 1,139,789	1,139,789			
b. Private-Pay Room and Board Contractual Allowance **	\$ (302,832)	(302,832)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 141,292	141,292			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (141,292)	(141,292)			
c. Prescription Drugs - Non-Medicare	\$ 54,353	54,353			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (51,034)	(51,034)			
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	\$ 223,762	223,762			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (149,293)	(149,293)			
c. Physical Therapy - Non-Medicare	\$ 97,470	97,470			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (95,966)	(95,966)			
4. a. Speech Therapy - Medicare	\$ 99,946	99,946			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (77,079)	(77,079)			
c. Speech Therapy - Non-Medicare	\$ 46,094	46,094			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (45,528)	(45,528)			
5. a. Occupational Therapy - Medicare	\$ 265,913	265,913			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (202,836)	(202,836)			
c. Occupational Therapy - Non-Medicare	\$ 91,930	91,930			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (90,448)	(90,448)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 11,414	11,414			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 4,923	4,923			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 8,368,823	8,368,823			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 250	250			
V. Total Other Revenue (1 thru 8)	\$ 250	250			
VI. Total All Revenue (III +V)	\$ 8,369,073	8,369,073			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	4060-4100 REV IIV THERAPY MED A	\$ 18,502		
		\$ -		
	Account Not Used	\$ -		
		\$ -		
	4200-4100 REV - X-RAY MEDICARE	\$ 3,189		
	4250-4100 REV - LAB MEDICARE	\$ 8,613		
		\$ -		
	Account Not Used	\$ -		
		\$ -		
	4750-4100 ANCILL ALLOW MED A	\$ (18,890)		
	4750-4150 ANCILL ALLOW - PRT B	\$ -		
	Account Not Used	\$ -		
	Total Other Resident Revenue - Medicare	\$ 11,414	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ -		
	4250-4050 REV - LAB CONTRACT	\$ 2,331		
	4060-4050 REV - IV THERAPY CONT	\$ 3,228		
		\$ 210		
	Account Not Used	\$ -		
	4300-4200 REV - PHARMACY MDCD	\$ 1,298		
	4750-4050 ANCILL ALLOW CNT	\$ (5,661)		
	4750-4200 ANCILL ALLOW MDCD	\$ (1,284)		
	4750-4300 ANCILL ALLOW HOSPICE	\$ 4,801		
	Total Other Resident Revenue	\$ 4,923	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Account Not Used		\$ -		
			\$ -		
			\$ -		
			\$ -		
	Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ -		
		\$ -		
	4900-4600 MISCELLANEOUS REVENUE	\$ 250		
		\$ -		
	Total Other Revenue	\$ 250	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Reliance, LLC d/b/a Ellis N	796-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(45,115)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,664,727
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,802,338
4. Inventories			\$	37,333
5. Prepaid Expenses			\$	305,633
a. Prepaid insurance	300,149			
b. Prepaid taxes	2,888			
c. Prepaid Computer Software	2,596			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	16,551
1210-1000 Exchange-BofA Debit c	4,176			
1210-2000 Exchange - Pullman &	15,823			
1210-0000 EXCHANGE ACCOUNT	(4,448)			
1211-0000 MISCELLANEOUS RECEIVA	1,000			
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,781,467
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,025,838</u>		\$	361,890
	Accum. Depreciation <u>663,948</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>738,872</u>		\$	21,967
	Accum. Depreciation <u>716,905</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	383,857

* 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
Health Care Reliance, LLC d/b/a Ellis N	796-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	5,165,324
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost <u>10,762,805</u>	
			Accum. Depreciation <u>5,996,726</u>	Net
			\$	4,766,079
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)			\$	4,766,079
D. Investment and Other Assets				
1. Deferred Deposits			\$	58,439
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost <u>571,739</u>	
			Accum. Depreciation <u>283,411</u>	Net
			\$	288,328
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	(719,803)
Name and Address		Amount	Loan Date	
Due to/from Affiliates		(719,803)		
7. Other Assets (<i>itemize</i>)			\$	397,686
<u>1700-0000 DEFERRED ACQUISITION</u>		<u>397,686</u>		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	24,650
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	9,956,053

* 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
Health Care Reliance, LLC d/b/a Ellis Manor	796-C	9/30/2016	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	5,276,444
2. Notes Payable (<i>itemize</i>)			\$	582,584
2487-7000 NOTE PAYABLE - METRO			6,250	
2487-7500 NOTE PAYABLE HLTH CAP			414,104	
2480-0000 LOAN PAYABLE - INSUR			116,178	
2490-1000 NOTE PAYABLE-OMNICARE			46,052	
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>)			\$	627,398
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	511,279
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	1,706,674
2340-2500 ACCRUED PROVIDER			1,766,741	2265-0000 PAYROLL E 10,771
2410-0000 PATIENT REFUND CLI			(82,520)	
2105-0000 ACCRUED INTEREST			11,666	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	8,704,379

* 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 Health Care Reliance, LLC d/b/a Ellis Man	License No. 796-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount
Total Brought Forward:				8,704,379
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. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 8,704,379

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

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Reliance, LLC d/b/a Ellis	796-C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	5,406,672
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			\$	5,406,672
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,636,675)
6. Gain or Loss for Period			\$	(1,518,323)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	(4,154,998)
C. Total Reserves and Net Worth			\$	1,251,674
D. Total Liabilities, Reserves, and Net Worth			\$	9,956,053

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Health Care Reliance, LLC d/b/a Ellis M	796-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(2,666,542)
B. Total Revenue (From Statement of Revenue Page 30)			\$	8,369,148
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	9,887,471
D. Net Income or Deficit			\$	(1,518,323)
E. Balance			\$	(4,184,865)
F. Additions				
1. Additional Capital Contributed (itemize)				
2. Other (itemize) Prior Period Adjustments 29,867				
F-3. Total Additions			\$	29,867
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify)			\$	
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (Specify)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(4,154,998)
				09/30/16