

February 7, 2018

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

Dear Mr. LaVigne:

Enclosed please find the 2017 Medicaid Cost Report for Elim Park Baptist Home, Inc.

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

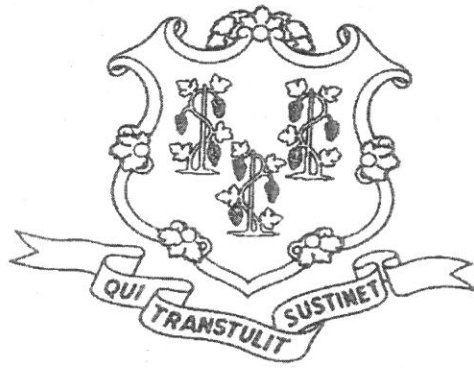
If you have any questions, please contact me at (203) 272-3547 Ext. 122.

Respectfully,



Zell Gaston
Chief Financial Officer

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Elim Park Baptist Home, Inc.	
Address (No. & Street, City, State, Zip Code) 140 Cook Hill Road, Cheshire, CT 06410	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Residential Care Home (CCNH) (RHNS)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 666c	RHNS	Residential Care Home 1500H	Medicare Provider 07-5265
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Medicaid Provider Numbers:	CCNH 6668	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Elim Park Baptist Home, Inc. [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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 2/15/2018	Signed (Owner)		Date
Printed Name (Administrator) Chris Newton			Printed Name (Owner)		
Subscribed and Sworn to before me: Colleen Thomas	State of CT	Date 02/15/2018	Signed (Notary Public) 		Comm. Expires Feb. 29, 2020
Address of Notary Public 408 Blackstone Vlg. Meriden, CT 06450					

(Notary Seal)



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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Elim Park Baptist Home, Inc.		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 140 Cook Hill Road, Cheshire, CT 06410				
Report Prepared By Elim Park Baptist Home, Inc.		Phone Number 203-272-3547	Date 1/23/2018	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-272-3547		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Elim Park Baptist Home, Inc.		Address (No. & Street, City, State, Zip) 140 Cook Hill Road, Cheshire, CT 06410		
License Numbers:	CCNH 666c	RHNS	Residential Care Home 1500H	Medicare Provider No. 07-5265
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Chris Newton		Nursing Home Administrator's License No.:	002003	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Ronald Dischinger		License No.: 850		



Elim Park Baptist Home, Inc.
Board of Directors
September 2017

BOARD MEMBER	ADDRESS	BUSINESS
<u>Director</u> Allen, Brent	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Immediate Past Chair</u> Brennan, Terry	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Director</u> Butterfield, Kevin	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Secretary</u> Caligiuri, Sam	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Director</u> deLivron, Jeannine	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Director</u> DeLacy, Paul	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Vice Chair</u> Ecker, Rob	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Treasurer</u> MacNeill, David	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Director</u> Mason, Glenn	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Chair</u> Nelson, Chris	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
<u>Director</u> Swanson, Geoffrey	140 Cook Hill Road Cheshire, CT 06410	203-272-3547

General Information and Questionnaire Related Parties*

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

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

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Elim Park Place - see attached note	150 Cook Hill Road, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>	N/A	N/A		
CALTC	217 Avery Heights, Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>	See attached	Page 16 Line 1m13	1,000	1,000
Eva Gaston	N/A	<input type="radio"/>	<input checked="" type="radio"/>	Housekeeper	Page 10 Line A6b	649	649
Emily Langlais	N/A	<input type="radio"/>	<input checked="" type="radio"/>	Housekeeper	Page 10 Line A6b	221	221
Michael Miner	N/A	<input type="radio"/>	<input checked="" type="radio"/>	Housekeeper & Maintenance	Page 10 Line 7b & A6b	23,762	23,762
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

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

Elim Park Baptist Home, Inc.
FYE: 09/30/2017
License#: 666C/1500H
Page 4

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

Elim Park Baptist Home, Inc. received a \$20,000.00 Member Distribution in February 2017, and a \$9,000.00 Member Distribution in September 2017. All of these amounts are reported on Page 30 IV 8 and included in the "Miscellaneous Income" line on the Page 30 Attachment. They are not disallowed in the 2017 Medicaid Cost report.

Elim Park Place is the Independent Living Component of this CCRC Community.
There is one corporation with two operating divisions.
Financial Statements are prepared Individually and Consolidated.
Allocable costs for goods and services that benefit both operating divisions are allocated to each individual division based on various designated criteria, such as square footage, relative payroll costs, etc.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

N/A

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

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

General Information and Questionnaire
Accounting Basis

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Blum Shapiro & Company, P.C.	29 South Main Street, W. Hartford, CT 16127
2 Blum Shapiro & Company, P.C.	29 South Main Street, W. Hartford, CT 16127
3 Blum Shapiro & Company, P.C.	29 South Main Street, W. Hartford, CT 16127
4 H. A. Business Services	172 Campville Hill Road, Harwinton, CT 06791

Services Provided by This Firm (*describe fully*)

1 Annual Audit	\$ 23,973
2 Medicaid Cost Report Review, Tax Form 990 Preparation	\$ 7,275
3 ERISA Audit of Benefit Plan & Related Consulting, Form 5500 Preparation	\$ 7,564
4 Medicare Cost Report Preparation	\$ 2,730
	Charge for Services Provided
	\$ 41,542

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

- Yes No Page 15 line 1d

Legal Services Information

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

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

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

Services Provided by This Firm (*describe fully*)

1 Collections \$10,698 - disallowed	\$ 10,698
2 Personnel & Labor Relations	\$ 19,483
3 Review/Consultation - Admissions Agreement, RCH Residency Agreement, State Law Requirements \$4,172 - disallowed	\$ 33,131
4	\$
5	\$
	Charge for Services Provided
	\$ 63,312

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

- Yes No Page 15 Line 1e

**ELIM PARK BAPTIST HOME, INC.
DETAILED LEGAL FEES SCHEDULE
FISCAL 2017**

TRX Date	Account Number	Account Description	Debit Amount	Vendor Name	Reference	Orig Doc. #	Description	Comments &/or Disposition
		GL 1.8300.6420						
10/31/2016	1.8300.6420	Legal Fees	\$897.75	WIGGIN AND DANA LLP	LEGAL FEES OCT 16	\$0.00	WIGGIN AND DANA LLP	RCH Question, CTCare question
11/30/2016	1.8300.6420	Legal Fees	\$3,606.75	WIGGIN AND DANA LLP	LEGAL SERVICES NOV 16	\$0.00	WIGGIN AND DANA LLP	APRN & Medical Director agreements
12/31/2016	1.8300.6420	Legal Fees	\$1,235.89	JACKSON LEWIS PC	JAMI CONDON NOV 16 LEGAL SERV	\$0.00	JACKSON LEWIS PC	CHRO & EEOC
12/31/2016	1.8300.6420	Legal Fees	\$2,410.65	WIGGIN AND DANA LLP	HC LEGAL FEES DEC 16	\$0.00	WIGGIN AND DANA LLP	Lease agreement, admissions agreement review
1/31/2017	1.8300.6420	Legal Fees	\$1,407.04	WIGGIN AND DANA LLP	LEGAL SERVICES DEC 16	\$0.00	WIGGIN AND DANA LLP	New CEO requirement questions, FMLA questions
1/31/2017	1.8300.6420	Legal Fees	\$1,777.55	WIGGIN AND DANA LLP	LEGAL FEES HR JAN 17	\$0.00	WIGGIN AND DANA LLP	FMLA Question, CHRO-Settled
1/31/2017	1.8300.6420	Legal Fees	\$85.50	WIGGIN AND DANA LLP	LEGAL FEES MISC JAN 17	\$0.00	WIGGIN AND DANA LLP	Admission agreement question
1/31/2017	1.8300.6420	Legal Fees	\$32.98	WIGGIN AND DANA LLP	LEGAL FEES MISC JAN 17	\$0.00	WIGGIN AND DANA LLP	Admission agreement question
2/28/2017	1.8300.6420	Legal Fees	\$394.87	JACKSON LEWIS PC	LEGAL SERVICES JAN 17	\$0.00	JACKSON LEWIS PC	DOL-Ongoing
2/28/2017	1.8300.6420	Legal Fees	\$583.54	WIGGIN AND DANA LLP	LEGAL SERVICES FEB 17	\$0.00	WIGGIN AND DANA LLP	DOL question
2/28/2017	1.8300.6420	Legal Fees	\$270.18	WIGGIN AND DANA LLP	LEGAL SERVICES FEB 17	\$0.00	WIGGIN AND DANA LLP	RCH admissions agreement review
4/30/2017	1.8300.6420	Legal Fees	\$430.92	WIGGIN AND DANA LLP	LEGAL SERVICES FEB 17	\$0.00	WIGGIN AND DANA LLP	Review lease agreement
6/1/2017	1.8300.6420	Legal Fees	\$470.25	WIGGIN AND DANA LLP	HC LEGAL FEES/MAR 17	\$0.00	WIGGIN AND DANA LLP	RCH Question
6/1/2017	1.8300.6420	Legal Fees	\$4,448.25	WIGGIN AND DANA LLP	LEGAL FEES/MAY 17	\$0.00	WIGGIN AND DANA LLP	PPN agreement
6/30/2017	1.8300.6420	Legal Fees	\$235.13	WIGGIN AND DANA LLP	LEGAL SERVICES JUN 17	\$0.00	WIGGIN AND DANA LLP	Review offer letter to new CEO
6/30/2017	1.8300.6420	Legal Fees	\$1,831.05	WIGGIN AND DANA LLP	LEGAL SERVICES HC JUN 17	\$0.00	WIGGIN AND DANA LLP	PPN agreement, S. Wallace license record research
7/1/2017	1.8300.6420	Legal Fees	\$261.25	JACKSON LEWIS PC	LEGAL FEES CONDON JUN 17	\$0.00	JACKSON LEWIS PC	CHRO-Ongoing
8/7/2017	1.8300.6420	Legal Fees	\$7,632.00	WIGGIN AND DANA LLP	HC LEGAL SERVICES JUL 17	\$0.00	WIGGIN AND DANA LLP	Admission doc review, Rehab services contract, Disallow \$4,172.50 for Companion Review & Patient Care
9/30/2017	1.8300.6420	Legal Fees	\$1,365.75	WIGGIN AND DANA LLP	LEGAL SERVICES HC SEP 17	\$0.00	WIGGIN AND DANA LLP	Contract Review and HIPAA BAA requirement for staffing agency
			\$29,377.30					
		GL 1.8700.6420						
5/24/2017	1.8700.6420	Legal Fees- Finance	\$4,190.00	GOLDMAN GRUDER & WOODS LL	DIAMANTE LEGAL FEES APR/MAY 17	\$0.00	GOLDMAN GRUDER & WOODS LL	Collections - Disallowed
6/28/2017	1.8700.6420	Legal Fees- Finance	\$552.50	GOLDMAN GRUDER & WOODS LL	LEGAL FEES DIAMANTE MAY/JUN 17	\$0.00	GOLDMAN GRUDER & WOODS LL	Collections - Disallowed
7/26/2017	1.8700.6420	Legal Fees- Finance	\$1,365.00	GOLDMAN GRUDER & WOODS LL	LEGAL FEES DIAMANTE	\$0.00	GOLDMAN GRUDER & WOODS LL	Collections - Disallowed
8/29/2017	1.8700.6420	Legal Fees- Finance	\$2,460.00	GOLDMAN GRUDER & WOODS LL	DIAMANTE LEGAL FEES	\$0.00	GOLDMAN GRUDER & WOODS LL	Collections - Disallowed
9/27/2017	1.8700.6420	Legal Fees- Finance	\$2,010.00	GOLDMAN GRUDER & WOODS LL	LEGAL SERVICES DIAMANTE	\$0.00	GOLDMAN GRUDER & WOODS LL	Collections - Disallowed
9/27/2017	1.8700.6420	Legal Fees- Finance	\$120.00	GOLDMAN GRUDER & WOODS LL	LEGAL SERVICES DIAMANTE	\$0.00	GOLDMAN GRUDER & WOODS LL	Collections - Disallowed
			\$10,697.50					
		GL 1.8900.6420						
11/30/2016	1.8900.6420	Legal Fees- HR	\$169.20	WIGGIN AND DANA LLP	HR LEGAL FEES NOV 16	\$0.00	WIGGIN AND DANA LLP	Disciplinary issue-Consultation
3/23/2017	1.8900.6420	Legal Fees- HR	\$178.75	JACKSON LEWIS PC	LEGAL SERVICES/CONDON DEC/JAN	\$0.00	JACKSON LEWIS PC	CHRO-Ongoing
3/30/2017	1.8900.6420	Legal Fees- HR	\$4,288.50	WIGGIN AND DANA LLP	LEGAL FEES MAR 17	\$0.00	WIGGIN AND DANA LLP	McMinn and Mile-Claim withdrawn
5/31/2017	1.8900.6420	Legal Fees- HR	\$342.00	WIGGIN AND DANA LLP	LEGAL SERVICES FEMA MAY 17	\$0.00	WIGGIN AND DANA LLP	FMLA Question-Consultation
7/1/2017	1.8900.6420	Legal Fees- HR	\$7,730.67	JACKSON LEWIS PC	LEGAL FEES GRAHAM APR 17	\$0.00	JACKSON LEWIS PC	CHRO-Settled
7/1/2017	1.8900.6420	Legal Fees- HR	\$816.06	JACKSON LEWIS PC	LEGAL FEES JUN 17	\$0.00	JACKSON LEWIS PC	Settlement Documents
8/21/2017	1.8900.6420	Legal Fees- HR	\$823.78	JACKSON LEWIS PC	LEGAL SERVICES JUL 17	\$0.00	JACKSON LEWIS PC	Settlement Documents
9/1/2017	1.8900.6420	Legal Fees- HR	\$2,983.69	JACKSON LEWIS PC	LEGAL SERVICES GRAHAM 05-06/17	\$0.00	JACKSON LEWIS PC	CHRO-Settled
9/1/2017	1.8900.6420	Legal Fees- HR	\$3,241.55	JACKSON LEWIS PC	LEGAL SERVICES THOMAS 05-08/17	\$0.00	JACKSON LEWIS PC	DOL-Ongoing
9/27/2017	1.8900.6420	Legal Fees- HR	\$1,816.21	JACKSON LEWIS PC	LEGAL SERVICES PATTISON 08/17	\$0.00	JACKSON LEWIS PC	CHRO-Settled
9/30/2017	1.8900.6420	Legal Fees- HR	\$846.45	WIGGIN AND DANA LLP	LEGAL SERVICES SEP 17	\$0.00	WIGGIN AND DANA LLP	Wage questions-Consultation
			\$23,236.86					
		GRAND TOTAL LEGAL FEES FYE 2017	\$63,311.66					

**ELIM PARK BAPTIST HOME, INC.
DETAILED LEGAL FEES SCHEDULE**

FISCAL 2017

TRX Date	Account Number	Account Description	Debit Amount	Vendor Name	Reference	Orig Doc #	Description	Comments &/or Disposition
	Subtotals By Vendor:							
	Wiggin & Dana LLP	\$33,131.44			Legal Fees Disallowances			
	Goldman Gruder & Wo	\$10,697.50			Collections (Goldman)	\$10,697.50		
	Jackson Lewis PC	\$19,482.72			Outpatient Rehab	\$4,172.50	Portion of Wiggin & Dana \$7,632 invoice (see Comment above)	
	TOTAL	\$63,311.66				\$14,870.00		

Schedule of Resident Statistics

	Name of Facility		License No.		Report for Year Ended			Page		of		
	Elim Park Baptist Home, Inc.		666c		9/30/2017			8		37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	132	90		42	132	90		42	132	90		42
B. On last day of THIS report period	132	90		42	132	90		42	132	90		42
2. Number of Residents												
A. As of midnight of PREVIOUS report period	120	84		36	120	84		36	123	88		35
B. As of midnight of THIS report period	120	85		35	118	86		32	120	85		35
3. Total Number of Days Care Provided During Period												
A. Medicare	9,131	9,131			6,915	6,915			2,216	2,216		
B. Medicaid (Conn.)	16,045	16,045			11,990	11,990			4,055	4,055		
C. Medicaid (other states)												
D. Private Pay	3,434	1,977		1,457	2,601	1,479		1,122	833	498		335
E. State SSI for RCH	10,642			10,642	7,881			7,881	2,761			2,761
F. Other (Specify) Mngd Care, Mngd Medicare, H	3,970	3,970			3,076	3,076			894	894		
G. Total Care Days During Period (3A thru F)	43,222	31,123		12,099	32,463	23,460		9,003	10,759	7,663		3,096
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	95	95			48	48			47	47		
B. Other Bed Reserve Days	904	82		822	761	67		694	143	15		128
5. Total Resident Days (3G + 4A + 4B)	44,221	31,300		12,921	33,272	23,575		9,697	10,949	7,725		3,224

Schedule of Resident Statistics (Cont'd)

Name of Facility Elim Park Baptist Home, Inc.			License No. 666c			Report for Year Ended 9/30/2017			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	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(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	Residential Care Home			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	26		41		18		4	31					
Per Diem Rate													
a. One bed rm.	Various PPS		252.82		560.00		257.00	138.70					
b. Two bed rms.	Various PPS		252.82		530.00		237.00	138.70					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Residential Care Home		
A. Medicare - Part B								9,987	9,657		330		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								37,513	37,513				
D. Total Physical Therapy Treatments								47,500	47,170		330		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								209	209				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								2,479	2,479				
D. Total Speech Therapy Treatments								2,688	2,688				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,046	2,035		11		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								35,168	35,168				
D. Total Occupational Therapy Treatments								37,214	37,203		11		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Elim Park Baptist Home, Inc.	666c	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	93,907	1,380			38,766	570
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	80,372	690			33,178	285
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	501,982	18,458			243,138	6,519
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	326,845	25,090			134,925	10,357
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	203,293	16,294			89,013	7,135
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	72,900	4,076			31,919	1,785
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	205,562	15,760			24,446	1,874
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	96,068	1,380			39,658	570
b. Other Accountants	155,646	6,037			64,253	2,492
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	147,302	3,025			15,982	328
b. RN						
1. Direct Care	1,129,108	28,259			2,458	65
2. Administrative**	308,684	7,558			13,826	382
c. LPN						
1. Direct Care	971,859	31,771			149,713	5,134
2. Administrative**						
d. Aides and Attendants	1,361,992	86,747			221,567	10,726
e. Physical Therapists	695,191	18,230			4,864	128
f. Speech Therapists	97,589	1,738				
g. Occupational Therapists	602,764	15,643			178	5
h. Recreation Workers	110,691	6,171			45,695	2,548
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	65,091	3,346			26,871	1,381
n. Marketing	24,446	308			10,092	127
o. Other (Specify) See Attached Schedule	26,820	967			11,072	399
<i>A-13. Total Salary Expenditures</i>	7,278,112	292,925			1,201,614	52,810

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

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

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

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

Name of Facility		License No.		Report for Year Ended		Page	of			
Elim Park Baptist Home, Inc.		666c		9/30/2017		11	37			
Name	Salary Paid		Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS								
Section I - Operators/Owners										
N/A										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Eva Gaston	451		198		Housekeeper	60	A6b	Elim Park Place, 150 Cook Hill Road, Cheshire, CT	112	1,141
Michael Miner	16,526		7,236		Housekeeper & Maintenance	1,754	A6b&A7b	Elim Park Place, 150 Cook Hill Road, Cheshire, CT	73	1,042
Emily Langlais	154		67		Housekeeper	22	A6b	N/A		

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Elim Park Baptist Home, Inc.		License No. 666c		Report for Year Ended 9/30/2017		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
Chris Newton	93,907		Non-discriminatory except for life	Administrator - Management of facility	1,950	A2			
Section IV - Assistant Administrators									
Ronald Dischinger	80,372		Non-discriminatory except for life	Asst. Administrator - Management of facility	975	A3	Elim Park Place, 150 Cook Hill Road, Cheshire, CT 06410	975	113,550

*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		
Elim Park Baptist Home, Inc.	666c	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	4,800	31				
3. Pharmacist	2,598	92			866	20
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	10,646	139			74	1
b. Other						
6. Social Worker						
7. Recreation Worker	3,451	30			1,424	13
8. Physicians						
a. Medical Director (entire facility)	28,135	82			11,615	34
b. Utilization Review (Title 18 and 19 only) monthly meeting	387	10			160	4
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	76,202	1,430			883	9
2. Administrative***						
c. Aides	71,818	2,571			814	30
d. Other						
12. Other (Specify) See Attached Schedule	44,167	86			18,233	36
B-13 Total Fees Paid in Lieu of Salaries	242,204	4,471			34,069	147

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
United Dental Resources	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Albert A. Natelli	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare Of Connecticut	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Healthpro Management Services	Rehab Consulting & Physical Therapist	<input type="radio"/>	<input checked="" type="radio"/>		
Anthony Rarus	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Chris Merwin	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Donald J Szamier Jr.	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Douglas Codianni	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Elaine Cerullo	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Fran Block	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
John Paolillo	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Jonathan W Condie	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Joseph Silva	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Larry Batter	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Lauren M Humpage	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Nicholas D'Amato	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Nicholas P Grasso	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Robert Brian Gille	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Roberta Defiore	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Salvatore T Anastasio	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Shawn Taylor	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Thomas L Alvord	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Wesley F Thouin	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
William A Walach	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Jay Kaplan	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Adedayo O Adetola	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Prohealth Physicians	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Joel Zaretsky	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Benjamin Yeboh	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Key Personnel	Agency Nurses & Aides	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input 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 checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2017		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 404,401	347,096			57,305
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 21,857	18,760			3,097
4. Social Security (F.I.C.A.)	\$ 619,437	531,660			87,777
5. Health Insurance	\$ 909,424	780,555			128,869
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,134	5,265			869
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 250,109	214,667			35,442
8. Uniform Allowance	\$ 13,828	11,869			1,959
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 76,000	53,793			22,207
d. Accounting and Auditing	\$ 41,542	29,404			12,138
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 63,312	44,813			18,499
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 38,798	27,462			11,336
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 8,297	5,873			2,424
2. Cellular Phones	\$ 8,125	5,751			2,374
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$				
Subtotal	\$ 2,461,264	2,076,968			384,296

* 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	
Elim Park Baptist Home, Inc.	666c	9/30/2017	16	37	
Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:		2,461,264	2,076,968		384,296
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	21,275	15,059		6,216
2. Holiday Parties for Staff	\$	6,116	4,329		1,787
3. Gifts to Staff and Residents	\$	15,177	10,742		4,435
4. Employee Travel	\$	10,866	7,691		3,175
5. Education Expenses Related to Seminars and Conventions	\$	39,546	27,991		11,555
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	4,010	2,838		1,172
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	2,507	1,774		733
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	53,806	38,084		15,722
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	\$	6,223	4,405		1,818
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	12,737	9,015		3,722
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	986	698		288
9. Subscriptions	\$	4,226	2,991		1,235
10. Contributions*** See Attached Schedule	\$	182,591	129,239		53,352
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	127,115	89,974		37,141
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	210,165	148,693		61,472
C-14 Total Administrative & General Expenditures	\$	3,158,610	2,570,491		588,119

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
	\$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Marketing - Therapy - disallowed on p. 28	\$ 1,638		\$ 676
Marketing - Admissions - disallowed on p. 28	\$ 33,080		\$ 13,656
Advertising Other/Public Relations - disallowed on p. 28	\$ 3,366		\$ 1,390
Total Other Advertising	\$ 38,084	\$ -	\$ 15,722
	\$ 38,084	\$ -	\$ 15,722

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
INFECTION CONTROL NURSES OF CT INC	\$ 7		\$ 3
NADONA	\$ 161		\$ 66
ALTCFM	\$ 158		\$ 65
AICPA - disallowed p. 28 (Attachment)	\$ 218		\$ 90
ALTCFM	\$ 139		\$ 58
AOTA	\$ 292		\$ 121
CAHCF	\$ 248		\$ 102
CTCPA - disallowed p. 28 (Attachment)	\$ 147		\$ 61
Leading Age	\$ 7,193		\$ 2,969
SOCIETY FOR HUMAN RESOURCE MAN	\$ 293		\$ 121
ASSOC HEALTHCARE VOLUNTEER RES	\$ 124		\$ 51
NEADHVS	\$ 35		\$ 15
Total Dues	\$ 9,015	\$ -	\$ 3,722
	\$ 9,015	\$ -	\$ 3,722

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Cheshire, CT Police & Fire Department Donations	\$ 126,815		\$ 52,351
Employee Emergency Fund	\$ 2,424		\$ 1,001
Total Contributions	\$ 129,239	\$ -	\$ 53,352
	\$ 129,239	\$ -	\$ 53,352

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Supplies - Christian Ministries	\$ -		\$ -
Employee Physicals & Other- Flu Vaccines For Staff	\$ 1,337		\$ 551
Employee Physicals & Other - Pre Placement Physicals (disallowed on p. 28 A)	\$ 42		\$ 18
Employee Wellness Incentive (disallowed on p. 28 Attachment)	\$ 71		\$ 29
Supplies - Volunteer - disallowed p. 28 (Attachment)	\$ 586		\$ 242
Volunteer Recognition - disallowed p. 28 (Attachment)	\$ 3,636		\$ 1,501
Professional Fees	\$ 8,022		\$ 3,311
Cable TV - disallowed p. 28 (Attachment)	\$ 12,452		\$ 5,140
Tuition Reimbursement - disallowed p. 28	\$ 14,279		\$ 5,895
Licenses	\$ 1,738		\$ 718
Bank & Credit Card Fees - payment processing, check orders, stop payments, i	\$ 11,645		\$ 4,807
Miscellaneous - Administration (Disallow)	\$ 21,105		\$ 8,713
Miscellaneous - IT	\$ 628		\$ 259
Alliance-CALTC - disallowed p. 28 (Attachment)	\$ 708		\$ 292
Insurance Directors & Officers	\$ 13,349		\$ 5,511
Other - Nursing	\$ 169		\$ 70
Other - Christian Ministries	\$ 159		\$ 66
Purchased Services - Admissions - disallowed p. 28 (Attachment)	\$ 7,043		\$ 2,907
Telephone (Internet Services)	\$ 8,211		\$ 3,390
Other - Social Services	\$ 531		\$ 219
Other - Admissions - Reprax & Vendormate - disallowed p. 28 (Attachment)	\$ 457		\$ 188
Discounts Taken	\$ (1,436)		\$ (593)
Purchased Services - Administration	\$ 8,624		\$ 3,560
Purchased Services - Finance	\$ 25,868		\$ 10,679
Purchased Services - Volunteer	\$ 683		\$ 282
Purchased Services - IT	\$ 692		\$ 286
Resident Background Check - Admissions	\$ -		\$ 88
Employee Background Check	\$ 7,008		\$ 2,894
Employee Background Check - Therapy - disallowed p. 28 (Attachment)	\$ 1,021		\$ 422
Miscellaneous - HR	\$ 65		\$ 27
Total Other Administrative and General	\$ 148,693	\$ -	\$ 61,472
	148693	0	61472
	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Elim Park Baptist Home, Inc.	666c	9/30/2017	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	32,317	Dietary Staff Management, Support, Training, Food Purchase, Quality Assurance, Quantity Discount	Page 18, Line 2c
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	10,958	Laundry Staff Management, Support, Training, Quality Assurance, Quantity Discount	Page 19, Line 3c
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	11,963	Housekeeping Staff Management, Support, Training, Quality Assurance, Quantity Discount	Page 20, Line 4c
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	12,393	Maintenance Staff Management, Support, Training, Quality Assurance, Quantity Discount	Page 22, Line 6f

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

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
Elim Park Baptist Home, Inc.		666c	9/30/2017		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 333,523	236,070			97,453
2.	Non-Food Supplies	\$ 25,506	18,053			7,453
3.	Other (Specify) _____ In-house food for Dept. meetings within EPBH - disallowed \$23,568	\$ 26,794	18,965			7,829
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 279,255	197,659			81,596
c. Management Services**		\$ 32,317	22,874			9,443
d. Other (Specify) _____ Sodexo Misc Support Fees		\$ 46,869	33,174			13,695
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 744,264	526,795			217,469
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G.	Resident Meals: Total no. of meals served per day:*	355	256		99	
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No						If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No						If yes, specify cost. \$682
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No						If yes, specify amt. \$1,706
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)		P 30 IV1				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No						If yes, specify cost. \$23,568
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No						If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

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

Name of Facility		License No.	Report for Year Ended		Page of
Elim Park Baptist Home, Inc.		666c	9/30/2017		19 37
Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*	Lbs.	483,415	432,036		51,379
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	14,727	13,162		1,565
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	62,465	55,826		6,639
c. Management Services**	\$	10,958	9,793		1,165
d. Other (Specify) Reduction of Revenue Received From Related Parties (Elim Park Place).	\$	-32,813	-29,326		-3,487
3E. Total Laundry Expenditures (3a + b + c + d)	\$	55,337	49,455		5,882
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Elim Park Baptist Home, Inc.		666c	9/30/2017		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel	49,191	34,706		14,485
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	35,221	24,496		10,725
	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. \$	48,711	33,878		14,833
	c. Management Services*		\$ 11,963	8,320		3,643
	d. Other (<i>Specify</i>) Sodexo - Misc. Support Fees		\$ 13,333	9,273		4,060
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 109,228	75,967		33,261
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from Omnicare of Connecticut		\$ 454,089	454,089		
	b. Medicine Cabinet Drugs		\$ 102,967	83,698		19,269
	c. Medical and Therapeutic Supplies		\$ 8,175	8,175		
	d. Ambulance/Limousine***		\$ 3,445	3,445		
	e. Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ 47,533	47,533		
	f. X-rays and Related Radiological Procedures***		\$ 36,232	36,232		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
	h. Laboratory***		\$ 37,569	37,569		
	i. Recreation		\$ 17,312	12,254		5,058
	j. Other (<i>Specify</i>)**** See Attached Schedule		\$ 181,301	166,347		14,954
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 888,623	849,342		39,281

* 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 Elim Park Baptist Home, Inc.		License No. 666c		Report for Year Ended 9/30/2017		Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line	
Sodexo	PO Box 360170, Pittsburgh, PA 15251-6170	<input type="radio"/>	<input type="radio"/>	None	Dietary Purchased Services	197,659		81,596		18	2b
Sodexo	PO Box 360170, Pittsburgh, PA 15251-6170	<input type="radio"/>	<input type="radio"/>	None	Laundry Purchased Services	55,826		6,639		19	3b
Sodexo	PO Box 360170, Pittsburgh, PA 15251-6170	<input type="radio"/>	<input type="radio"/>	None	Housekeeping Purchased Services	33,878		14,833		20	4b
Sodexo	PO Box 360170, Pittsburgh, PA 15251-6170	<input type="radio"/>	<input type="radio"/>	None	Maintenance Purchased Services	56,385		24,688		22	6f
NetSMART	5100 N. Towne Centre Dr., Ozark, MO 65721	<input type="radio"/>	<input type="radio"/>	None	Vision Software Support	17,589		7,261		16	1m11/13
Whalley Computer Associates	P.O. Box 1292 Brattleboro, VT 05302-1292	<input type="radio"/>	<input type="radio"/>	None	Computer Services	26,805		11,065		16	1m11
ADP Inc.	225 Second Ave., Waltham, MA 02454	<input type="radio"/>	<input type="radio"/>	None	Payroll Services	29,413		14,141		16	1m11/13
Cox Communications	P.O. Box 182656, Columbus, OH 43218	<input type="radio"/>	<input type="radio"/>	None	Cable TV	12,450		5,139		16	1m13
Intellitec Solutions LLC	2002 W. 14th Street, Wilmington, DE 19806	<input type="radio"/>	<input type="radio"/>	None	Microsoft Dynamics Software Support	12,200		5,037		16	1m11/13
Konica Minolta Premier Finance	P.O. Box 70239 Philadelphia, PA 19176-0239	<input type="radio"/>	<input type="radio"/>	None	Repair & Maintenance Of Copiers	14,436		5,959		16	1m13
The Brickman Group, LLC (on Sodexo Invoice)	16 Roselle St. Milford, CT 06460	<input type="radio"/>	<input type="radio"/>	None	Landscape/Snow Rem (Sodexo Invoice)	41,955		14,493		22	6a
CT Support Services Holdings, LLC	444 East St. Plainville, CT 06062	<input type="radio"/>	<input type="radio"/>	None	Oxygen Rental	26,239				20	5a
Symphony Diagnostic Services No1 Inc.	P.O. Box 17462 Baltimore, MD 21297	<input type="radio"/>	<input type="radio"/>	None	X Ray Services	31,389				20	5f
Griffen Hospital	130 Division St., Derby, CT 06418	<input type="radio"/>	<input type="radio"/>	None	Laboratory Services	36,799				20	5h

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2017			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 200,502	138,459			62,043	
b. Heat	\$ 59,719	43,770			15,949	
c. Light & Power	\$ 138,527	119,966			18,561	
d. Water	\$ 51,137	43,277			7,860	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 21,360	15,119			6,241	
f. Other (<i>itemize</i>)	\$ 174,209	121,181			53,028	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 645,454	481,772			163,682	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 17,826	12,398			5,428	
b. Building & Building Improvements	\$ 331,050	235,560			95,490	
c. Non-Movable Equipment	\$ 123,070	85,593			37,477	
d. Movable Equipment	\$ 118,924	88,627			30,297	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 590,870	422,178			168,692	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 11,653				11,653	
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 11,653				11,653	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 602,523	422,178			180,345	

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

Depreciation Schedule

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2017				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
A. Land Improvements								
1. Acquired prior to this report period	585,654		585,654	494,667	S/L	4-20 yrs	17,115	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	21,326		21,326		S/L	2-20 yrs	711	
A-4. Subtotal								17,826
B. Building and Building Improvements								
1. Acquired prior to this report period	13,640,572		13,640,572	10,202,875	S/L	5-30 yrs	324,934	
2. Disposals (attach schedule)	64,720	1,011	65,731	63,709	S/L	30 yrs	506	
3. Acquired during this report period (attach schedule)	110,677		110,677		S/L	5-20 yrs	5,610	
B-4. Subtotal								331,050
C. Non-Movable Equipment								
1. Acquired prior to this report period	1,186,559		1,186,559	438,061	S/L	5-25 yrs	119,574	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	97,053		97,053		S/L	5-15 yrs	3,496	
C-4. Subtotal								123,070
D. Movable Equipment								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a. See Attached Schedule								
b.								
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period								
b. Disposals (attach schedule)								
c. Acquired during this report period (attach schedule)								
D-3. Subtotal	116,049		116,049		S/L	5-15 yrs	4,154	
E. Total Depreciation								118,924
								590,870

**Medicaid Provider #6668 & 1500H
FYE 9/30/17**

**Rollforward of Motor Vehicles Cost & Accumulated Depreciation
From October 1, 2016 Through September 30, 2017**

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

Existing Motor Vehicles As Of Beginning Of Report Period, October 1, 2016:

2008 Ford F350 Truck	Yes		10	2008	15,622		15,622	15,622	S/L	4 yrs	-
2010 Dodge Wheelchair Van	Yes		06	2010	33,290		33,290	33,290	S/L	4 yrs	-
Side Step Rail for Wheelchair Van	Yes		07	2010	970		970	970	S/L	4 yrs	-
Sander For 2008 Ford Pick-Up	Yes		10	2011	195		195	87	S/L	10	19
2011 Buick Regal (In Kind Donation)	Yes		6	2015	18,450		18,450	6,820	S/L	4 yrs	4,613
Rounding								(1)			
Total Existing Motor Vehicles As Of October 1, 2016					68,527		68,527	56,788			4,632

Acquisitions Of Motor Vehicles During Report Period Ended September 30, 2017:

Eagle Auto Body Ford E250 Van	Yes		1	2017	2,998		2,998		S/L	15	100
Wheelchair Van	Yes		6	2017	25,265		25,265		S/L	4	3,158
Motor Vehicles Acquired During Report Period					28,263		28,263	-			3,258

Disposals Of Motor Vehicles During Report Period Ended September 30, 2017:

Motor Vehicles Disposed Of During Report Period					-		-	-			-

**Total Cost & Accumulated Depreciation
For Vehicles For Cost Report Year
Ended September 30, 2017**

96,790	96,790	56,788	7,890
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Elim Park Baptist Home, Inc.
9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
05/30/17	Site Signage	\$ 7,356	15	\$ 245
06/16/17	Irrigation/Curb/Topsoil	\$ 700	15	\$ 23
06/19/17	Signage/Reimbursement Permits	\$ 142	15	\$ 5
06/19/17	Signage Design Programming	\$ 845	15	\$ 28
09/30/17	Irrigation Update	\$ 12,283	15	\$ 409
Total additions for Land Improvements		\$ 21,326		\$ 711
Deletions:				
Total deletions for Land Improvements		\$ -		\$ -

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/16	East Wing Painting	\$ 5,086	5	\$ 509
12/08/16	Pavillion Metal Frame Door	\$ 2,633	15	\$ 88
02/12/17	South Dining Pantry/Countertops	\$ 2,350	15	\$ 78
02/28/17	Renovation of Volunteer Office	\$ 3,448	15	\$ 115
04/30/17	Renovation of HC Admin Office	\$ 2,630	15	\$ 88
04/30/17	Dietary Locker Room	\$ 1,620	15	\$ 54
04/30/17	Dietary Office Renovation	\$ 1,105	15	\$ 37
04/30/17	Renovation of EPBH Maintenance Garage	\$ 5,148	15	\$ 172
05/31/17	Healthcare Kitchen VCT Flooring	\$ 1,154	15	\$ 38
07/25/17	Pine North Corridor Interior Painting	\$ 23,460	5	\$ 2,346
08/31/17	Pines North Paint	\$ 26	5	\$ 3
08/31/17	Pines North Paint	\$ 237	5	\$ 24
09/30/17	RCH Shower Renovation	\$ 47,939	15	\$ 1,598
09/30/17	Moser Pilon Small Projects	\$ 8,473	15	\$ 282
09/30/17	Wander Guard Door Locks	\$ 5,369	15	\$ 179
Total additions for Building Improvements		\$ 110,677		\$ 5,610
Deletions:				
02/01/17	Disposal of 114 Cook Hill Road	\$ 64,720		\$ 506
Total deletions for Building Improvements		\$ 64,720		\$ 506

*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:				
10/01/16	Shilage Door Handles for RCH R	\$ 1,686	10	\$ 84
10/12/16	RTU for Acute Area	\$ 9,735	15	\$ 325
10/17/16	Water Heater for East Wing	\$ 1,225	15	\$ 67
10/17/16	Door Alarm HC Exterior Door	\$ 1,153	15	\$ 38
11/11/16	HCC Motor Starter Heaters	\$ 772	15	\$ 26

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/04/16	Desk & Chair for 3rd HR Office	\$ 667	15	\$ 22
10/07/16	Silk Arrangements for North & South	\$ 1,335	10	\$ 67
10/18/16	RCH Christmas Decorations	\$ 1,277	15	\$ 43
10/18/16	1,300 Gallon Fish Tank	\$ 3,615	15	\$ 121
12/01/16	2 Office Chairs for HR	\$ 378	15	\$ 13
12/02/16	Office Chair for HR	\$ 207	15	\$ 7
12/05/16	Belt Gait Cleanable 54 Inch Blue 20/pack	\$ 1,319	15	\$ 132
12/09/16	Desk & Chair for 3rd HR Office	\$ 367	15	\$ 12
12/20/16	Chair Weston HD for HR	\$ 207	15	\$ 7
12/31/16	Laptop for Therapy	\$ 1,116	3	\$ 186
12/31/16	Christmas Tree Decoration	\$ 1,582	15	\$ 53
12/31/16	Healthcare Holiday Items Tree Wrapper	\$ 680	15	\$ 23
02/07/17	Laptop for Life Enrichment (Chrome Book)	\$ 2,340	15	\$ 78
02/08/17	Dietary Safe	\$ 614	15	\$ 20
02/28/17	EKG Unit	\$ 3,280	15	\$ 109
03/29/17	HR Closet Back Up Battery UP Purchase	\$ 1,001	15	\$ 33
03/31/17	Utility Carts	\$ 2,512	15	\$ 84
04/28/17	Desk/Hutch Nursing	\$ 1,433	15	\$ 48
04/30/17	West Wing Furniture	\$ 37,978	15	\$ 1,266
05/28/17	Patio Umbrella/Casings/Saw	\$ 1,160	15	\$ 39
05/30/17	8 Insignia 32 inch flat screen TVs for South Pines Units	\$ 1,200	5	\$ 60
06/30/17	U-Post LT Duty 6ft. Posts & Sillcock Key for Life Enrichment Duck Area	\$ 107	5	\$ 11
07/03/17	Switch for HR Closet Network	\$ 3,348	15	\$ 112
07/10/17	New Speaker Head Phones - West Wing	\$ 300	15	\$ 10
07/18/17	HealthCare Warmers/Accessories	\$ 11,027	15	\$ 368
07/31/17	Outdoor Metal Waste Receptacle / Rubbermaid Recycling Containers	\$ 152	15	\$ 5
08/31/17	Netsmart Software - Vision Professional Services/Installation	\$ 6,250	15	\$ 208
08/31/17	Netsmart Software - Vision Professional Services/Activation	\$ 6,250	15	\$ 208
09/30/17	Four HC Ipad's 32GB WiFi	\$ 1,316	15	\$ 44
09/30/17	Motorized Wheelchair (Therapy)	\$ 19,139	15	\$ 638
09/30/17	3D Campus Model	\$ 2,411	15	\$ 80
01/01/17	Fish Tank Lighting	\$ 1,482	15	\$ 49
Total additions for Movable Equipment		\$ 116,049		\$ 4,154
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Elim Park Baptist Home, Inc.	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	Page 24	of 37
	Month	Year								
A. Organization Expense										
1.										
2.										
3.										
A-4. Subtotal										
B. Mortgage Expense										
1. Key Bank-C.O.I.-Tax Exempt	12	2012	10 Years	66,556	25,156	SL	0	6,656		
2. Key Bank-C.O.I.-Taxable	12	2012	7 Years	34,985	18,889	SL	0	4,998		
3.										
B-4. Subtotal										11,654
C. Leasehold Improvements and Other										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. Total Amortization										11,654

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2017	Page 25	of 37
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11. Property Questionnaire

Part A

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

Yes

No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

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

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	See attached schedu			
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

**Elim Park Baptist Home, Inc.
Medicaid Provider #6668 & 1500H
FYE 9/30/17**

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

On December 21, 2012, Elim Park Baptist Home refinanced its Connecticut Development Authority (CDA) 1998A and 2003 Series bonds through Connecticut Innovations, Inc. (CII) 2012A Series bonds. The new bonds have a variable interest rate that is fixed at 3.070% through the use of an interest rate swap instrument with First Niagara Bank, N.A., which was subsequently acquired by Key Bank during fiscal 2017. The bonds are due in 10 years with a balloon maturity and will be amortized over a 20-year schedule.

Additionally, the Corporation refinanced it's CDA 1998B Series bonds through First Niagara (which was subsequently acquired by Key Bank) with a variable rate term note that is fixed at 3.580% through the use of an interest rate swap instrument with Key Bank (formerly First Niagara Bank). The note will be amortized over a 7 year schedule.

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

	CII Bond Debt Tax-Exempt	Key Bank Loan Taxable	TOTAL CII & FNB Debt
Line 1(a) Type of Financing (e.g., fixed, variable)	Fixed	Fixed	--
Line 1(b) Date of Mortgage	Dec. 21, 2012	Dec. 21, 2012	--
Line 1(c) Interest Rate	3.070%	3.580%	--
Line 1(d) Term of Mortgage (number of years)	10 Years	7 Years	--
Line 1(e) Amount of Principal Borrowed	\$3,182,080	\$2,306,328	\$5,488,408
Line 1(f) Principal Outstanding	\$2,612,157	\$833,040	\$3,445,197

NOTE: "Principal Outstanding" amounts obtained from Long-Term Debt spreadsheet located at: "Users/FinShare/Audit 2017/ Long-Term Debt Account Analysis FYE 2017" (which were then agreed to "Trial Balance" in CROSSREFERENCE file).

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

Name of Facility		License No.	Report for Year Ended			Page	of
Elim Park Baptist Home, Inc.		666c	9/30/2017			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 122,106	86,428			35,678	
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)		\$ 122,106	86,428			35,678	

(Carry Subtotals forward to next page)

Elim Park Baptist Home, Inc.
LIC # - 666C - 113RH - 1500HA
Supporting Detail for Cost Report Page 24, line B1 & B2; Page 26, line 12; Page 29, line 39
FYE 9/30/2017

Refinanced 1990 Bonds with 1998 Series - Allocation of Interest Expense

Interest Expense Disallowance Calculation for the 1990 Series Bonds

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

Original 1990 Series Bonds

Bonds	% of Interest	Maturity
1,500,000	8.00	FYE 9/30/95 12/94
1,500,000	8.10	FYE 9/30/97 12/96
2,915,000	8.75	FYE 9/30/09 12/08
<u>8,520,000</u>	9.00	FYE9/30/21 12/20
14,435,000		

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

Allocation of the remaining 1990 Series Bonds

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

1998 Series Bonds

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

1998 Series Bonds

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

Refinancing Of 1998 Series Bonds With First Niagara Bank on Dec. 21, 2012**2012A Series Bonds (Tax-Exempt)**

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

2012A Series Bonds (Tax-Exempt)

Total 2012A Series COI	<u>370,506.48</u>
EPBH - 18%	66,556.47
EPP - 82%	303,950.02
2012A Series Bonds	
FYE 2017 COI Expense	<u>37,050.72</u>
EPBH - 18% (see NOTE below)	6,655.68
EPP - 82% (see NOTE below)	30,395.04

First Niagara Bank Loan (Taxable)

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

Key Bank Loan (Taxable)

Total Key Bank Loan COI	<u>39,755.08</u>
EPBH - 88% (see NOTE below)	34,984.47
EPP - 12% (see NOTE below)	4,770.61
Key Bank Loan	
FYE 2017 COI Expense	<u>5,679.24</u>
EPBH - 88% (see NOTE below)	4,997.76
EPP - 12% (see NOTE below)	681.48

Elim Park Baptist Home, Inc.
LIC #- 666C - 113RH - 1500HA
Supporting Detail for Cost Report Page 24, line B1 & B2; Page 26, line 12; Page 29, line 39
FYE 9/30/2017

Calculation of Interest Expense Allowed

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

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

Grand Total Interest Expense for FYE 2017 Allocated To Home	122,105.51
Percentage Disallowed	29.31%
Amount Disallowed	35,789.12
TOTAL ALLOWABLE	<u>86,316.39</u>

Total Interest Expense Allowed	86,316.39
---------------------------------------	------------------

Interest Expense Reported in General Ledger	<u>122,105.51</u>
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Interest Expense Disallowance	<u>(35,789.12)</u>
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Calculation of COI Expense Allowed

<u>2012A Series Bonds (Tax-Exempt)</u>	<u>6,655.68</u>
<u>First Niagara Bank Loan (Taxable)</u>	<u>4,997.76</u>
Total COI Expense-FYE 2016	<u><u>11,653.44</u></u>

Annual Report of Long-Term Care Facility

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

Name of Facility		License No.		Report for Year Ended		Page	of
Elim Park Baptist Home, Inc.		666c		9/30/2017		27	37
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:				122,106	86,428		35,678
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)				\$	5,016	3,550	1,466
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	127,122	89,978	37,144
14. Insurance							
a. Insurance on Property (buildings only)				\$	63,686	43,422	20,264
b. Insurance on Automobiles				\$	5,388	3,674	1,714
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	69,074	47,096	21,978
15. Total All Expenditures (A-13 thru C-14)				\$	15,156,234	12,633,390	2,522,844

D. Adjustments to Statement of Expenditures

Name of Facility Elim Park Baptist Home, Inc.				License No. 666c	Report for Year Ended 9/30/2017	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 602,942	602,764		178
4.			Other - See attached Schedule	\$ 107,187	33,674		73,513
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 91,918	66,156		25,762
Pages 15 & 16 - Administrative and General							
8.	15	1a6	Discriminatory Benefits	\$ 1,702	1,460		242
9.	15	1c	Bad Debts	\$ 76,000	53,793		22,207
10.	15	1e	Accounting & Legal	\$ 14,870	10,525		4,345
11.	30	IV3	Telephone	\$ 5,466	3,869		1,597
12.	15	1h1	Cellular Telephone	\$ 6,685	4,732		1,953
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	1m13	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 20,174	14,279		5,895
16.	16	1m13	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 1,704	1,206		498
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	1m2-	Unallowable Advertising *	\$ 53,806	38,084		15,722
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m4	Fund Raising / Contributions	\$ 182,591	129,239		53,352
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 399,679	310,080		89,599
Page 18 - Dietary Expenditures							
24.	18	2a3/d	Meals to employees, guests and others who are not residents	\$ 23,568	16,682		6,886
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,588,292	1,286,543		301,748

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	A12a,b1,b2	To adjust Wages - RN RCH, rate above Aides			\$ 16,251
10	A12c1	To adjust Wages - LPN RCH, rate above Aides			\$ 43,360
10	A12n	To adjust Wages - Admissions counselors for time spent marketing facility	\$ 24,446		\$ 10,092
10	A4	To adjust Wages - Administrative Assistant - Therapy	\$ 9,228		\$ 3,810
Total Other Salaries Adjustment			\$ 33,674	\$ -	\$ 73,513

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B12	Purchased Services Management Therapy - HealthPro Management	\$ 44,167		\$ 18,233
13	B2	Purchased Services - Dental	\$ 4,800		\$ -
13	B8a	Medical Director Fees - Nursing Admin - excess over \$164.96 per hour	\$ 14,591		\$ 6,024
13	B11b1	To adjust Nursing Agency Expense - LPN RCH, rate above Aides	\$ -		\$ 639
13	B3	Pharmacist	\$ 2,598		\$ 866
Total Other Fees Adjustments			\$ 66,156	\$ -	\$ 25,762

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a	Employee Benefits Attributable to Occupational Therapists	\$ 113,032		\$ -
15	1a	Employee Benefits Attributable to RCH RNs above Aides			\$ 2,782
15	1a	Employee Benefits Attributable to RCH LPNs above Aides			\$ 7,423
15	1a	Employee Benefits Attributable to Admissions & Marketing Coordinators	\$ 6,751		\$ 1,117
15	1a8	Uniforms - Therapy	\$ 1,146		\$ 190
16	1L2	Gifts to Staff and Residents	\$ 10,742		\$ 4,435
16	1L3	Gifts to employees, discriminatory in nature	\$ 2,593		\$ 1,070
16	1L4	Employee travel - Admissions - travel for the purpose of marketing the faci	\$ 795		\$ 328
16	1L4	Employee travel - Therapy - travel for the purpose of marketing the facility	\$ 827		\$ 341
16	1L5	Education - Therapy	\$ 5,529		\$ 2,282
16	1m8a	Cheshire and Hamden Chambers of Commerce Dues	\$ 698		\$ 288
16	1m8	AICPA - disallowed p. 28 (Attachment)	\$ 218		\$ 90
16	1m8	AOTA (American Occupational Therapy Association)-Dues	\$ 292		\$ 121
16	1m8	CAHCF-Dues	\$ 248		\$ 102
16	1m8	CTCPA - disallowed p. 28 (Attachment)	\$ 147		\$ 61

16	1m13	Employee Physicals & Other - pre placement physicals - disallowed p. 28	\$ 42	\$ 18
16	1m13	Employee Wellness Incentive (disallowed on p. 28 Attachment)	\$ 71	\$ 29
16	1m13	Purchased Services - Admissions - disallowed p. 28 (Attachment)	\$ 7,043	\$ 2,907
16	1m13	Bank & Credit Card Fees - payment processing, check orders, stop payment	\$ 11,645	\$ 4,807
16	1m13	Cable TV - disallowed p. 28 (Attachment)	\$ 12,452	\$ 5,140
16	1m13	Employee Background Check - Therapy - disallowed p. 28 (Attachment)	\$ 1,021	\$ 422
16	1m13	Other - Admissions - disallowed p. 28 (Attachment)	\$ 457	\$ 188
16	1m13	Miscellaneous - Administration (Disallow)	\$ 21,105	\$ 8,713
16	1m13	Professional Fees - Accountancy Board	\$ 35	\$ 15
16	1m13	Licenses - State of CT CPA License Renewal	\$ 14	\$ 6
16	1m13	Other Nursing - Flower Bouquet For Doctor	\$ 67	\$ 28
16	1m13	Other Nursing - Reimburse Hairdresser	\$ 12	\$ 5
16	1m13	Alliance-CALTC - disallowed p. 28 (Attachment)	\$ 708	\$ 292
16	1m13	Volunteer Recognition - disallowed p. 28 (Attachment)	\$ 3,636	\$ 1,501
16	1m13	Supplies - Volunteer - disallowed p. 28 (Attachment)	\$ 586	\$ 242
16	1m13	Other - Social Services - Gift Cards	\$ 531	\$ 219
22	6a	1 Insignia 32" LED TV Room 8B	\$ 92	\$ 41
18	2a	EPP Portion of Dietary Raw Food	\$ 84,760	\$ 34,990
18	2d	Other Expense (Temporary Labor)	\$ 6,592	\$ 2,722
18	2d	Other Expense (Other Expense)	\$ 16,192	\$ 6,685
Total Other A&G Adjustments			\$ 310,080	\$ - \$ 89,599

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

Name of Facility				License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.				666c	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,588,292	1,286,543		301,748
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 454,089	454,089		
28.	20	5d	Ambulance/Limousine	\$ 3,445	3,445		
29.	20	5f	X-rays, etc	\$ 36,232	36,232		
30.	20	5h	Laboratory	\$ 37,569	37,569		
31.	20	5c	Medical Supplies	\$ 8,175	8,175		
32.	20	5e2	Oxygen (non emergency)	\$ 47,533	47,533		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 64,875	52,964		11,911
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,620	1,127		493
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 36,422	25,857		10,565
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.	16	1m13	Purchase Discounts and Allowances	\$ (2,029)	(1,436)		(593)
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	\$ 46,331	32,755		13,576
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 1,569	1,092		477
51. Total Amount of Decrease (Items 1 - 50)				\$ 2,324,123	1,985,945		338,177

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Supplies Short Term - Nsg - wound vac supplies	\$ 11,370		
20	5j	Equipment Rental Short Term - Nsg - wound vac	\$ 13,487		
20	5j	Equipment Rental Short Term - Nsg - Air Pressure Mattresses	\$ 7,410		
20	5j	Purchased Services - Therapy - Swallowing Diagnostics	\$ 2,803		\$ 1,157
20	5j	Supplies - Therapy	\$ 17,161		\$ 8,009
20	5j	Equipment Repair - Therapy	\$ 733		\$ 5
20	5b	Supplies (Non-Medical) RCH - Estimated Unallowable RCH Supplies			\$ 672
20	5j	Non-Legend Drugs RCH - Estimated Unallowable RCH Drugs			\$ 2,068
Total Other Ancillary Costs			\$ 52,964	\$ -	\$ 11,911

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7d	Depreciation - In Kind Donation Power Scooter for Therapy - Year 6 of 10	\$ 111		\$ 49
22	7d	Depreciation - Televisions SNF #8a,b, South Lounge, SNF #1a, #1b, #2, #5 Year 2 of	\$ 61		\$ 26
22	7d	Depreciation - 8 Televisions SNF Year 1 of 15	\$ 42		\$ 18
22	7d	Depreciation - Computer for Rehab - Year 5 of 5	\$ 71		\$ 31
22	7d	Depreciation - Laptops For Rehab - Year 3 of 4	\$ 388		\$ 170
22	7d	Depreciation Disallowance Re Four New I-Pad Computers Year 1 of 15	\$ 10		\$ 5
22	7d	Depreciation Disallowance Motorized Wheelchair (Therapy)	\$ 444		\$ 194
Total Excess Movable Equipment Depreciation			\$ 1,127	\$ -	\$ 493

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
26	12	Interest Expense - First Niagara Bank Loan	\$ 25,332		\$ 10,457
22	6c	Outpatient Therapy Indirect Cost Estimate	\$ 433		\$ 67
22	6a	Television For Resident Room #8B	\$ 92		\$ 41
Total Other Property Adjustments			\$ 25,857	\$ -	\$ 10,565

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV1	Guest Meals	\$ 1,169		\$ 537
30	IV8	Mary Melby Donations	\$ 2,966		\$ 1,224
30	IV8	Miscellaneous Income - disallowed p. 29	\$ 15,344		\$ 6,334
30	IV8	Other Therapy Revenue	\$ 1,477		\$ 610
27	12d	Interest Expense Other (Gift Annuities)	\$ 3,550		\$ 1,466
24	B1	Key Bank-Costs of Issuance (Tax Exempt Debt)-Amortization Expense	\$ 4,711		\$ 1,945
24	B1	Key Bank-Cost of Issuance (Taxable Debt)-Amortization Expense	\$ 3,538		\$ 1,460
Total Other Adjustments			\$ 32,755	\$ -	\$ 13,576

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7d	Depreciation - Resident Supported Standing Table for Therapy -Year 6 of 15	\$ 181		\$ 79
22	7c	Depreciation - Disallowance Re: "Lighting Retrofit Project"	\$ 652		\$ 285
22	7c	Depreciation - Disallowance Re: "Wander Guard Management System"	\$ 259		\$ 113
Total Unallowable Building Interest			\$ 1,092	\$ -	\$ 477

Elim Park Baptist Home, Inc.
 LIC #- 666C - 113RH - 1500HA
 Supporting Detail for Cost Report Page 24, line B1 & B2; Page 26, line 12; Page 29, line 39
 FYE 9/30/2017

Refinanced 1990 Bonds with 1998 Series - Allocation of Interest Expense

Interest Expense Disallowance Calculation for the 1990 Series Bonds

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

Original 1990 Series Bonds

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

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

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

Allocation of the remaining 1990 Series Bonds

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

1998 Series Bonds

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

Allocation of COI and related Amortization Expense

1990 Series Bonds

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

1998 Series Bonds

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

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

2012A Series Bonds (Tax-Exempt)

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

2012A Series Bonds (Tax-Exempt)

Total 2012A Series COI	370,506.48
EPBH - 18%	<u>66,556.47</u>
EPP - 82%	303,950.02
2012A Series Bonds	37,050.72
FYE 2017 COI Expense	<u>6,655.68</u>
EPBH - 18% (see NOTE below)	30,395.04
EPP - 82% (see NOTE below)	

First Niagara Bank Loan (Taxable)

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

Key Bank Loan (Taxable)

Total Key Bank Loan COI	39,755.08
EPBH - 88% (see NOTE below)	<u>34,984.47</u>
EPP - 12% (see NOTE below)	4,770.61
Key Bank Loan	5,679.24
FYE 2017 COI Expense	<u>4,997.76</u>
EPBH - 88% (see NOTE below)	681.48
EPP - 12% (see NOTE below)	

Elim Park Baptist Home, Inc.
 LIC #- 666C - 113RH - 1500HA
 Supporting Detail for Cost Report Page 24, line B1 & B2; Page 26, line 12; Page 29, line 39
 FYE 9/30/2017

Calculation of Interest Expense Allowed

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

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

Grand Total Interest Expense for FYE 2017 Allocated To Home	122,105.51
Percentage Disallowed	29.31%
Amount Disallowed	35,789.12
TOTAL ALLOWABLE	<u>86,316.39</u>

Total Interest Expense Allowed	86,316.39
---------------------------------------	------------------

Interest Expense Reported in General Ledger	<u>122,105.51</u>
--	--------------------------

Interest Expense Disallowance	<u>(35,789.12)</u>
--------------------------------------	---------------------------

Calculation of COI Expense Allowed

<u>2012A Series Bonds (Tax-Exempt)</u>	6,655.68
<u>First Niagara Bank Loan (Taxable)</u>	4,997.76
Total COI Expense-FYE 2016	<u>11,653.44</u>

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2017			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,339,462	7,891,289		3,448,173		
b. Medicaid Room and Board Contractual Allowance **	\$ (5,821,933)	(4,592,663)		(1,229,270)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,871,681	4,871,681				
b. Medicare Room and Board Contractual Allowance **	\$ 705,846	705,846				
4. a. Private-Pay Residents and Other	\$ 3,573,639	3,177,062		396,577		
b. Private-Pay Room and Board Contractual Allowance **	\$ (374,576)	(365,275)		(9,301)		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 370,919	370,919				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (370,919)	(370,919)				
c. Prescription Drugs - Non-Medicare	\$ 55,725	55,725				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (53,317)	(53,317)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,063,128	1,055,742		7,386		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (882,815)	(876,682)		(6,133)		
c. Physical Therapy - Non-Medicare	\$ 93,992	93,339		653		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (86,928)	(86,324)		(604)		
4. a. Speech Therapy - Medicare	\$ 129,051	129,051				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (103,935)	(103,935)				
c. Speech Therapy - Non-Medicare	\$ 7,700	7,700				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (7,700)	(7,700)				
5. a. Occupational Therapy - Medicare	\$ 826,753	826,509		244		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (747,909)	(747,688)		(221)		
c. Occupational Therapy - Non-Medicare	\$ 76,724	76,724				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (73,322)	(73,300)		(22)		
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,591,266	11,983,784		2,607,482		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 1,706	1,208		498		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 5,466	3,869		1,597		
4. Rental of Television and Cable Services	\$ 12,087	8,555		3,532		
5. Interest Income (<i>Specify</i>)	\$ 22,710	16,074		6,636		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 273,607	193,661		79,946		
V. Total Other Revenue (1 thru 8)	\$ 315,576	223,367		92,209		
VI. Total All Revenue (III +V)	\$ 14,906,842	12,207,151		2,699,691		

* 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	Residential Care Home
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Total Other Resident Revenue	\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30IV5	Interest Income General Fund		\$ 13,381	\$ -	\$ 5,524
30IV5	Interest Income Mary Melby Fund		\$ 2,693		\$ 1,112
	Total Interest Income		\$ 16,074	\$ -	\$ 6,636

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Loss/Gain on disposal of Equipment	\$ (716)		\$ (295)
	Other Therapy Revenue - disallowed p. 29	\$ 1,477		\$ 610
	Miscellaneous Income - disallowed p. 29	\$ 15,344		\$ 6,334
	Miscellaneous Income - Amort. Of Lighting Retrofit Project	\$ 1,692		\$ 699
	Miscellaneous Income - not disallowed p. 29 (CALTC distributions received)	\$ 20,527		\$ 8,473
	Unrestricted Donations	\$ 18,440		\$ 7,612
	Mary Melby Donations - disallowed p. 29	\$ 2,966		\$ 1,224
	Gift Annuity Donations	\$ 4,937		\$ 2,038
	Realized Gain/Loss Merrill Lynch	\$ 794		\$ 328
	Realized Gain/Loss Gift Annuity	\$ 1,123		\$ 464
	Unrealized Gain/Loss Merrill Lynch	\$ 15,046		\$ 6,211
	Unrealized Loss/Gain Gift Annuity	\$ 46,649		\$ 19,257
	Unrealized Gain/Loss-SWAP Value	\$ 65,382		\$ 26,991
	Total Other Revenue	\$ 193,661	\$ -	\$ 79,946
		\$ 193,661	\$ -	\$ 79,946

\$ - \$ -

Annual Report of Long-Term Care Facility

CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility		License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.		666c	9/30/2017	31	37
Account			Amount		
Assets					
A. Current Assets					
1.	Cash (<i>on hand and in banks</i>)			\$	1,143,553
2.	Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,637,798
3.	Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(1,347,396)
4.	Inventories			\$	
5.	Prepaid Expenses			\$	225,155
a.	Prepaid Supplies	10,159			
b.	Prepaid Insurance	69,626			
c.	Prepaid Services	140,383			
d.	Prepaid: Dues \$3,383; Water/Sewer \$1,604	4,987			
6.	Interest Receivable			\$	
7.	Medicare Final Settlement Receivable			\$	
8.	Other Current Assets (<i>itemize</i>)			\$	
A-9. Total Current Assets (Lines A1 thru 8)				\$	1,659,110
B. Fixed Assets					
1.	Land			\$	123,173
2.	Land Improvements	*Historical Cost	606,981	\$	94,488
		Accum. Depreciation	512,493	Net	
3.	Buildings	*Historical Cost	13,704,289	\$	3,225,044
		Accum. Depreciation	10,479,245	Net	
4.	Leasehold Improvements	*Historical Cost		\$	
		Accum. Depreciation		Net	
5.	Non-Movable Equipment	*Historical Cost	1,278,315	\$	717,233
		Accum. Depreciation	561,082	Net	
6.	Movable Equipment	*Historical Cost	4,092,758	\$	692,038
		Accum. Depreciation	3,400,720	Net	
7.	Motor Vehicles	*Historical Cost	96,790	\$	32,111
		Accum. Depreciation	64,679	Net	
8.	Minor Equipment-Not Depreciable			\$	
9.	Other Fixed Assets (<i>itemize</i>)			\$	24,819
	Construction In Progress		24,819		
B-10. Total Fixed Assets (Lines B1 thru 9)				\$	4,908,906

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.		666c	9/30/2017	32	37
Account				Amount	
Total Brought Forward:				\$	6,568,016
C.	Leasehold or like property recorded for Equity Purposes.				
1.	Land				\$
2.	Land Improvements	*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
3.	Buildings	*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
4.	Non-Movable Equipment	*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
5.	Movable Equipment	*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
6.	Motor Vehicles	*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
7.	Minor Equipment-Not Depreciable				\$
C-8	Total Leasehold or Like Properties (C1 thru 7)				\$
D.	Investment and Other Assets				
1.	Deferred Deposits				\$
2.	Escrow Deposits				\$
3.	Organization Expense	*Historical Cost	101,540		
		Accum. Depreciation	55,698	Net	\$ 45,842
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>)				\$ 202,387
	Restricted Gift Annuities		180,308		
	SWAP Value-Asset		6,079		
	Deposit		16,000		
D-8.	Total Investments and Other Assets (Lines D1 thru 7)				\$ 248,229
D-9.	Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 6,816,245

* 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 Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	608,181
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>)				\$	944,074
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	140,621
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	487,626
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	10,910,150
See Attached Schedule		10,910,150			

A-13. Total Current Liabilities (Lines A1 thru 12)				\$	13,090,652

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

(Carry Total forward to next page)

Elim Park Baptist Home, Inc.
Medicaid Provider #6668 & 1500H
FYE 9/30/17

Page 33, Line 12 "Other Current Liabilities"

<u>Description</u>	<u>G/L No.</u>	<u>Amount</u>
Advanced Billing	1.0000.1586	938,478
Payroll Withholding Liability - Life Insurance	1.0000.2030	14,378
Payroll Withholding Liability - 401K Plan	1.0000.2035	14,279
Payroll Withholding Liability - Garnishment	1.0000.2040	589
Payroll Withholding Liability - Pension Loan	1.0000.2045	10,871
Payroll Withholding Liability - Employee Contributions	1.0000.2051	24
Accrued Accounting Fees	1.0000.2060	36,597
Resident Fund Liability	1.0000.2090	44,558
Accrued Pension	1.0000.2140	5,063
Other Current Liabilities	1.0000.2180	15,000
Accrued Bond Interest	1.0000.2200	9,197
Due To Third Party Reimbursement Agencies	1.0000.2500	317,954
Third Party Reserve - Medicare	1.0000.2910	120,726
Intercompany Payable - Elim Park Place	1.0000.2990	9,382,435
Rounding		3
TOTAL		<u>10,910,150</u>

G. Balance Sheet (cont'd)

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				13,090,652	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 2,961,146	
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>)				\$ 95,320	
Annuities Payable		83,995			
Deferred Liabilities		6,178			
Other Non-Current Liabilities		5,147			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,056,466	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 16,147,118	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(9,081,481)
6. Gain or Loss for Period			\$	(249,392)
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	(9,330,873)
C. Total Reserves and Net Worth			\$	(9,330,873)
D. Total Liabilities, Reserves, and Net Worth			\$	6,816,245

Elim Park Baptist Home, Inc.
 Medicaid Provider #6668 & 1500H
 FYE 9/30/17

Page 35, Line 7 "Net Worth"

***** AUDITED FINANCIALS *****						COST REPORT	
***** Unrestricted *****		***** Temporarily Restricted *****			Permanently Restricted	Cost Report Reclasses	TOTAL
Elim Park Baptist Home Fund	Endowment Fund (Transferred To Foundation)	Elim Park Baptist Home Fund	Endowment Fund (Transferred To Foundation)	Mary Melby Fund	Endowment Fund (Transferred To Foundation)		
Total Revenues	14,721,710	(3,884)		9,117		362	14,727,305 a
Total Expenses	(15,155,875)	0		0		(358)	(15,156,233)
Income(Loss)-Operations	(434,165)	0	(3,884)	0	9,117	0	(428,928)
Unrealized Gain (Loss)	92,373		65,906		21,257		179,536 a
Change In Net Assets	(341,792)	0	62,022	0	30,374	0	(249,392)
Net Assets-Beginning	(9,645,292)	0	289,021	0	274,790	0	(9,081,481)
Net Assets-Ending	(9,987,084)	0	351,043	0	305,164	0	(9,330,873)

NOTE: Source of this schedule is the Audited Financial Statements for the year ended September 30, 2017.

NOTE: Source of Cost Report Reclasses is as follows:

1) See below	2,029
2) See below	(2,391)
3) See below	4
Total Reclasses	(358)

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

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

3) Miscellaneous rounding adjustment.

a. Page 36 Line B. Total Revenue \$14,906,842.

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Elim Park Baptist Home, Inc.	666c	9/30/2017	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(9,081,481)	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,906,842	
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,156,234	
D. Net Income or Deficit			\$	(249,392)	
E. Balance			\$	(9,330,873)	
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$		
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period			\$	(9,330,873)	

I. Preparer's/Reviewer's Certification

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Controller, Senior Staff Accountant	Date Signed 2/7/18		
Printed Name of Preparer Thomas Penna, James Papierz				
Address 140 Cook Hill Road, Cheshire CT 06410		Phone Number 203-272-3547 ext 160		