

February 4, 2016

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

Subject: Disallowance Of Portion Of Licensed Practical Nurse Costs That Exceeds Certified Nurses Aids Pay Rate in Residential Care Home (License #1500H)
Provider: Elim Park Baptist Home
Period: October 1, 2014 Through September 30, 2015

Dear Ms. Reinhardt:

One of the costs of our Residential Care Home (License #1500H) that we are required to disallow is the portion of Licensed Practical Nurse ("LPN") personnel costs that are in excess of our Certified Nurses' Aide ("CNA") pay rate. We calculate and show this disallowance on Page 29 for purposes of BOTH our employee LPNs (shown on Line 12(c) of Page 10) and our independent contractor, i.e. Nursing Agency LPNs (shown on Line 11(b) of Page 13).

Elim Park disagrees that any other disallowance of these costs, other than the aforementioned self-disallowance, is reasonable. The cost of providing these services has already been reduced to the cost of a Certified Nurses Aide, and even though an LPN has been used to provide these services, that does not justify the removal of the entire amount of this cost when calculating our Old Age Assistance reimbursement rate.

Respectfully,


Zell Gaston
Chief Financial Officer



February 4, 2016

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

Subject: Request For Allocation Of \$579,456 Cost Of "East Wing Renovations" To Skilled Nursing Facility (License #666c) As Opposed To Residential Care Home (License #1500H) For "Fair Rent" Purposes Re Rate Computation Calculation For Fiscal 2015
Provider: Elim Park Baptist Home
Period: October 1, 2014 Through September 30, 2015

Dear Ms. Reinhardt

With regard to our accompanying fiscal 2015 Medicaid Cost Report, we respectfully request that the \$579,456 capitalized cost of our fixed asset addition entitled "East Wing Renovations" (as reflected on the Attachment to Page 23) be allocated to our Skilled Nursing Facility (License #666c), rather than our Residential Care Home (License #1500H) for "Fair Rent" purposes. Whereas, the 2nd floor of our East Wing houses our Residential Care Home, all of the \$579,456 cost of East Wing Renovations were strictly used to renovate the outdated 1st floor of this building, which is where the post-acute area of our Skilled Nursing Facility resides.

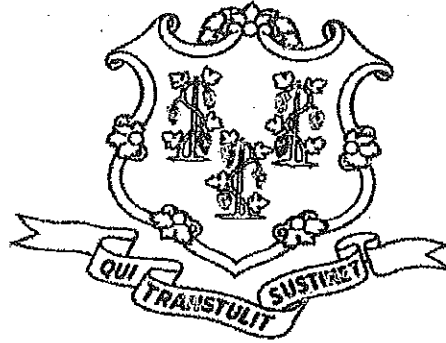
If you have any questions, please contact me at (203) 272-3547 Ext. 122.

Respectfully,


Zell Gaston
Chief Financial Officer



State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Elim Park Baptist Home, Inc.	
Address (No. & Street, City, State, Zip Code) 140 Cook Hill Road, Cheshire, CT 06410	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

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 9/30/2015	Page 1	of 37
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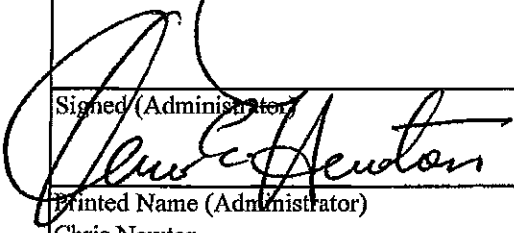

Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator) 		Date 2/10/16	Signed (Owner)		Date
Printed Name (Administrator) Chris Newton			Printed Name (Owner)		
Subscribed and Sworn to before me: Colleen Thomas	State of CT	Date 2/10/16	Signed (Notary Public) 	Comm. Expires 02/29/2020	
Address of Notary Public 408 Blackstone Village, Meriden, CT, 06450					

COLLEEN THOMAS
 NOTARY PUBLIC

MY COMMISSION EXPIRES FEB. 29, 2020

(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 10/1/2014	To 9/30/2015
Address of Facility 140 Cook Hill Road, Cheshire, CT 06410				
Report Prepared By Elim Park Baptist Home, Inc.		Phone Number 203-272-3547	Date	
Item	Total	CCNH	RHNS	Residential 1 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 9/30/2015	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="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
Administrator				
Name of Administrator 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	

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				



Elim Park Baptist Home, Inc.
Board of Directors
September 2015

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

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-4 Rev. 10/2005

**General Information and Questionnaire
 Related Parties***

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2015	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input type="radio"/> No							
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? <input type="radio"/> Yes <input type="radio"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
If "Yes," provide the following information:							
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Elim Park Place - see attached note	150 Cook Hill Road, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>	N/A	N/A		
CALTC	217 Avery Heights, Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>	See attached	Page 16 Line 1m13	1,000	1,000
Eva Gaston	N/A	<input type="radio"/>	<input checked="" type="radio"/>	Housekeeper	Page 10 Line A6b	1,384	1,384
Emily Langlais	N/A	<input type="radio"/>	<input checked="" type="radio"/>	Housekeeper	Page 10 Line A6b	2,040	2,040
Michael Miner	N/A	<input type="radio"/>	<input checked="" type="radio"/>	Maintenance & Housekeeper	Page 10 Line 7b & A6b	23,104	23,104
		<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: 09/30/2015

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 \$9,000 Member Distribution in November 2014, a \$14,000 Member Distribution in February 2015, and an \$18,000 Member Distribution in August 2015. One rebate was received from CALTC in May 2015 in the amount of \$24.48. 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 2015 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 9/30/2015	Page 5	of 37
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? <input type="radio"/> Yes <input checked="" type="radio"/> 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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

Lease commenced 11/30/14



Engineering the flow of communication™

CUSTOMER PRIORITY LEASE RESTRUCTURING

Dear ZELL GASTON,

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

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

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

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

Offer Accepted

Zell Gaston
Customer Signature
ZELL GASTON, CFO

10/31/14
Date

PBGFS Acceptance _____

Thank you for allowing us to continue serving you!

Salvatore Porelta

Sincerely,

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



ELIJAH PARK BAPTIST HOME, INC.
LEGAL FEES FYE 2015

LEGAL FEES - ADMINISTRATION GL 1.83.6420

Journal Entry	Series	TRX Date	Account Number	Account Description	Debit Amount	Description	Comments Under Description to Cost Report
540	Financial	11/30/2014	1.83.6420	Legal Fees	\$607.50	WIGGIN AND DANA LLP11/30/2014	Disallow
541	Financial	12/31/2014	1.83.6420	Legal Fees	\$1,215.45	WIGGIN AND DANA LLP12/31/2014	American Red Cross(CNA training program), Sacred Heart, & Speech Therapy: all to have students learn and practice on-site.
678	Financial	2/28/2015	1.83.6420	Legal Fees	\$41.40	02/09/2015WIGGIN AND DANA LLP	Medical records request for deceased resident
678	Financial	2/28/2015	1.83.6420	Legal Fees	\$1,435.50	02/28/2015WIGGIN AND DANA LLP	Admissions agreement review
688	Financial	3/31/2015	1.83.6420	Legal Fees	\$5,498.10	03/31/2015 WIGGIN AND DANA LLP	Residency and Admission agreement review; CON requirements review
712	Financial	4/30/2015	1.83.6420	Legal Fees	\$1,095.20	04/30/2015WIGGIN AND DANA LLP	Admissions agreement review
752	Financial	5/31/2015	1.83.6420	Legal Fees	\$2,826.90	WIGGIN AND DANA LLP	Disallow
1551	Financial	6/30/2015	1.83.6420	Legal Fees	\$5,003.00	WIGGIN AND DANA LLP	Disallow
2676	Purchasing	7/31/2015	1.83.6420	Legal Fees	\$500.40	WIGGIN AND DANA LLP	Disallow
3393	Purchasing	8/31/2015	1.83.6420	Legal Fees	\$979.94	WIGGIN AND DANA LLP	Disallow
4851	Purchasing	9/30/2015	1.83.6420	Legal Fees	\$476.22	WIGGIN AND DANA LLP	Disallow
					\$20,680		

LEGAL FEES - FINANCE GL 1.87.6420

541	Financial	12/31/2014	1.87.6420	Legal Fees- Finance	\$1,023.75	GOLDMAN GRUDER & WOODS LLC12/0	Collections-Disallow
					\$1,024		

LEGAL FEES - HR GL 1.89.6420

688	Financial	3/31/2015	1.89.6420	Legal Fees- HR	\$140.70	03/31/2015 Jackson Lewis #6540	Disallow
1450	Financial	7/1/2015	1.89.6420	Legal Fees- HR	\$46.90	JACKSON LEWIS	Disallow
1449	Financial	7/31/2015	1.89.6420	Legal Fees- HR	\$385.00	JACKSON LEWIS	Employee FMLA time off question
4004	Financial	9/1/2015	1.89.6420	Legal Fees- HR	\$245.00	JACKSON LEWIS #6618282 AUG 15	Review of incident with employee. Employee terminated.
5284	Financial	9/30/2015	1.89.6420	Legal Fees- HR	\$46.90	JACKSON LEWIS #6644812 SEP 15	Review of incident with employee. Employee terminated.
					\$865		

GRAND TOTAL LEGAL FEES FYE 2015

\$22,569

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended										Page	of				
		9/30/2015												8	37		
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Residential Care Home		CCNH		RHNS						Total	
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				132	90		42
B. On last day of THIS report period		132	90		42				132	90				132	90		42
2. Number of Residents																	
A. As of midnight of PREVIOUS report period		115	75		40				115	75				125	87		38
B. As of midnight of THIS report period		128	87		41				126	87				128	87		41
3. Total Number of Days Care Provided During Period																	
A. Medicare		7,347	7,347						5,748	5,748				1,599	1,599		
B. Medicaid (Conn.)		17,103	17,103						12,576	12,576				4,527	4,527		
C. Medicaid (other states)																	
D. Private Pay		5,701	2,903		2,798				4,313	2,230				1,388	673		715
E. State SSI for RCH		10,980			10,980				8,244					2,736			2,736
F. Other (Specify) Managed Care		4,218	4,218						3,094	3,094				1,124	1,124		
G. Total Care Days During Period (3A thru F)		45,349	31,571		13,778				33,975	23,648				11,374	7,923		3,451
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds																	
A. Medicaid Bed Reserve Days		686	111		575				522	74				164	37		127
B. Other Bed Reserve Days		191	59		132				135	50				56	9		47
5. Total Resident Days (3G + 4A + 4B)		46,226	31,741		14,485				34,632	23,772				11,594	7,969		3,625

Schedule of Resident Statistics (Cont'd)

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	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	ICF-MR
No. of Residents	20	48			7		7	30
Per Diem Rate								
a. One bed rm.	Various PPS	243.93			540.00		252.00	135.88
b. Two bed rms.	Various PPS	243.93			510.00		232.00	135.88
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	7,531	7,292		239
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	30,157	30,157		
D. Total Physical Therapy Treatments	37,688	37,449		239

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	170	170		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	3,134	3,134		
D. Total Speech Therapy Treatments	3,304	3,304		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	1,169	1,169		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	26,515	26,515		
D. Total Occupational Therapy Treatments	27,684	27,684		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Elim Park Baptist Home, Inc.	666c	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Cure 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)	86,136	1,339			39,308	611
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	74,528	669			34,011	306
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	412,289	16,309			180,104	7,004
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	309,945	23,054			141,444	10,520
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	189,797	15,595			83,103	6,828
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	92,994	5,258			40,718	2,302
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	193,985	14,179			22,173	1,621
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	90,690	1,339			41,387	611
b. Other Accountants	135,142	5,801			61,672	2,647
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	218,387	3,498			25,079	402
b. RN						
1. Direct Care	1,384,873	37,013				
2. Administrative**	336,837	8,183			20,176	499
c. LPN						
1. Direct Care	666,084	22,239			222,682	7,605
2. Administrative**						
d. Aides and Attendants	1,361,723	89,104			179,840	9,432
e. Physical Therapists	574,733	15,884			3,668	101
f. Speech Therapists	89,139	1,586				
g. Occupational Therapists	473,169	12,162				
h. Recreation Workers	83,343	5,049			38,033	2,304
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	66,445	2,574			30,322	1,175
n. Marketing	27,616	262			12,602	120
o. Other (Specify)						
See Attached Schedule	23,746	922			10,836	420
<i>A-13. Total Salary Expenditures</i>	6,891,601	282,019			1,187,158	54,508

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Wages - Director- Volunteer	\$ 23,746	922			\$ 10,836	420
Total	\$ 23,746	922	\$ -	-	\$ 10,836	420

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Purchased Services - Management- Therapy						
Healthpro Mangacment - disallowed p. 28	43,688	84	0	0	19,937	38
Total	\$ 43,688	84	\$ -	-	\$ 19,937	38

**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		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
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	962		422	Housekeeper	138	A6b	Elim Park Place, 150 Cook Hill Road, Cheshire, CT	138	1,384
Emily Langlais	1,418		622	Housekeeper	200	A6b			
Michael Miner	16,064		7,041	Housekeeper & Maintenance	2,004	A6b&A7b			

* 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 9/30/2015		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
Chris Newton	86,136		39,308	Non-discriminatory except for life	1,950	A2			
Section IV - Assistant Administrators									
Ronald Dischinger	74,528		34,011	Non-discriminatory except for life	975	A3	Elim Park Place, 150 Cook Hill Road, Cheshire, CT 06410	975	108,539

*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	9/30/2015	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	29				
3. Pharmacist	7,152	128			2,214	25
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	8,820	152			56	1
b. Other						
6. Social Worker						
7. Recreation Worker	3,033	27			1,384	13
8. Physicians						
a. Medical Director (entire facility)	16,480	67			7,520	30
b. Utilization Review (Title 18 and 19 only) monthly meeting	2,801	15			1,278	7
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) Psychiatrists	309	3			141	1
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	46,018	900			1,504	30
2. Administrative***						
c. Aides	52,731	1,964			202	7
d. Other						
12. Other (Specify) See Attached Schedule	43,688	84			19,937	38
B-13 Total Fees Paid in Lieu of Salaries	185,832	3,369			34,236	152

* 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 9/30/2015	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"/>		
Ommicare	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Healthpro Management Services	Rehab Consulting & Physical Therapist	<input type="radio"/>	<input checked="" type="radio"/>		
Donna Gollenberg	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Fran Block	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Douglas Codifanni	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
James M. Sheehan	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Jane S. Marin	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
John Desorbo	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Jonathan W. Condie	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Joseph Silva	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Marsha King Ministries	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Robert Lupi	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Salvatore T. Anastasio	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Thomas L. Alvord	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Bruce Hazard	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Susanna Joy Bennett	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Mary Megan Hastings	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Wesley E. Thouin	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Jay Kaplan	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Prohealth Physicians	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		

* 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	9/30/2015		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
I. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 553,133	471,851			81,282
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 57,782	49,291			8,491
4. Social Security (F.I.C.A.)	\$ 589,486	502,862			86,624
5. Health Insurance	\$ 830,179	708,186			121,993
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,336	5,405			931
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 210,552	179,612			30,940
8. Uniform Allowance	\$ 8,869	7,566			1,303
9. Other (<i>Specify</i>) See Attached Schedule	\$ 2,500	2,133			367
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 48,004	32,962			15,042
d. Accounting and Auditing	\$ 41,043	28,182			12,861
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 22,569	15,497			7,072
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 34,049	23,380			10,669
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 11,599	7,964			3,635
2. Cellular Phones	\$ 6,880	4,724			2,156
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	\$ 2,422,981	2,039,615			383,366

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Elim Park Baptist Home, Inc.
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Employee Physicals & Other - Flu Vaccines for Staff	2,133	0	367
Total	\$ 2,133	\$ -	\$ 367

2,500

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
	0	0	0
Total	\$ -	\$ -	\$ -

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	9/30/2015		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:	2,422,981	2,039,615		383,366	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 1,618	1,111		507	
2. Holiday Parties for Staff	\$ 8,213	5,639		2,574	
3. Gifts to Staff and Residents	\$ 7,970	5,473		2,497	
4. Employee Travel	\$ 13,673	9,389		4,284	
5. Education Expenses Related to Seminars and Conventions	\$ 30,590	21,005		9,585	
6. Automobile Expense (not purchase or depreciation)	\$ 6,678	4,585		2,093	
7. Other (Specify) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$ 1,225	841		384	
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$ 50,327	34,556		15,771	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 7,737	5,313		2,424	
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 11,350	7,793		3,557	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,418	974		444	
9. Subscriptions	\$ 4,022	2,762		1,260	
10. Contributions*** See Attached Schedule	\$ 168,855	115,944		52,911	
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 144,937	99,521		45,416	
12. Administrative Management Services**	\$				
13. Other (Specify) See Attached Schedule	\$ 252,248	172,660		79,588	
C-14 Total Administrative & General Expenditures	\$ 3,133,842	2,527,182		606,660	

* 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
Sub Total	0	0	0
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Marketing - Therapy - disallowed on p. 28	1,822	0	830
Marketing - Admissions - disallowed on p. 28	\$ 32,734		\$ 14,941
Total Other Advertising	\$ 34,556	\$ -	\$ 15,771

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
4. Fund Raising			
AANAC	\$ 76		\$ 34
ACHCA	\$ 196		\$ 90
AICPA Dues - disallowed p. 28 (Attachment)	\$ 212		\$ 96
ALTCFM	\$ 256		\$ 117
Leading Age	\$ 6,785		\$ 3,091
Occupational Therapy Association Dues - disallowed p. 28 (Attachment)	\$ 52		\$ 23
SHRM	\$ 89		\$ 40
CTCPA Dues - disallowed p. 28 (Attachment)	\$ 21		\$ 10
NEADHVS	\$ 107		\$ 55
Total Dues	\$ 7,793	\$ -	\$ 3,557

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
		0	
Cheshire, CT Police & Fire Department Donations	\$ 114,441		\$ 52,226
Employee Emergency Fund - Settani, Rivera, Lorenzo	\$ 1,503		\$ 685
Total Contributions	\$ 115,944	\$ -	\$ 52,911

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Purchased Services - Nursing Admin	\$ 179		\$ 81
Purchased Services - Nursing Admin - Kim Thompson-marketing consultant disallowed on p. 28	\$ 93		\$ 42
Supplies - Christian Ministries	\$ 6		\$ 3
Employee Physicals & Other - pre placement physicals - disallowed p. 28 (Attachment)	\$ 99		\$ 45
Supplies - Volunteer - disallowed p. 28 (Attachment)	\$ 184		\$ 84
Volunteer Recognition - disallowed p. 28 (Attachment)	\$ 9,408		\$ 4,286
Professional Fees	\$ 8,874		\$ 4,043
Professional Fees - Accountancy Board disallowed p. 28 (Attachment)	\$ 18		\$ 8
Cable TV - disallowed p. 28 (Attachment)	\$ 10,062		\$ 4,585
Tuition Reimbursement - disallowed p. 28	\$ 8,824		\$ 4,020
Licenses	\$ 1,644		\$ 749
Licenses - DEA 3 year renewal for Medical Director - FYE 2014 portion expensed in FYE 2015	\$ 126		\$ 57
Licenses - DEA 3 year renewal for Medical Director - FYE 2016 portion expensed in FYE 2015	\$ 168		\$ 76
Licenses - DEA 3 year renewal for Medical Director - FYE 2017 portion expensed in FYE 2015	\$ 42		\$ 19
Licenses - State of CT CPA License Renewal	\$ 14		\$ 6
returned item fees, gift annuity fees, Mary Melby fees disallowed p. 28 (Attachment)	\$ 11,151		\$ 5,080
Miscellaneous - Administration	\$ 3,361		\$ 1,622
Miscellaneous - Administration - disallowed p. 28 (Attachment)	\$ 11,134		\$ 5,073
Miscellaneous - IT	\$ 52		\$ 23
Alliance - disallowed p. 28 (Attachment)	\$ 687		\$ 313
Insurance Directors & Officers	\$ 14,406		\$ 6,563
Other - Nursing	\$ 326		\$ 148
Other - Nursing - disallowed p. 28 (Attachment)	\$ 188		\$ 85
Purchased Services - Admissions - disallowed p. 28 (Attachment)	\$ 927		\$ 423
Purchased Services - Volunteer - disallowed p. 28 (Attachment)	\$ 309		\$ 141
Telephone (Internet Services)	\$ 8,363		\$ 3,810
Other - Social Services	\$ 69		\$ 31
Other - Social Services - Filing fee for conservator - disallowed p. 28 (Attachment)	\$ 103		\$ 47
Other - Social Services - Citation - disallowed p. 28 (Attachment)	\$ 48		\$ 22
Other - Social Services - reimbursement for lost resident clothing - disallowed p. 28 (Attachment)	\$ 40		\$ 18
Other - Admissions - Reprax & Vendormate - disallowed p. 28 (Attachment)	\$ 381		\$ 174
Discounts Taken - disallowed p. 28 (Attachment)	\$ (2,687)		\$ (1,224)
Purchased Services - Administration	\$ 14,235		\$ 6,486
Purchased Services - Administration - Mock RAC Audit - disallowed p. 28 (Attachment)	\$ 5,093		\$ 2,320
Purchased Services - Finance	\$ 60,632		\$ 27,760
Purchased Services - HR	\$ 54		\$ 25
Resident Background Check - Admissions			\$ 792
Employee Background Check	\$ 3,558		\$ 1,621
Employee Background Check - Therapy - disallowed p. 28 (Attachment)	\$ 289		\$ 131
Total Other Administrative and General	\$ 172,660	\$ -	\$ 79,588

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Elim Park Baptist Home, Inc.	666c	9/30/2015	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	30,653	Dietary Staff Management, Support, Training, Food Purchase, Quality Assurance, Quantity Discount	Page 18, Line 2c
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	10,594	Laundry Staff Management, Support, Training, Quality Assurance, Quantity Discount	Page 19, Line 3c
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	10,600	Housekeeping Staff Management, Support, Training, Quality Assurance, Quantity Discount	Page 20, Line 4c
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	10,600	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	9/30/2015		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 220,640	151,502			69,138
2.	Non-Food Supplies	\$ 2,783	1,911			872
3.	Other (Specify) _____ In-house food for Dept. meetings within EPBH - disallowed except for Rec. Dept. amount of \$692 for pizza, ice cream, etc. for SNF residents.	\$ 22,469	15,428			7,041
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 184,776	126,876			57,900
c. Management Services**		\$ 30,653	21,048			9,605
d. Other (Specify) _____ Sodexo - Misc. Support Fees		\$ 12,701	8,721			3,980
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 474,022	325,486			148,536
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G. Resident Meals: Total no. of meals served per day:*		404	285			119
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. Guests \$0						
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$1,020						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 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. \$21,777						
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 Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2015		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.	578,836	519,461		59,375
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. \$	7,834	7,030		804
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	76,010	68,213		7,797
c. Management Services**		\$	10,594	9,507		1,087
d. Other (Specify) Reduction of Linen Expense, Supplies, R&M		\$	-10,124	-9,086		-1,038
3E. Total Laundry Expenditures (3a + b + c + d)		\$	84,314	75,664		8,650
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	9/30/2015		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. \$	35,724	24,845		10,879
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. \$	49,406	34,361		15,045
c.	Management Services*	\$	10,600	7,372		3,228
d.	Other (<i>Specify</i>) Sodexo - Misc. Support Fees	\$	6,167	4,289		1,878
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	101,897	70,867		31,030
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Omnicare of Connecticut	\$	319,110	319,110		
b.	Medicine Cabinet Drugs	\$	72,451	59,256		13,195
c.	Medical and Therapeutic Supplies	\$	1,369	1,369		
d.	Ambulance/Limousine****	\$	2,634	2,634		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	19,035	19,035		
f.	X-rays and Related Radiological Procedures***	\$	50,061	50,061		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	39,004	39,004		
i.	Recreation	\$	15,326	10,524		4,802
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	200,099	186,622		13,477
5K.	Total Resident Care Expenditures (5a - 5j)	\$	719,089	687,615		31,474

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
		0	
Supplies - Short Term	\$ 41,969		
Supplies - Short Term - disallowed p. 29	\$ 2,242		
Equipment Rental - Short Term	\$ 4,832		
Equipment Rental - Short Term - disallowed p. 29	\$ 3,355		
Supplies - Long Term	\$ 103,304		
Supplies - Long Term - disallowed p. 29	\$ 3,269		
Equipment Rental - Long Term	\$ 5,141		
Equipment Rental - Long Term - disallowed p. 29			
Supplies - RCH			\$ 4,179
Supplies (Non-Medical)- Nsg	\$ 304		\$ 138
Small Equipment Purchased- Nsg	\$ 1,962		\$ 894
Purchased Services - Therapy - disallowed p. 29	\$ 3,957		\$ 1,803
Supplies- Therapy - disallowed p. 29	\$ 13,565		\$ 6,336
Therapy Equipment Rental - disallowed p. 29	\$ 821		\$ 5
Equipment Repair Therapy - disallowed p. 29	\$ 1,662		\$ 11
Other-Therapy - disallowed p. 29	\$ 239		\$ 111
Total Other Resident Care	\$ 186,622	\$ -	\$ 13,477

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

Name of Facility		License No.	Report for Year Ended	Page of						
Elium Park Baptist Home, Inc.				666c	9/30/2015	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.***			Pg	Line
		Yes	No			CCNH	RHNS	Residential Care Home		
Canon Financial Services, Inc.	14904 Collections Center Dr., Chicago, IL 60693	<input type="radio"/>	<input checked="" type="radio"/>	None	Leased Copier Equipment	10,918		4,557		22/6f
The Brickman Group, LLC (on Sodexo Invoice)	16 Roselle St., Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>	None	Landscaping/Snow Rem(Sodexo Invoice)	34,101		14,945		22/6f
Connecticut Support Services Holdings LLC	444 East St., Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	None	Oxygen Rental	19,035				20/5e2
Symphony Diagnostic Services No 1 Inc.	P.O. Box 17462, Baltimore, MD 21297	<input type="radio"/>	<input checked="" type="radio"/>	None	X Ray Services	47,820				20/5f
Griffin Hospital	130 Division St., Derby, CT 06418	<input type="radio"/>	<input checked="" type="radio"/>	None	Laboratory Services	35,916				20/5h
Kimberly Thompson	22 Willow Ct., Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>	None	Admissions Marketing Consultant	9,217		3,848		16/m3&13
		<input type="radio"/>	<input checked="" type="radio"/>	None						
		<input type="radio"/>	<input checked="" type="radio"/>	None						
		<input type="radio"/>	<input checked="" type="radio"/>	None						
		<input type="radio"/>	<input checked="" type="radio"/>	None						
		<input type="radio"/>	<input checked="" type="radio"/>	None						
		<input type="radio"/>	<input checked="" type="radio"/>	None						
		<input type="radio"/>	<input checked="" type="radio"/>	None						
		<input type="radio"/>	<input checked="" type="radio"/>	None						
		<input type="radio"/>	<input checked="" type="radio"/>	None						

* 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).

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

Name of Facility		Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			Page of	
Elim Park Baptist Home, Inc.			Yes	No			CCNH	REINS	Residential Care Home	Pg	Line
										21	37
Sodexo	Pittsburgh, PA 15251-6170		<input type="radio"/>	<input checked="" type="radio"/>	None	Dietary Purchased Services (A)	126,876	57,900			18 2b
Sodexo	Pittsburgh, PA 15251-6170		<input type="radio"/>	<input checked="" type="radio"/>	None	Laundry Purchased Services (A)	68,213	7,797			19 3b
Sodexo	Pittsburgh, PA 15251-6170		<input type="radio"/>	<input checked="" type="radio"/>	None	Housekeeping Purchased Services (A)	34,361	15,045			20 4b
Sodexo	Pittsburgh, PA 15251-6170		<input type="radio"/>	<input checked="" type="radio"/>	None	Maintenance Purchased Services (A)	20,074	8,789			22 6f
HealthMedX	5100 N. Towne Centre Dr., Ozark, MO 65721		<input type="radio"/>	<input checked="" type="radio"/>	None	Vision Software Support	18,551	7,743			16 1m1/13
Connecticut Computer	101 E. Summer Street, Plantsville, CT 06479		<input type="radio"/>	<input checked="" type="radio"/>	None	Computer Services	43,306	18,075			16 1m1
ADP Inc.	225 Second Ave., Waltham, MA 02454		<input type="radio"/>	<input checked="" type="radio"/>	None	Payroll Services	26,709	11,148			16 1m1
Onshift Inc.	1500, Cleveland, OH 44115		<input type="radio"/>	<input checked="" type="radio"/>	None	Nursing Scheduling Software Services	8,449	3,526			16 1m1/13
Cox Communications	P.O. Box 182656, Columbus, OH 43218		<input type="radio"/>	<input checked="" type="radio"/>	None	Cable TV	10,658	4,448			16 1m13
AR Solutions	P.O. Box 592, Wallingford, CT 06492		<input type="radio"/>	<input checked="" type="radio"/>	None	Accounts Receivable Support Consultant	34,479	14,390			16 1m13
Intellicte Solutions LLC	2002 W. 14th Street, Wilmington, DE 19806		<input type="radio"/>	<input checked="" type="radio"/>	None	Microsoft Dynamics Software Support	23,751	9,913			16 1m1/13
Expense Consulting LTD	811 Blue Hills Avenue, Bloomfield, CT 06002		<input type="radio"/>	<input checked="" type="radio"/>	None	Cost Reduction Consultants	14,126	5,895			16 1m13
Canon Solutions America, Inc.	15004 Collections Center Dr., Chicago, IL 60693		<input type="radio"/>	<input checked="" type="radio"/>	None	Repair & Maintenance of Copiers	10,416	4,565			22 6a
(A) Sodexo exclusive of management fees on page 17 (continued on next page)											

* 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	9/30/2015			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 156,193	107,162			49,031	
b. Heat	\$ 81,168	60,119			21,049	
c. Light & Power	\$ 127,512	110,185			17,327	
d. Water	\$ 41,830	35,282			6,548	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 16,671	11,447			5,224	
f. Other (<i>itemize</i>)	\$ 127,050	88,325			38,725	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 550,424	412,520			137,904	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 19,175	13,336			5,839	
b. Building & Building Improvements	\$ 425,374	295,839			129,535	
c. Non-Movable Equipment	\$ 82,600	57,447			25,153	
d. Movable Equipment	\$ 125,552	87,319			38,233	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 652,701	453,941			198,760	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 12,998	9,040			3,958	
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8c. Total Amortization Costs (8a + b + c + d)	\$ 12,998	9,040			3,958	
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)	\$ 665,699	462,981			202,718	

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Maint. Purchased Services	\$ 20,074		\$ 8,789
Maint Purchased Serv- Mngnt Fee	\$ 7,372		\$ 3,228
Bio-Medical Purchased Services - Maint	\$ 13,047		\$ 5,712
Purchased Services - Grounds- Maint	\$ 7,386		\$ 3,234
Purchased Services-Grounds-Snowplowing	\$ 28,691		\$ 12,563
Equipment Repair & Maintenance- Nsg	\$ 313		\$ 137
Equipment Repair & Maintenance- Dietary	\$ 8,012		\$ 3,508
Equipment Repair & Maintenance- Housekeeping	\$ 554		\$ 243
Purchased Services-HCC Recreation	\$ 2,876		\$ 1,311
Total Other Repairs and Maintenance	\$ 88,325	\$ -	\$ 38,725

**Medicaid Provider #6668 & 1500H
FYE 9/30/15**

**Rollforward of Motor Vehicles Cost & Accumulated Depreciation
From October 1, 2014 Through September 30, 2015**

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, 2014:

1997 Toyota Avalon	Yes		09	2008	7,840		7,840	7,840	S/L	4 yrs	-
2008 Ford F350 Truck	Yes		10	2008	15,622		15,622	15,622	S/L	4 yrs	-
2010 Dodge Wheelchair Van	Yes		08	2010	33,290		33,290	33,290	S/L	4 yrs	-
Slide Step Rail for Wheelchair Van	Yes		07	2010	970		970	970	S/L	4 yrs	-
Sender For 2008 Ford Pick-Up	Yes		10	2011	195		195	49	S/L	10	19
Body Work For 1997 Toyota Avalon	Yes		2	2014	1,444		1,444	181	S/L	4 yrs	181
Rounding											
Total Existing Motor Vehicles As Of October 1, 2014					59,361		59,361	57,952			200

Acquisitions Of Motor Vehicles During Report Period Ended September 30, 2015:

2011 Buick Regal (In Kind Donation)	Yes		6	2015	18,450		18,450	-	S/L	4 yrs	2,207
Motor Vehicles Acquired During Report Period					18,450		18,450	-			2,207

Disposals Of Motor Vehicles During Report Period Ended September 30, 2015:

1997 Toyota Avalon	Yes		6	2015	7,840		7,840	7,840	S/L	4 yrs	-
Body Work For 1997 Toyota Avalon	Yes		6	2015	1,444		1,444	181	S/L	4 yrs	181
Motor Vehicles Disposed Of During Report Period					9,284		9,284	8,021			181

**Total Cost & Accumulated Depreciation
For Vehicles For Cost Report Year
Ended September 30, 2015**

<u>68,527</u>	<u>68,527</u>	<u>49,931</u>	<u>2,407</u>
---------------	---------------	---------------	--------------

Elim Park Baptist Home, Inc.
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Dat	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/5/2014	Outside Lighting, Lamps, Ballasts, Photocells	\$ 279	15	\$ 9
4/24/2015	RCH Patio Pond	\$ 1,040	15	\$ 35
5/19/2015	Receptacle For Sprinkler System	\$ 99	15	\$ 3
5/23/2015	Repair To Asphalt Roadway	\$ 820	5	\$ 82
6/9/2015	Replace Curb And Brick On Driveways	\$ 2,257	15	\$ 75
6/30/2015	Asphalt Crack Repair And Line Painting	\$ 1,765	4	\$ 221
6/30/2015	5 Weathermatic Sprinkler Timers	\$ 830	5	\$ 83
9/24/2015	Concrete Curb And Walkway	\$ 3,100	20	\$ 78
Total additions for Land Improvements		\$ 10,189		\$ 586
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 Dat	Description of Item	Cost	Useful Life	Depreciation	Adjustment(s) To Accum. Depreciation
Additions:					
5/30/2014	Finance Office Building	\$ 324,509	40	\$ 12,169	
10/30/2014	Room #215 RCH Carpeting	\$ 702	5	\$ 70	
11/30/2014	East Wing Renovations	\$ 579,456	40	\$ 7,243	
11/30/2014	Medical Office In East Wing	\$ 6,235	40	\$ 78	
2/9/2015	Painting Services East Wing Stairwell	\$ 3,111	5	\$ 311	
2/11/2015	Painting For Healthcare Entry And Corridor	\$ 9,600	5	\$ 960	
4/9/2015	Door Hold In HC Basement	\$ 1,350	15	\$ 45	
5/1/2015	HC Entryway Architect	\$ 352	15	\$ 13	
5/29/2015	Install Two Electrical Plugs For Copier in Healthcare Office	\$ 1,150	15	\$ 38	
5/31/2015	Healthcare Basement Renovations Lighting Paint	\$ 16,884	15	\$ 563	
6/3/2015	Ceiling Tile Installation	\$ 1,890	10	\$ 95	
7/1/2015	Carpet For RCH #214	\$ 1,083	5	\$ 108	
7/27/2015	Carpet For RCH #204	\$ 1,083	5	\$ 108	
7/31/2015	Paint For Country Kitchen	\$ 275	5	\$ 27	
8/15/2015	Paint For Recreation Office	\$ 101	5	\$ 10	
8/15/2015	Additional Paint For Recreation Office	\$ 29	5	\$ 3	
8/18/2015	Recreation Office Carpeting	\$ 690	5	\$ 69	
8/21/2015	HC Lobby Painting And Flooring	\$ 15,447	5	\$ 1,545	
8/31/2015	Volunteer Office Renovations	\$ 1,585	5	\$ 159	
8/31/2015	Laundry Chute Block Off	\$ 5,737	15	\$ 191	
9/30/2015	Misc. Adjustment To Reconcile Accumulated Depreciation To Supporting Detail				\$ 48
Total additions for Building Improvements		\$ 971,299		\$ 23,805	\$ 48
Deletions:					
Total deletions for Building Improvements		\$ -		\$ -	\$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Useful

Acquisition Dat	Description of Item	Cost	Life	Depreciation	Adjustment(s) To Accum. Depreciation
Additions:					
2/19/2014	Cisco 16 Port IP Base Switch	\$ 13,392	5	\$ 5,095	
2/25/2014	Nurses Office Relocate Voice And Data Cable	\$ 2,627	5	\$ 785	
3/24/2014	Cisco 10G Base Transceiver, Cisco Catalyst Switch	\$ 7,429	5	\$ 1,604	
10/10/2014	Nurse Call Bell System Add Speakers in Hallways	\$ 2,486	15	\$ 83	
10/11/2014	Switch Gear Room Electrical	\$ 2,428	15	\$ 81	
10/16/2014	Walk In Cooler Evaporator Coil Replacement	\$ 1,611	15	\$ 54	
10/20/2014	HC Boiler Room Replace Burner Assembly	\$ 1,375	15	\$ 46	
11/4/2014	HVAC Unit HC Rooms 1 & 19	\$ 2,262	15	\$ 75	
11/6/2014	HC Boiler Bearing Assembly	\$ 361	15	\$ 12	
11/11/2014	Fireeye Control On Boiler #1	\$ 2,100	15	\$ 70	
11/18/2014	Fan Motor On Dryer #1	\$ 1,048	15	\$ 35	
12/23/2014	Healthcare 200kW Generator	\$ 106,062	20	\$ 2,652	
2/25/2015	OPL Computer For Laundry Dryer #2	\$ 1,103	15	\$ 37	
2/26/2015	Data Center	\$ 189,352	5	\$ 18,478	
4/1/2015	Kitchen Hot Water Heater Booster Pump Additional	\$ 264	15	\$ 9	
4/1/2015	Electric Receptacle New Blast Chiller	\$ 85	15	\$ 3	
4/1/2015	Booster Pump Kitchen Hot Water	\$ 264	15	\$ 9	
4/1/2015	Blower Motor and Sprayer Head For Dish Machine	\$ 318	10	\$ 16	
4/9/2015	Volunteer Office Return Duct	\$ 722	15	\$ 24	
4/10/2015	Blower Assembly	\$ 111	15	\$ 4	
5/19/2015	Kitchen Hot Water Heater	\$ 2,384	15	\$ 79	
5/26/2015	HC Boiler Pump	\$ 1,100	15	\$ 37	
5/29/2015	Blast Chiller/Move Plugs	\$ 289	15	\$ 10	
6/4/2015	Ignition Module For Rational Oven	\$ 2,022	15	\$ 67	
6/17/2015	CLP Energy Efficient Lighting Project	\$ 7,841	18	\$ 218	
6/18/2015	Upgrade Water Softeners	\$ 1,380	15	\$ 46	
6/30/2015	Electrical Wiring For New Dish Machine in Pot Room	\$ 1,232	15	\$ 41	
7/6/2015	Plumbing For New Three Bay Sink, Dishwasher	\$ 891	15	\$ 30	
7/17/2015	HVAC RTU Transformer for RCH	\$ 1,561	15	\$ 52	
7/22/2015	HVAC Unit For South Dining Room	\$ 2,092	15	\$ 70	
7/31/2015	HC Air Conditioners	\$ 3,029	15	\$ 101	
7/31/2015	PTAC Heating/Cooling Unit Wall Sleeves	\$ 5,984	15	\$ 190	
7/31/2015	ADA Directional Signs	\$ 1,346	15	\$ 45	
8/19/2015	Glass Panels For Sneezeguard in RCH Dining Room	\$ 1,007	15	\$ 34	
8/31/2015	MS Dynamics Software	\$ 23,523	5	\$ 2,352	
8/31/2015	New Data Cable For Elevator	\$ 200	15	\$ 7	
9/17/2015	Glass Break Safety Switch For RCH Generator	\$ 1,015	15	\$ 34	
9/21/2015	Rational Oven Control Board	\$ 1,023	15	\$ 34	
9/29/2015	Camera System	\$ 16,488	15	\$ 550	
9/29/2015	CL&P Electrical Retrofit Work	\$ 20,001	10	\$ 1,000	
9/30/2015	Exchange Server	\$ 8,987	5	\$ 899	
9/30/2015	Whalley Computer Dell NSA 2600 Router	\$ 5,842	5	\$ 901	
9/30/2015	Misc. Adjustment To Reconcile To General Ledger	\$ 730		\$ 147	
9/30/2015	Misc. Adjustment To Reconcile Accumulated Depreciation To Supporting Detail				\$ (966)
Total additions for Non-Movable Equipment		\$ 445,388		\$ 36,116 *	\$ (966)
Deletions:					
Total deletions for Non-Movable Equipment		\$ -		\$ - **	

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Dat	Description of Item	Cost	Useful		Adjustment(s) To Accum. Depreciation
			Life	Depreciation	
Additions:					
5/30/2014	Finance Office Equipment	\$ 18,795	15	\$ 1,880	
11/30/2014	East Wing Renovations	\$ 25,549	15	\$ 852	
11/30/2014	Medical Office In East Wing	\$ 3,267	15	\$ 109	
11/30/2014	HR Office Renovations	\$ 5,196	15	\$ 173	
12/20/2014	East Wing Furniture	\$ 6,159	15	\$ 174	
12/31/2014	Seasonal Decor For East Wing	\$ 3,527	15	\$ 118	
12/31/2014	Reupholster East Wing Dining Room Chairs	\$ 2,550	15	\$ 85	
1/21/2015	Pride Lexis Lift Chair	\$ 2,200	10	\$ 110	
2/9/2015	Laptops For Rehab - disallow on page 29a	\$ 2,231	4	\$ 279	
2/16/2015	Artwork in HC Lobby	\$ 5,278	15	\$ 176	
2/17/2015	Telagenda Pro TV Digital Calendar Message Player	\$ 1,138	5	\$ 114	
3/17/2015	Lateral File Volunteer Office	\$ 750	15	\$ 25	
3/19/2015	Blast Chiller/Freezer	\$ 5,183	15	\$ 173	
3/20/2015	Evaporator Cool Milk Cooler	\$ 788	15	\$ 26	
4/9/2015	Volunteer And Admissions Office Badge Holder Notebooks	\$ 2,311	5	\$ 231	
4/13/2015	Reupholster Two HC Post Acute Chairs	\$ 1,500	15	\$ 50	
4/22/2015	Sofa Table HR Office	\$ 281	15	\$ 9	
5/22/2015	Platform Mat Powermatic	\$ 4,517	15	\$ 151	
5/31/2015	HC Basement Renovations, Desk, Chairs, Wire Shelving	\$ 1,970	15	\$ 66	
6/2/2015	Power Mixer 18"	\$ 852	15	\$ 28	
6/30/2015	ePrescribing (Ommicare Software)	\$ 7,500	4	\$ 938	
6/30/2015	Freezer Motor	\$ 690	15	\$ 23	
7/1/2015	Floor Scrubber	\$ 1,341	15	\$ 45	
7/1/2015	Vacuum Cleaner	\$ 589	15	\$ 20	
7/6/2015	Patient Lifter Power	\$ 5,491	15	\$ 183	
7/13/2015	Traulsen Cooler Gasket	\$ 810	15	\$ 27	
7/20/2015	Direct Supply Laundry Carts	\$ 1,766	15	\$ 59	
7/20/2015	ID Card System For Volunteer Department	\$ 1,100	15	\$ 37	
7/29/2015	Sandwich Cooler And Glass Filler Station For North/South HC Dining Room	\$ 2,975	15	\$ 99	
7/29/2015	HC Admin Office Chairs	\$ 1,364	15	\$ 45	
7/31/2015	Ven II B350 Lift	\$ 2,958	15	\$ 99	
8/31/2015	HC Lobby Furniture	\$ 8,268	15	\$ 276	
9/1/2015	MS Office 2010 (30 Licenses), LCD Monitors, Two ThinkPad Laptops	\$ 5,616	5	\$ 562	
9/30/2015	Reclass of 2014 Lateral File Addition to Independent Living	\$ (1,048)			
4/7/2015	Warmer Repair	\$ 74	15	\$ 2	
7/31/2015	Paint For Light Posts	\$ 3	5	\$ -	
8/3/2015	Blinds For 40 Forest Lane	\$ 16	15	\$ 1	
9/30/2015	Misc Adjustment To Reconcile To General Ledger			346	
9/30/2015	Misc. Adjustment To Reconcile Accumulated Depreciation To Supporting Detail				\$ (346)
Total additions for Movable Equipment		\$ 133,555		\$ 7,588	\$ (346)
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 Dat	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.	License No. 666c		Report for Year Ended 9/30/2015		Page 24	of 37			
	Date of Acquisition Month	Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. First Niagara Bank-C.O.I.-Tax Exem	12	2012	10 Years	66,556	10,981	SL	0	7,519	
2. First Niagara Bank-C.O.I.-Taxable	12	2012	7 Years	34,985	8,412	SL	0	5,479	
3.									
B-4. Subtotal									12,998
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									12,998

* 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 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		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
1. Financing				
a. Type of Financing (e.g., fixed, variable)		See attached schedule		
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 9/30/15

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

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

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

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

	CII Bond Debt Tax-Exempt	FNB Loan Taxable	TOTAL CII & FNB Debt
Line 1(a) Type of Financing (e.g., fixed, variable)	Fixed	Fixed	--
Line 1(b) Date of Mortgage	Dec. 21, 2012	Dec. 21, 2012	--
Line 1(c) Interest Rate	3.070%	3.580%	--
Line 1(d) Term of Mortgage (number of years)	10 Years	7 Years	--
Line 1(e) Amount of Principal Borrowed	\$3,182,080	\$2,306,328	\$5,488,408
Line 1(f) Principal Outstanding	\$2,867,501	\$1,495,112	\$4,362,613

NOTE: "Principal Outstanding" amounts obtained from Long-Term Debt spreadsheet located at: "Users/FinShare/Audit 2015/ Long-Term Debt Account Analysis FYE 2015" (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	9/30/2015			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 151,030	103,704			47,326	
Name of Lender		Rate					
First Niagara Bank		Various					
Address of Lender							
6950 South Transit Road, Lockport, NY 14094							
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)		\$ 151,030	103,704			47,326	

(Carry Subtotals forward to next page)



Elim Park Baptist Home, Inc. 01/21/16
 LIC #- 666C - 113RH - 160DHA
 Cost Report Page 29, line 39
 FYE 9/30/2015

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
-------	---------------	----------

1,600,000	8.00	FYE 9/30/95	12/94	Repaid Total Allocation to Independent Living
1,500,000	8.10	FYE 9/30/97	12/86	Repaid Total Allocation to Independent Living
2,915,000	8.75	FYE 9/30/09	12/08	(requirement of original Bonds, \$3,000,000
<u>8,520,000</u>	9.00	FYE9/30/21	12/20	In Life Use Fees Collected to be repaid 12/94 - 12/96)
14,435,000				

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

Allocation of the remaining 1990 Series Bonds

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

1998 Series Bonds

1,890,000	Serial Bonds - 1998-2003	Allocation New Bonds
1,770,000	Term Bonds - 20007	
1,025,000	Serial Bonds - 2008-2009	11,164,876 88%
5,950,000	Term Bonds - 2018	-104003 Discount
<u>2,000,000</u>	3 yr. Adjustable Rate Bonds 2020	11,060,873
12,635,000		1,470,124 12%
(104,003) Discount		12,530,987 Total Debt
12,530,997	Total Debt	

Allocation of COI and related Amortization Expense

1990 Series Bonds

Total 1990 Series COI	476,425
70%	333,492
30%	142,933
 1990 Bonds	
FYE 1998 Expense	14,555.31
70%	10,190.71
30%	4,374.60

1998 Series Bonds

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

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

2012A Series Bonds (Tax-Exempt)

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

2012A Series Bonds (Tax-Exempt)

Total 2012A Series COI	370,508
EPBH - 18%	66,556.46
EPP - 82%	303,950.02
 2012A Series Bonds	
FYE 2015 COI Expense	37,914
EPBH - 18% (see NOTE below)	7,519.00
EPP - 82% (see NOTE below)	30,395.00

First Niagara Bank Loan (Taxable)

2,620,828	Allocation New Bonds
	Elim Park Baptist Home 2,308,329 88%
	Elim Park Place 314,499 12%
<u>2,620,828</u>	2,620,828 100%

First Niagara Bank Loan (Taxable)

Total FNB Bank Loan COI	10,167
EPBH - 88% (see NOTE below)	5,479.00
EPP - 12% (see NOTE below)	4,688.00
 FNB Bank Loan	
FYE 2013 COI Expense	N/A - Loan Paid
EPBH - 88%	N/A - Loan Paid
EPP - 12%	N/A - Loan Paid

Calculation of Interest Expense Allowed

Consolidated Interest Expense on 2012A Series Bonds (Tax-Exempt)	627,748.38
Percentage Allocated to Home	10%
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)	80,686.23
Percentage Allocated to Home	88%
Interest Expense on FNB Loan Debt for FYE 2015 Per General Ledger	<u>\$ 70,915.88</u>
Grand Total Interest Expense for FYE 2015 Allocated To Home	151,029.52
Percentage Disallowed	29.31%
Amount Disallowed	<u>44,266.75</u>
TOTAL ALLOWABLE	<u>106,762.77</u>
Total Interest Expense Allowed	106,762.77
Interest Expense Reported in General Ledger	<u>151,029.52</u>
Interest Expense Disallowance	<u>(44,266.75)</u>

Calculation of COI Expense Allowed

<u>2012A Series Bonds (Tax-Exempt)</u>	<u>7,519.00</u>
<u>First Niagara Bank Loan (Taxable)</u>	<u>5,479.00</u>
Total FNB Bank Loan COI Amort. Expense	N/A - Loan Paid
Total COI Expense-FYE 2015	<u>12,998.00</u>

NOTE: Adjustments were made to Accum. Amort.-COI and Amort. Expense-COI for both the FNB Tax-Exempt loan and the FNB Taxable loan during fiscal 2015 to properly state these amounts in the General Ledger in accordance with the supporting detail. Hence, the amortization expense shown above is not reflective of the percentage splits (between EPBH and EPP) for either the FNB Tax Exempt loan or the FNB Taxable loan.

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	9/30/2015			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				151,030	103,704		47,326	
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)				\$	3,611	2,479	1,132	
Interest Expense - Gift Annuities								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	154,641	106,183	48,458	
14. Insurance								
a. Insurance on Property (buildings only)				\$	65,586	44,718	20,868	
b. Insurance on Automobiles				\$	5,445	3,712	1,733	
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)				\$	71,031	48,430	22,601	
15. Total All Expenditures (A-13 thru C-14)				\$	14,253,786	11,794,361	2,459,425	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Elim Park Baptist Home, Inc.			666c	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	a12g	Occupational Therapy	\$ 473,169	473,169		
4.			Other - See attached Schedule	\$ 157,501	36,199		121,302
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	b10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 81,754	57,238		24,516
Pages 15 & 16 - Administrative and General							
8.	15	a6	Discriminatory Benefits	\$ 2,582	2,214		368
9.	15	1c	Bad Debts	\$ 48,004	32,962		15,042
10.	15	1e	Accounting & Legal	\$ 11,626	8,202		3,424
11.	30	IV3	Telephone	\$ 6,295	4,322		1,973
12.	15	1h2	Cellular Telephone	\$ 5,440	3,838		1,602
13.			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	\$ 12,844	9,062		3,782
16.	16	114	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 1,881	1,327		554
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	1m2/3	Unallowable Advertising *	\$ 50,327	34,557		15,770
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m10	Fund Raising / Contributions	\$ 168,855	115,944		52,911
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 200,473	143,903		56,570
Page 18 - Dietary Expenditures							
24.	18	2a3/d	Meals to employees, guests and others who are not residents	\$ 21,777	15,365		6,412
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)				\$ 1,242,528	938,302		304,226

* 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.

16	1m8	Assoc. Healthcare Volunteer Resource Prof. dues for FYE 2015 which were expensed in 2014 and disallowed in FYE 2014. This represents the reversal of the disallowance for FYE 2015	\$ (9)	\$ (4)	\$ (13)
16	1m8	CADVSH Dues 10/1/14-6/30/15 for FYE 2015 which were expensed and disallowed in FYE 2014. This represents the reversal of the disallowance for FYE 2015.	\$ (20)	\$ (10)	\$ (30)
16	1m8	NEADHVS dues 10/1/14-6/30/15 which were expenses and disallowed in FYE 2014. This represents the reversal of the disallowance for FYE 2015.	\$ (26)	\$ (12)	\$ (38)
16	1m8	AICPA Dues	\$ 212	\$ 96	\$ 308
16	1m8	CT Society of CPAs Dues	\$ 21	\$ 10	\$ 31
16	1m8	Occupational Therapy Association Dues	\$ 51	\$ 24	\$ 75
16	1m8	Nadona - LTC Dues - 10/1/14-2/1/16 Dues which were expensed and disallowed in FYE 2014. This represents the reversal of the FYE 2015 portion	\$ (71)	\$ (34)	\$ (105)
16	1m8	Society for Human Resource Management dues for FYE 2015 which were expensed and disallowed in FYE 2014. This represents the reversal of the disallowance for FYE 2015.	\$ (54)	\$ (25)	\$ (79)
16	1m9	Subscription - HR BLR - This represents EPP portion	\$ 124	\$ 56	\$ 180
16	1m9	Subscription - HR BLR - disallow FYE 2016 portion in FYE 2015.	\$ 72	\$ 33	\$ 105
16	1m9	Subscription - HR - SHRM portion of dues for FYE 2014	\$ 30	\$ 13	\$ 43
16	1m13	Purchased Services - Nursing Admin - Kim Thompson -marketing consultant	\$ 93	\$ 42	\$ 135
16	1m13	Employee Physicals & Other - pre-placement physicals	\$ 6	\$ 3	\$ 9
16	1m13	Bank & Credit Card Fees - payment processing, check orders, stop payments, returned item fees, gift annuity fees, Mary Melby fees	\$ -	\$ -	\$ -
16	1m13	Cable TV	\$ -	\$ -	\$ -
16	1m13	Employee Background Check - Therapy	\$ 289	\$ 131	\$ 420
16	1m13	Purchased Services - Admissions - All Scripts web based hospital referrals	\$ 927	\$ 423	\$ 1,350
16	1m13	Other - Admissions - Reprax & Vendormate	\$ 381	\$ 174	\$ 555
16	1m13	Purchased Services - Volunteer	\$ 309	\$ 141	\$ 450
16	1m13	Purchased Services - Administration - Mock RAC Audit	\$ 5,093	\$ 2,320	\$ 7,413
16	1m13	Misc. Admin - Reverse duplicate entry made in error in FYE 2014	\$ (1,645)	\$ (749)	\$ (2,394)
16	1m13	Misc. Admin - Reverse AR Misc. FNB Loan made in error FYE 2013	\$ 12,167	\$ 5,543	\$ 17,710
16	1m13	Misc. Admin - Misc. adjustments to tie to GL supporting schedules	\$ 1	\$ -	\$ 1
16	1m13	Misc. Admin - Comm. Of Revenue Services penalty/Interest on prior year withholding	\$ 111	\$ 50	\$ 161
16	1m13	Misc. Admin. - payment to correct negative balances in resident trust accounts and adjustment to reconcile minor differences in resident trust account	\$ 466	\$ 212	\$ 678
16	1m13	Misc. Admin - Plants for HC Lobby and hallway	\$ 35	\$ 16	\$ 51
16	1m13	Professional Fees - Accountancy Board	\$ 18	\$ 8	\$ 26
16	1m13	Licenses - DEA 3 year renewal for Medical Director - FYE 2014 portion expensed in FYE 2015	\$ 126	\$ 57	\$ 183
16	1m13	Licenses - DEA 3 year renewal for Medical Director - FYE 2016 portion expensed in FYE 2015	\$ 168	\$ 76	\$ 244
16	1m13	Licenses - DEA 3 year renewal for Medical Director - FYE 2017 portion expensed in FYE 2015	\$ 42	\$ 19	\$ 61
16	1m13	Licenses - State of CT CPA License Renewal	\$ 14	\$ 6	\$ 20
16	1m13	Other Nursing - residents' belongings	\$ 188	\$ 85	\$ 273
16	1m13	Alliance - CALTC	\$ 687	\$ 313	\$ 1,000
16	1m13	Volunteer Recognition	\$ 9,408	\$ 4,286	\$ 13,694

16	1m13	Supplies - Volunteer	\$ 184		\$ 84	\$ 268
16	1m13	Other - Social Services - Filing fee for conservator	\$ 103		\$ 47	\$ 150
16	1m13	Other - Social Services - Citation	\$ 48		\$ 22	\$ 70
16	1m13	Other - Social Services - reimbursement for lost resident clothing	\$ 40		\$ 18	\$ 58
Total Other A&G Adjustments			\$ 143,903	\$ -	\$ 56,570	

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	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 1,242,528	938,302		304,226
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 319,110	319,110		
28.	20	5d	Ambulance/Limousine	\$ 2,634	2,634		
29.	20	5f	X-rays, etc	\$ 50,061	50,061		
30.	20	5h	Laboratory	\$ 39,004	39,004		
31.	20	5c	Medical Supplies	\$ 1,369	1,369		
32.	20	5e2	Oxygen (non emergency)	\$ 19,035	19,035		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 42,531	32,246		10,285
Page 22 - Maintenance and Property							
35.	22	7d	Excess Movable Equipment Depreciation See Attached Schedule	\$ 160	111		49
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 19,802	14,299		5,503
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 76	54		22
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 45,688	31,459		14,229
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 5,025	3,497		1,528
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,787,023	1,451,181		335,842

*** 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.

Elim Park Baptist Home, Inc. 01/21/16
 LIC # 666C - 113RH - 1500HA
 Cost Report Page 29, line 39
 FYE 9/30/2015

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
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Percentage of Bond Interest Disallowed	29.31%

Original 1990 Series Bonds

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

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<u>8,520,000</u>	9.00	FYE 9/30/21 12/20	in Life Use Fees Collected to be repaid 12/94 - 12/96)
14,435,000			

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

Allocation of the remaining 1990 Series Bonds

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

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1,770,000	Term Bonds - 20007	
1,025,000	Serial Bonds - 2008-2009	11,164,876 88%
5,950,000	Term Bonds - 2018	-104003 Discount
2,000,000	3 yr. Adjustable Rate Bonds 2020	11,060,873
<u>12,835,000</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
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Total EPP-1998 Bonds COI	6,351.38

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

2012A Series Bonds (Tax-Exempt)

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

2012A Series Bonds (Tax-Exempt)

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EPBH - 18%	<u>66,566.46</u>
EPP - 82%	303,950.02
2012A Series Bonds	
FYE 2015 COI Expense	37,914
EPBH - 18% (see NOTE below)	<u>7,519.00</u>
EPP - 82% (see NOTE below)	30,395.00

First Niagara Bank Loan (Taxable)

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

First Niagara Bank Loan (Taxable)

Total FNB Bank Loan COI	10,167
EPBH - 88% (see NOTE below)	<u>5,479.00</u>
EPP - 12% (see NOTE below)	4,688.00
FNB Bank Loan	
FYE 2013 COI Expense	N/A - Loan Paid
EPBH - 88%	N/A - Loan Paid
EPP - 12%	N/A - Loan Paid

Calculation of Interest Expense Allowed

Consolidated Interest Expense on 2012A Series Bonds (Tax-Exempt)	527,748.38
Percentage Allocated to Home	18%
Interest Expense on FNB Bond Debt for FYE 2015 Per General Ledger	<u>\$ 94,994.71</u>
Consolidated Interest Expense on First Niagara Bank Loan (Taxable)	80,586.23
Percentage Allocated to Home	88%
Interest Expense on FNB Loan Debt for FYE 2015 Per General Ledger	<u>\$ 70,915.88</u>
Grand Total Interest Expense for FYE 2015 Allocated To Home	151,029.52
Percentage Disallowed	29.31%
Amount Disallowed	44,266.75
TOTAL ALLOWABLE	<u>106,762.77</u>
Total Interest Expense Allowed	106,762.77
Interest Expense Reported in General Ledger	<u>151,029.52</u>
Interest Expense Disallowance	<u>(44,266.75)</u>

Calculation of COI Expense Allowed

<u>2012A Series Bonds (Tax-Exempt)</u>	7,519.00
<u>First Niagara Bank Loan (Taxable)</u>	5,479.00
Total FNB Bank Loan COI Amort. E	N/A - Loan Paid
Total COI Expense-FYE 2015	<u>12,998.00</u>

NOTE: Adjustments were made to Accum. Amort.-COI and Amort. Expense-COI for both the FNB Tax-Exempt loan and the FNB Taxable loan during fiscal 2015 to properly state these amounts in the General Ledger in accordance with the supporting detail. Hence, the amortization expense shown above is not reflective of the percentage splits (between EPBH and EPP) for either the FNB Tax Exempt loan or the FNB Taxable loan.

Elim Park Baptist Home, Inc.
9/30/2015

Schedule of Other Ancillary Costs

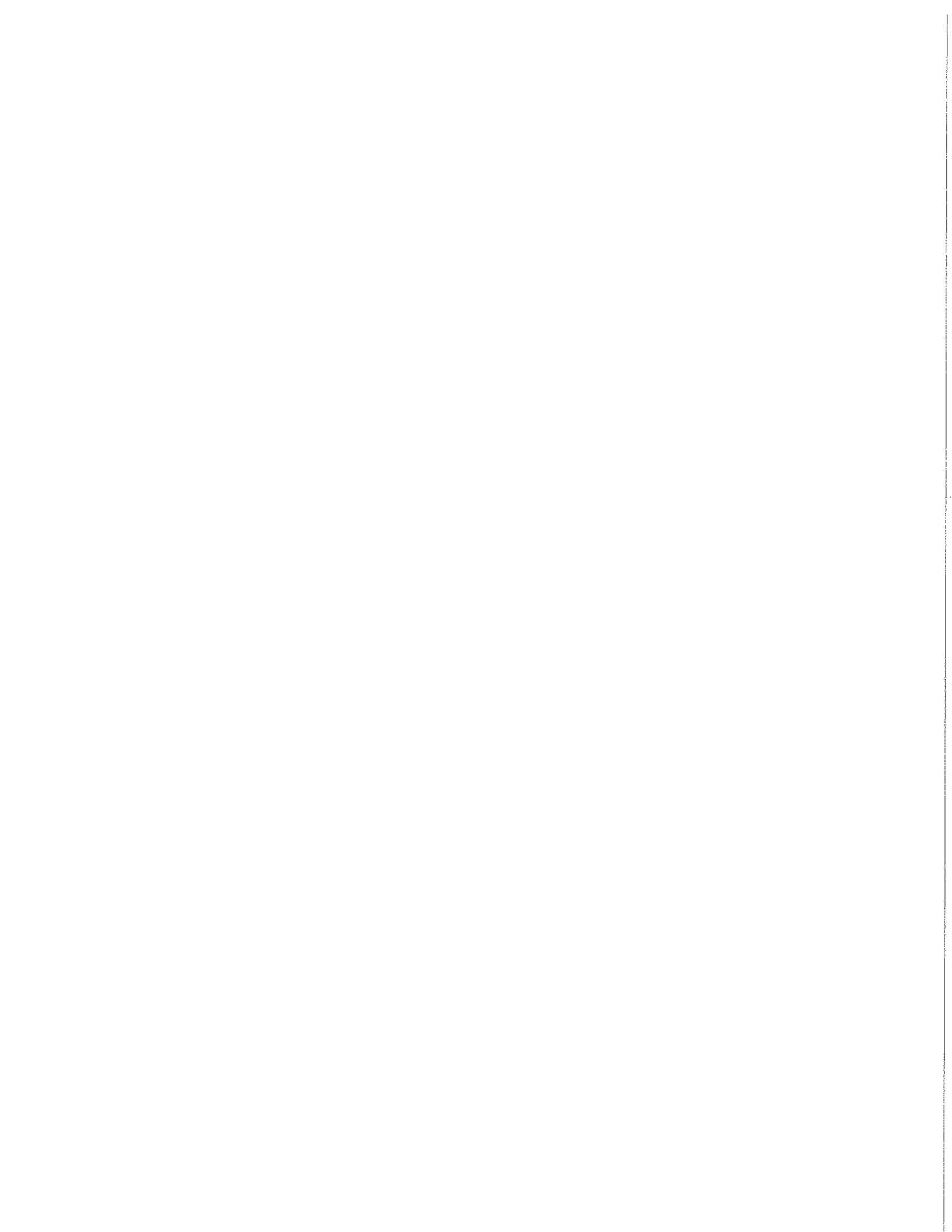
Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
20	5j	Supplies Short Term - Nsg - wound vac supplies	\$ 2,242			\$ 2,242
20	5j	Equipment Rental Short Term - Nsg - wound vac	\$ 3,355			\$ 3,355
20	5j	Equipment Rental Short Term - Nsg - pump fee and life vest for Medicare patients	\$ 3,060			\$ 3,060
20	5j	Equipment Rental Long Term - Nsg - wound vac	\$ 3,269			\$ 3,269
20	5j	Equipment Rental Long Term - Nsg - Air Pressure Mattresses for Medicare patients	\$ 72			\$ 72
20	5j	Purchased Services - Therapy - swallowing diagnostics	\$ 3,957		\$ 1,803	\$ 5,760
20	5j	Supplies - Therapy	\$ 13,569		\$ 6,332	\$ 19,901
20	5j	Equipment Rental - Therapy	\$ 821		\$ 5	\$ 826
20	5j	Equipment Repair - Therapy	\$ 1,662		\$ 11	\$ 1,673
20	5j	Other Therapy	\$ 239		\$ 111	\$ 350
20	5b	Supplies (Non-Medical) RCH - Estimated Unallowable RCH Supplies			\$ 607	\$ 607
20	5j	Non-Legend Drugs RCH - Estimated Unallowable RCH Drugs			\$ 1,416	\$ 1,416
Total Other Ancillary Costs			\$ 32,246	\$ -	\$ 10,285	\$ 42,531

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
22	7d	Depreciation - In Kind Donation from Janice Rood Power Scooter for Therapy - Year 4 of 10	\$ 111		\$ 49	\$ 160
Total Excess Movable Equipment Depreciation			\$ 111	\$ -	\$ 49	\$ 160

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home	
26	12	Interest Expense - First Niagara Bank Loan	\$ 31,232		\$ 13,035	\$ 44,267
22	6f	Purchased Services Mangement - Maintenance - reverse disallow 2015 amount that was allocated to EPP (independent living) but should have been allocated to healthcare	\$ (17,882)		\$ (7,837)	#####
22	6c	Outpatient Therapy Indirect Cost Estimate	\$ 432		\$ 68	\$ 500
22	6a	Televisions For Resident Rooms, RCH #217, SNF #22B	\$ 517		\$ 237	\$ 754
Total Other Property Adjustments			\$ 14,299	\$ -	\$ 5,503	\$ 19,802



F. Statement of Revenue

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c		Report for Year Ended 9/30/2015		Page of 30 37	
Item				Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (CT only)	\$	12,175,486	8,683,313			3,492,173	
b. Medicaid Room and Board Contractual Allowance **	\$	(6,078,988)	(4,819,133)			(1,259,855)	
2. a. Medicaid (All other states)	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents (all inclusive)	\$	3,761,250	3,761,250				
b. Medicare Room and Board Contractual Allowance **	\$	545,313	545,313				
4. a. Private-Pay Residents and Other	\$	3,773,885	3,065,753			708,132	
b. Private-Pay Room and Board Contractual Allowance **	\$	(298,616)	(298,662)			46	
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare	\$	154,091	154,091				
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(154,091)	(154,091)				
c. Prescription Drugs - Non-Medicare	\$	27,590	27,590				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(26,935)	(26,935)				
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	\$	936,832	930,891			5,941	
b. Physical Therapy - Medicare Contractual Allowance **	\$	(717,108)	(712,560)			(4,548)	
c. Physical Therapy - Non-Medicare	\$	96,178	95,568			610	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(93,356)	(92,764)			(592)	
4. a. Speech Therapy - Medicare	\$	134,002	134,002				
b. Speech Therapy - Medicare Contractual Allowance **	\$	(121,523)	(121,523)				
c. Speech Therapy - Non-Medicare	\$	12,177	12,177				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(12,081)	(12,081)				
5. a. Occupational Therapy - Medicare	\$	767,977	767,977				
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(718,527)	(718,527)				
c. Occupational Therapy - Non-Medicare	\$	97,670	97,670				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(97,238)	(97,238)				
6. a. Other (Specify) - Medicare	\$						
b. Other (Specify) - Non-Medicare	\$						
III. Total Resident Revenue (Section I. thru Section II.)	\$	14,163,988	11,222,081			2,941,907	
IV. Other Revenue*							
1. Meals sold to guests, employees & others	\$	1,020	700			320	
2. Rental of rooms to non-residents	\$						
3. Telephone	\$	6,295	4,322			1,973	
4. Rental of Television and Cable Services	\$	8,063	5,536			2,527	
5. Interest Income (Specify)	\$	17,964	12,335			5,629	
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other (Specify)	\$	(76,472)	(52,508)			(23,964)	
V. Total Other Revenue (1 thru 8)	\$	(43,130)	(29,615)			(13,515)	
VI. Total All Revenue (III + V)	\$	14,120,858	11,192,466			2,928,392	

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

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,323,857
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,836,390
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	185,623
4. Inventories			\$	
5. Prepaid Expenses			\$	194,466
a. Prepaid Supplies	4,146			
b. Prepaid Insurance	87,248			
c. Prepaid Services	97,025			
d. Prepd Dues \$4,678 Prepd Water & Sewer \$1,369	6,047			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	3,065
Other Current Assets	3,065			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,543,401
B. Fixed Assets				
1. Land			\$	123,173
2. Land Improvements	*Historical Cost	550,998	\$	82,263
	Accum. Depreciation	468,735	Net	
3. Buildings	*Historical Cost	13,407,031	\$	3,624,871
	Accum. Depreciation	9,782,160	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	1,048,864	\$	715,605
	Accum. Depreciation	333,259	Net	
6. Movable Equipment	*Historical Cost	3,748,054	\$	625,380
	Accum. Depreciation	3,122,674	Net	
7. Motor Vehicles	*Historical Cost	68,527	\$	16,370
	Accum. Depreciation	52,157	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	74,041
Construction in Process	74,041			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	5,261,703

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.		666c	9/30/2015	32	37
Account				Amount	
Total Brought Forward:				\$	8,805,104
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 _____	Net	\$	
		Accum. Depreciation _____			
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>)				\$	210,210
Restricted Gift Annuity		194,210			
Deposit - Non-Current		16,000			
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	210,210
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	9,015,314

* 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 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,142,130
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>)				\$	861,511
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	65,881
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	450,294
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	11,317,066
See Attached		11,317,066			

A-13. Total Current Liabilities (Lines A1 thru 12)				\$	13,836,882

* 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 2015
 ATTACHMENT PAGE 33 LINE 12
 OTHER CURRENT LIABILITIES

Description	GL Number	Amount
Advanced Billing	1.00.1586	1,009,367
W/H Life Insurance	1.00.2030	10,649
W/H 401k	1.00.2035	32,828
W/H Garnishment	1.00.2040	(80)
W/H Pension Loan	1.00.2045	3,156
W/H Other	1.00.2050	100
W/H Employee Contributions	1.00.2051	83
Third Party Reserve Medicaid	1.00.2900	75,903
Third Party Reserve-Medicare	1.00.2910	120,726
Due To Third Party Reimburse Agencies	1.00.2500	581,663
Accrued Other	1.00.2080	(4)
Inter Co. Transfer EPBH	1.00.2990	9,386,399
Accrued Accounting Fees	1.00.2060	35,873
Accrued Bond Interest	1.00.2200	11,839
A/R Refunds	1.00.2070	(6,659)
Tenant Security Held	1.00.2920	841
Resident Fund	1.00.2090	54,382
	TOTAL	<u>11,317,066</u>

G. Balance Sheet (cont'd)

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				13,836,882	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 3,892,385	
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>)				\$ 118,942	
Annuities Payable		118,942			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,011,327	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 17,848,209	

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	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(8,699,967)
6. Gain or Loss for Period			\$	(132,928)
				10/1/2014 thru 9/30/2015
7. Total Net Worth			\$	(8,832,895)
C. Total Reserves and Net Worth			\$	(8,832,895)
D. Total Liabilities, Reserves, and Net Worth			\$	9,015,314

Elim Park Baptist Home, Inc.
Medicaid Provider #6668 & 1500H
FYE 9/30/15

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	14,281,688	13,057		22,243		(3,900)	14,313,088 a
Total Expenses	(14,257,686)	0		0		3,900	(14,253,786)
Income(Loss)-Operations	24,002	0	13,057	0	22,243	0	59,302
Unrealized Gain (Loss)	(107,019)		(78,571)		(8,640)		(192,230) a
Change In Net Assets	(83,017)	0	(65,514)	0	15,603	0	(132,928)
Net Assets-Beginning	(9,249,804)	0	347,865	0	201,972	0	8,699,967
Net Assets-Ending	(9,332,821)	0	282,351	0	217,575	0	(8,832,895)
	-9249804 (83,017)		347865 (65,514)		201972 15,603		

NOTE: Source of this schedule is the Audited Financial Statements for the year ended September 30, 2015.

NOTE: Source of Cost Report Reclasses is as follows:

1) See below	3,911
2) See below	(11)
Total Reclasses	<u>3,900</u>

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

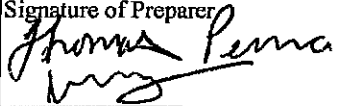
2) Miscellaneous rounding adjustment.

a. Page 36 Line B. Total Revenue \$14,120,858.

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(8,699,967)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,120,858
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,253,786
D. Net Income or Deficit			\$	(132,928)
E. Balance			\$	(8,832,895)
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			\$	(8,832,895)
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input 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, Staff Accountant II		Date Signed 2/11/16 2/11/16	
Printed Name of Preparer Thomas Penna, James Papierz					
Address Address 140 Cook Hill Road, Cheshire, CT 06410				Phone Number 203-272-3547 ext. 160	