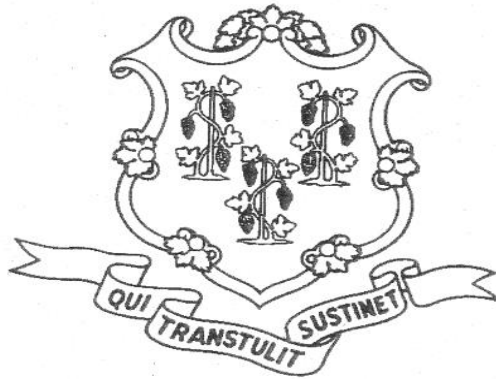


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Leeway, Inc	
Address (No. & Street, City, State, Zip Code) 40 Albert St., New Haven, CT 06511	
Type of Facility <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) </div> <div style="width: 30%;"> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Residential Care Home </div> </div>	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2167-C	RHNS	Residential Care Home 1891-RCH	Medicare Provider 07-5408
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Medicaid Provider Numbers:	CCNH 42169	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) Leeway, Inc	License No. 2167-C	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Leeway, Inc [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Heather Aaron			Printed Name (Owner) William Dyson, Chariman		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Leeway, Inc		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 40 Albert St., New Haven, CT 06511				
Report Prepared By Robert Morgan, CPA		Phone Number 203 677-0145	Date	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

		Phone No. of Facility 203 865-0068	Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Leeway, Inc			Address (No. & Street, City, State, Zip) 40 Albert St., New Haven, CT 06511		
License Numbers:	CCNH 2167-C	RHNS	Residential Care Home 1891-RCH	Medicare Provider No. 07-5408	
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 Heather Aaron			Nursing Home Administrator's License No.:	001635	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Leeway, Inc	License No. 2167-C	Report for Year Ended 9/30/2017	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Leeway, Inc	Business Address 40 Albert St., New Haven, Ct	State(s) in Which Incorporated Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
William Dyson		Chairman		
Patricia Comer		Vice Chair		
Russell Barbour		Director		
Kristin Bures		Director		
Kathryn Sylvester, Esq.		Director		
Names of Stockholders Owning at Least 10% of Shares				
Bruce Douglas MD.		Director		
Shenae Draughn		Director		
Martha Okafor		Director		
Melinda Schoen		Director		
Stuart Sidle		Director		

**General Information and Questionnaire
 Related Parties***

Name of Facility Leeway, Inc	License No. 2167-C	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Leeway Welton Housing Corp		<input type="radio"/>	<input checked="" type="radio"/>		Rent Office space to DMHAS funded case m			
Leeway Putnam Housing Corp		<input type="radio"/>	<input checked="" type="radio"/>		Rent Office space to DMHAS funded case m			
		<input checked="" type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Leeway, Inc	License No. 2167-C	Report for Year Ended 9/30/2017	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 checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
OPM guidelines followed and Single Audit prepared by CPA firm at year end.				
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.				
Grant funded program direct cost and allocation of management oversight salary and benefit costs are segregated and eliminated from cost report. Detail of allocations provided on general ledger cross reference report.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of	
Leeway, Inc			2167-C	9/30/2017			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine			535	535		
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
							Total ***	535	

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

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

General Information and Questionnaire
Accounting Basis

Name of Facility Leeway, Inc	License No. 2167-C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code)
--	---

Services Provided by This Firm (*describe fully*)

1 Audit and Form 990	\$ 33,100
2	\$
3	\$
4	\$
Charge for Services Provided	
\$ 33,100	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15 Line C.I.d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Katherine Sacks, Esq 2 Hinckley, Allen & Snyder 3 Chubb Insurance Retention 4 Greentree 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Corporate & Health Regulatory Advisory	\$ 36,574
2 Contract Settlement with Contractor	\$ 8,750
3 Labor litigation - Disallowed	\$ 430
4 Labor Relations Advisory	\$ 3,000
5	\$
Charge for Services Provided	
\$ 48,754	

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

Schedule of Resident Statistics

Name of Facility Leeway, Inc		License No. 2167-C			Report for Year Ended 9/30/2017				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	60	30		30	60	30		30	60	30			30
B. On last day of THIS report period	60	30		30	60	30		30	60	30			30
2. Number of Residents													
A. As of midnight of PREVIOUS report period	59	29		30	59	29		30	58	29			29
B. As of midnight of THIS report period	58	29	29		58	28		30	58	29	29		
3. Total Number of Days Care Provided During Period													
A. Medicare	437	437			312	312			125	125			
B. Medicaid (Conn.)	10,041	10,041			7,475	7,475			2,566	2,566			
C. Medicaid (other states)													
D. Private Pay	118			118	26			26	92				92
E. State SSI for RCH	10,320			10,320	7,755			7,755	2,565				2,565
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	20,916	10,478		10,438	15,568	7,787		7,781	5,348	2,691			2,657
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	20,916	10,478		10,438	15,568	7,787		7,781	5,348	2,691			2,657

Schedule of Resident Statistics (Cont'd)

Name of Facility Leeway, Inc	License No. 2167-C	Report for Year Ended 9/30/2017	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	R.C.H.	ICF-MR
No. of Residents									
Per Diem Rate									
a. One bed rm.									
b. Two bed rms.			450.00						
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	243	243		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	697	697		
C. Other	435	435		
D. Total Physical Therapy Treatments	1,375	1,375		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	138	138		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	126	126		
C. Other	38	38		
D. Total Speech Therapy Treatments	302	302		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	60	60		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	120	120		
C. Other	325	325		
D. Total Occupational Therapy Treatments	505	505		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Leeway, Inc	2167-C	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	99,500	1,074			31,047	335
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	61,755	2,952			4,407	286
5. Dietary Service						
a. Head Dietitian	14,312	398			14,310	397
b. Food Service Supervisor	29,536	1,040			29,531	1,040
c. Dietary Workers	145,164	8,874			145,137	8,873
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	43,029	1,103			38,145	977
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services	104,803	5,976			92,906	5,298
11. Accounting Services						
a. Head Accountant	87,974	1,355			27,450	423
b. Other Accountants	139,463	5,192			43,517	1,620
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	99,691	1,870				
b. RN						
1. Direct Care	380,671	9,566				
2. Administrative**	54,338	1,988				
c. LPN						
1. Direct Care	151,226	4,801				
2. Administrative**						
d. Aides and Attendants	486,095	24,980			269,218	15,664
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	24,095	1,040			24,090	1,040
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	58,982	2,391			58,970	2,390
n. Marketing						
o. Other (Specify)						
See Attached Schedule	1,884	93			1,883	93
<i>A-13. Total Salary Expenditures</i>	1,982,518	74,693			780,611	38,436

* 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
Chaplain	\$ 1,884	93			\$ 1,883	93
Total	\$ 1,884	93	\$ -	-	\$ 1,883	93

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility Leeway, Inc				License No. 2167-C	Report for Year Ended 9/30/2017			Page 11	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	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Leeway, Inc				2167-C	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Heather Aaron	99,500		31,047	Std. Emp. Benefits	Oversight of SNF & RCH operations	1,409	A.2	Grants and housing entities	671	63,508
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Leeway, Inc	2167-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	100	4			100	4
2. Dentist						
3. Pharmacist	3,697	96				
4. Podiatrist	100	1				
5. Physical Therapy						
a. Resident Care	82,742	1,380				
b. Other						
6. Social Worker	35,451	848				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	480				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)	13,832	124				
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	18,775	268				
b. Other						
10. Occupational Therapist						
a. Resident Care	23,046	408				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	152,635	2,632				
2. Administrative***	14,442	208				
b. LPN						
1. Direct Care	332	8				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	381,152	6,457			100	4

* 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 Leeway, Inc		License No. 2167-C	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Foremost Rehab	PT, OT & ST	<input type="radio"/>	<input checked="" type="radio"/>		
West River	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Procare LTC	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 68,979	49,492		19,487
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 46,768	33,556		13,212
4. Social Security (F.I.C.A.)	\$ 208,053	149,276		58,777
5. Health Insurance	\$ 294,780	211,501		83,279
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 67,952	48,755		19,197
8. Uniform Allowance	\$ 11,540	8,796		2,744
9. Other (<i>Specify</i>) See Attached Schedule	\$ (19,455)	(13,959)		(5,496)
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 71,119	53,573		17,546
d. Accounting and Auditing	\$ 33,100	25,228		7,872
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 48,754	37,159		11,595
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 17,774	13,547		4,227
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 28,270	21,546		6,724
2. Cellular Phones	\$ 1,166	889		277
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	\$ 210,137	210,137		
Subtotal	\$ 1,088,937	849,496		239,441

* 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**

Leeway, Inc
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Emoloyee Assistance	\$ 825		\$ 325
Allocations to housing & grants	\$ (14,784)		\$ (5,821)
Total	\$ (13,959)	\$ -	\$ (5,496)

Schedule of Other Taxes

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

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

Name of Facility Leeway, Inc	License No. 2167-C	Report for Year Ended 9/30/2017	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
<i>Subtotals Brought Forward:</i>	1,088,937	849,496		239,441
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 7,520	5,732		1,788
3. Gifts to Staff and Residents	\$ 8,147	6,209		1,938
4. Employee Travel	\$ 1,226	934		292
5. Education Expenses Related to Seminars and Conventions	\$ 70,109	60,289		9,820
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 6,180	4,710		1,470
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 750	572		178
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$			
4. Fund-Raising***	\$ 9,516	7,253		2,263
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 1,537	1,171		366
7. Postage	\$ 5,336	4,067		1,269
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,830	4,442		1,388
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 1,173	894		279
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 111,845	88,943		22,902
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 201,483	150,175		51,308
C-14 Total Administrative & General Expenditures	\$ 1,519,589	1,184,887		334,702

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age	\$ 2,957		\$ 923
ALTCFM	\$ 259		\$ 81
Ct Long Term Care Mutual Aid Program	\$ 267		\$ 83
ACT Aids CT	\$ 114		\$ 36
Cedar Hill	\$ 76		\$ 24
ACHCA	\$ 76		\$ 24
CBIA	\$ 617		\$ 193
BJ	\$ 76		\$ 24
Total Dues	\$ 4,442	\$ -	\$ 1,388

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Employee Retirement Party	\$ 13,864		\$ 4,326
Licenses & Fees	\$ 1,659		\$ 518
Bank Charges	\$ 2,980		\$ 930
New Employee Hire	\$ 37,918		\$ 11,832
Health & Drug Screening	\$ 3,953		\$ 1,234
Employee Background Checks	\$ 3,573		\$ 1,115
Nursing Home Week Celebration	\$ 3,863		\$ 1,205
Volunteer Appreciation	\$ 1,675		\$ 523
Computer Supplies & Minor Equ	\$ 2,300		\$ 718
Cable TV - Allowable	\$ 2,025		\$ 1,575
Credit Card Fees	\$ 123		\$ 38
Self Disallowances:			
Cable TV	\$ 7,525		\$ 5,852
Penalties And Late Fees	\$ 168		\$ 52
Lobbying Expenses	\$ 9,828		\$ 3,067
Resident Personal Items	\$ 1,434		\$ 447
Patient Expense	\$ 53		\$ 17
Non-Reimbursable	\$ 57,234		\$ 17,859
Total Other Administrative and General	\$ 150,175	\$ -	\$ 51,308

Schedule C-1 - Management Services*

Name of Facility Leeway, Inc	License No. 2167-C	Report for Year Ended 9/30/2017	Page 17	of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	

*** 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
Leeway, Inc	2167-C	9/30/2017	18	37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 165,011	82,513		82,498
2. Non-Food Supplies	\$ 17,784	8,893		8,891
3. Other (<i>Specify</i>) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services (Complete Schedule C-2 att. Page 21)</i>)	\$ 9,813	4,907		4,906
c. Management Services**	\$ _____			
d. Other (<i>Specify</i>) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 192,608	96,313		96,295
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$877				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30, IV.1
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

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

Name of Facility Leeway, Inc		License No. 2167-C	Report for Year Ended 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$	31,902	28,083		3,819
c. Management Services**	\$				
d. Other (<i>Specify</i>)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	31,902	28,083		3,819
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
Leeway, Inc		2167-C	9/30/2017		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 20,201	16,771		3,430
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.	\$ 193,409	116,097		77,312
c.	Management Services*		\$			
d.	Other (<i>Specify</i>) Minor Furn & Equip / Floral Decorations		\$ 2,973	1,576		1,397
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 216,583	134,444		82,139
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from West River / Procure LTC of Ct		\$ 74,728	74,728		
b.	Medicine Cabinet Drugs		\$ 49,179	49,179		
c.	Medical and Therapeutic Supplies		\$ 72,303	72,303		
d.	Ambulance/Limousine***		\$ 271	271		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other****		\$ 6,566	6,566		
f.	X-rays and Related Radiological Procedures***		\$ 1,542	1,542		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory****		\$ 7,501	7,501		
i.	Recreation		\$ 20,273	10,137		10,136
j.	Other (<i>Specify</i>)**** See Attached Schedule		\$ 18,833	16,154		2,679
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 251,196	238,381		12,815

* 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
IV Title 19 residents	\$ 15,699		
Minor Medical Equipment	\$ 455		
RCH Supplies			\$ 2,679
Total Other Resident Care	\$ 16,154	\$ -	\$ 2,679

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

Name of Facility Leeway, Inc			License No. 2167-C	Report for Year Ended 9/30/2017	Page 21	of 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Unitex		<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	28,083		3,819	19	C.3.b
John's Refuse		<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	5,648		5,007	22	C.6.f
EBM IT Solutions		<input type="radio"/>	<input checked="" type="radio"/>		IT Support and Computer Server Administrator	43,870		13,689	16	C.1.m
Creative Financial Staffing		<input type="radio"/>	<input checked="" type="radio"/>		Temporary Nurse Scheduler	8,851			16	C.1.m
Check Writers		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing Fees	9,312		2,906	16	C.1.m
Diversified Building Services		<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	116,097		77,312	20	C.4.b
Creative Financial Staffing		<input type="radio"/>	<input checked="" type="radio"/>		Discharge Planner - Social Services	35,451			13	B.6
Point Click Care		<input type="radio"/>	<input checked="" type="radio"/>		Software User Fee - Point Click Care	13,122		4,095	16	C.1.m
All-Around		<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	12,722		11,278	22	C.6.f
Controlled Aire		<input type="radio"/>	<input checked="" type="radio"/>		HVAC	5,579		4,946	22	C.6.f
Connecticut Business Systems		<input type="radio"/>	<input checked="" type="radio"/>		Office Equip Maintenance	8,303		7,361	22	C.6.f
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

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

Name of Facility Leeway, Inc	License No. 2167-C	Report for Year Ended 9/30/2017			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 36,267	19,225			17,042	
b. Heat	\$ 25,935	13,748			12,187	
c. Light & Power	\$ 103,949	55,102			48,847	
d. Water	\$ 15,397	8,162			7,235	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 535	284			251	
f. Other (<i>itemize</i>)	\$ 126,526	67,865			58,661	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 308,609	164,386			144,223	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 12,992	6,887			6,105	
b. Building & Building Improvements	\$ 295,628	156,709			138,919	
c. Non-Movable Equipment	\$ 16,640	8,821			7,819	
d. Movable Equipment	\$ 65,951	34,960			30,991	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 391,211	207,377			183,834	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 7,947	4,213			3,734	
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 7,947	4,213			3,734	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 24	13			11	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 399,182	211,603			187,579	

* 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
Purchased Service - Plumber	\$ 2,852		\$ 2,528
Purch Service - HVAC	\$ 5,579		\$ 4,946
Purchased Services - Electric	\$ 2,753		\$ 2,441
Purch Serv - Exterminator	\$ 1,808		\$ 1,602
Purchased Serv - Alarm Service	\$ 1,765		\$ 1,564
Purch Service - Fire Protecti	\$ 2,497		\$ 2,214
Purch Serv - Sec camera Main	\$ 3,088		\$ 2,737
Purch Service - Ridgefield As	\$ 4,453		\$ 3,947
Purch Serv - Nurse Call System	\$ 324		\$ -
Purch Service - Elevator	\$ 1,951		\$ 1,729
Purchased Service - Locksmith	\$ 113		\$ 100
Purch Service - Telephone Rep	\$ 3,562		\$ 3,157
Purchased Service - Fire Cont	\$ 633		\$ 561
Purchased Service - Shredding	\$ 2,108		\$ 1,868
Purchased Service - Generator	\$ 883		\$ 782
Purch Serv - Snow Removal	\$ 12,722		\$ 11,278
Purch Service - Med Equip Ins	\$ 1,538		\$ 1,363
Purchased Services - Painting	\$ (48)		\$ (42)
Aquarium Services	\$ 480		\$ 426
Trash Removal- Maint	\$ 5,648		\$ 5,007
Medical Waste Removal	\$ 1,365		\$ -
Landscaping	\$ 2,958		\$ 2,622
Office Equip Maint Agreements	\$ 8,303		\$ 7,361
Minor Off.Equip Repair & Repl	\$ 530		\$ 470
Total Other Repairs and Maintenance	\$ 67,865	\$ -	\$ 58,661

Depreciation Schedule

Name of Facility Leeway, Inc			License No. 2167-C			Report for Year Ended 9/30/2017			Page 23	of 37		
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements												
1. Acquired prior to this report period	190,787		109,787	38,074	S/L	Variable	12,207					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	15,700		15,700		S/L	10	785					
A-4. Subtotal								12,992				
B. Building and Building Improvements												
1. Acquired prior to this report period	7,970,778		7,970,778	2,915,066	S/L	Variable	294,676					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	32,773		32,773		S/L	Variable	952					
B-4. Subtotal								295,628				
C. Non-Movable Equipment												
1. Acquired prior to this report period	230,724		230,724	103,177	S/I	Variable	13,401					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	97,906		97,906		S/L	Variable	3,239					
C-4. Subtotal								16,640				
		Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year							
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. 2005 Mazda- JM3LW28A05055432		x		4	2007	14,983		14,983	14,983	S/L	5	
b. 2017 Ford Bus / Van		x		8	2016	68,717		68,717	954	S/L	6	11,453
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period						823,512		823,512	211,286	S/L	Variable	45,015
b. Disposals (attach schedule)						(357,096)				S/L	Variable	
c. Acquired during this report period (attach schedule)						126,890		126,890		S/L	Variable	9,483
D-3. Subtotal												65,951
E. Total Depreciation												391,211

Leeway, Inc
9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/22/2017	Parking Lot Repair & sealcoating	\$ 4,700	10	\$ 235
5/17/2017	Simple Solutions -Plant 15 trees and mulch	\$ 11,000	10	\$ 550
Total additions for Land Improvements		\$ 15,700		\$ 785 *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/26/2016	Kennedy Wing Life Safety - Generator - Mace Co	\$ 2,400	12	\$ 100
9/11/2017	Kitchen Ceiling tile - Goody's Hardware	\$ 2,480	8	\$ 155
8/1/2017	Room 2 SNF Renovations - William Fisher/Home Depot	\$ 3,482	20	\$ 87
8/1/2017	Room 5 SNF Renovations - William Fisher/Home Depot	\$ 1,710	20	\$ 43
8/1/2017	Room 7 SNF Renovations - William Fisher/Home Depot	\$ 1,119	20	\$ 28
8/1/2017	Room 10 SNF Renovations - William Fisher/Home Depot	\$ 1,631	20	\$ 41
8/1/2017	Room 9 SNF Renovations - William Fisher/Home Depot	\$ 754	20	\$ 19
8/1/2017	Room 11 SNF Renovations - William Fisher/Home Depot	\$ 1,335	20	\$ 33
8/1/2017	Room 12 SNF Renovations - William Fisher/Home Depot	\$ 4,085	20	\$ 101
8/1/2017	Room 14 SNF Renovations - William Fisher	\$ 2,795	20	\$ 70
8/1/2017	Room 15 SNF Renovations - William Fisher	\$ 915	20	\$ 23
8/1/2017	Room 16 SNF Renovations - William Fisher/Home Depot	\$ 1,542	20	\$ 39
8/1/2017	Room 20 SNF Renovations - William Fisher	\$ 965	20	\$ 24
8/1/2017	Room 22 SNF Renovations - William Fisher/Home Depot	\$ 760	20	\$ 19
8/1/2017	Room 23 SNF Renovations - William Fisher/Home Depot	\$ 1,343	20	\$ 34
8/1/2017	Room 25 SNF Renovations - William Fisher	\$ 1,965	20	\$ 49
8/1/2017	Room 28 SNF Renovations - William Fisher	\$ 487	20	\$ 12
8/1/2017	Room 30 SNF Renovations - William Fisher/Home Depot	\$ 3,005	20	\$ 75
Total additions for Building Improvements		\$ 32,773		\$ 952 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/16/2017	New England Elevator - Mechanical Restrictor Safety Device (2)	\$ 2,980	20	\$ 75
2/27/2017	Efficient Lighting Consultants / U.I.- EfficientLighting Project	\$ 94,926	15	\$ 3,164

Total additions for Non-Movable Equipment		\$ 97,906		\$ 3,239 *
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 Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/28/2016	Visitor Lockers - Jorgenson Lockers	\$ 1,994	15	\$ 66
10/11/2016	Billiards Table - Pooltables.com	\$ 2,333	10	\$ 117
10/27/2016	Patio Table & Chairs - McKesson	\$ 6,116	15	\$ 204
10/26/2016	Xerox Copier - Mail Room - Connecticut Business Systems	\$ 14,000	5	\$ 1,400
12/5/2016	Patio Furniture - Mckesson	\$ 2,921	15	\$ 97
12/8/2016	IT Equip - Wireless controller - EBM It Solutions	\$ 2,930	5	\$ 293
12/20/2016	Oxygen Concentrators (3)	\$ 1,875	3	\$ 313
1/26/2017	IT Equipment - computers - Insight	\$ 2,188	3	\$ 365
1/30/2017	IT Equipment - computers - Insight	\$ 1,585	3	\$ 264
2/8/2017	Office Furniture - 677 State Street - United Office Furniture	\$ 5,686	3	\$ 947
2/2/2017	Television of Recreation Area - PC Richards	\$ 3,022	3	\$ 504
2/28/2017	IT Equipment - computers - Insight	\$ 1,585	3	\$ 264
3/8/2017	IT Equip - Inhouse Server & Equip - EBM It Solutions	\$ 30,751	5	\$ 3,075
4/12/2017	Air Mattresses (2) - Mckesson	\$ 2,522	10	\$ 126
5/16/2017	Oxygen Concentrators (3)- McKesson	\$ 1,875	3	\$ 313
5/26/2017	Pool Table - Encore Billiards & Gameroom	\$ 3,290	10	\$ 165
6/19/2017	Lounge Chairs (6) - McKesson	\$ 8,161	10	\$ 408
7/27/2017	Dining Room Tables (15) and Chairs (30)	\$ 28,844	15	\$ 961
8/17/2017	Office Furniture - CFO Office- United Office Furniture	\$ 2,789	3	\$ 465
8/30/2017	Tyco Intergrated Security - New Recorder in Camera Installed	\$ 2,423	5	\$ 242
	Office Furniture - 677 State Street - Grant Reimbursement			\$ (1,106)
Total additions for Movable Equipment		\$ 126,890		\$ 9,483 *
Deletions:				
5/31/2017	Various Maj Moveable Equipment	\$ (357,096)		
5/31/2017				
Total deletions for Movable Equipment		\$ (357,096)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Leeway, Inc			License No. 2167-C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year			Year's Operations				
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Financing costs - Key Bank (First Ni	12	2014	15	20,361	3,563	S/L		2,036	
2. Financing costs - Key Bank (First Ni	12	2014	20	59,107	4,433	S/L		5,911	
3.									
B-4. Subtotal									7,947
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									7,947

* 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 Leeway, Inc	License No. 2167-C	Report for Year Ended 9/30/2017	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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		60		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Variable	Fixed	
b. Date Mortgage Obtained		12/29/14	12/29/14	
c. Interest Rate for the Cost Year		4.0 - 5.0	587.40%	
d. Term of Mortgage (number of years)		15	20	
e. Amount of Principal Borrowed		800,000	3,355,000	
f. Principal balance outstanding as of _____		625,264	3,145,313	
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Leeway, Inc		License No. 2167-C	Report for Year Ended 9/30/2017		Page 26	of 37
Item			Total	CCNH	RHNS	Residential Care Home
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 29,323	15,544		13,779
Name of Lender Key Bank		Rate				
Address of Lender						
2. Second Mortgage			\$ 172,836	91,618		81,218
Name of Lender Key Bank		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)			\$ 202,159	107,162		94,997

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Leeway, Inc		2167-C		9/30/2017			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				202,159	107,162		94,997	
12. C. Movable Equipment								
1. Automotive Equipment				\$ 2,787	1,477		1,310	
A. Item		Rate	Amount					
2017 Van/Bus								
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)				\$ 2,787	1,477		1,310	
12. D. Other Interest Expense (Specify) vendor interest charges				\$ 245	130		115	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 205,191	108,769		96,422	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 16,843	8,422		8,421	
b. Insurance on Automobiles				\$ 7,679	3,840		3,839	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 21,747	15,603		6,144	
2. Fire and Extended Coverage				\$				
3. Other (Specify) D&O,Cyber,Crime,res trust bond				\$ 15,401	11,050		4,351	
14d. Total Insurance Expenditures (14a + b + c)				\$ 61,670	38,915		22,755	
15. Total All Expenditures (A-13 thru C-14)				\$ 6,330,911	4,569,451		1,761,460	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Leeway, Inc				2167-C	9/30/2017	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.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B.10.	Occupational Therapy	\$ 23,046	23,046		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1.c	Bad Debts	\$ 71,119	53,573		17,546
10.	15	1.d	Accounting & Legal	\$ 430	215		215
11.	30	IV.3	Telephone	\$ 1,741			1,741
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m.4	Fund Raising / Contributions	\$ 9,516	7,253		2,263
21.			Unallowable Management Fees	\$			
22.	16	m.13	Barber and Beauty	\$ 1,537	769		768
23.			Other - See attached Schedule	\$ 96,925	75,483		21,442
Page 18 - Dietary Expenditures							
24.	30	IV.1	Meals to employees, guests and others who are not residents	\$ 877	439		438
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)				\$ 205,191	160,778		44,413

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m.13	Cable TV	\$ 6,766		\$ -
16	m.13	Penalties And Late Fees	\$ 168		\$ 52
16	m.13	Lobbying Expenses	\$ 9,828		\$ 3,067
16	m.13	Resident Personal Items	\$ 1,434		\$ 447
16	m.13	Patient Expense	\$ 53		\$ 17
16	m.13	Non-Reimbursable	\$ 57,234		\$ 17,859
		Note: Cable Tv Revenue disallowed			
Total Other A&G Adjustments			\$ 75,483	\$ -	\$ 21,442

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Leeway, Inc			2167-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 205,191	160,778		44,413
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 74,728	74,728		
28.			Ambulance/Limousine	\$ 271	271		
29.			X-rays, etc	\$ 1,542	1,542		
30.			Laboratory	\$ 7,433	7,433		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 699	350		349
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	30	IV.4	Radio and Television Revenue	\$ 6,611			6,611
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 296,475	245,102		51,373

*** 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.

Leeway, Inc
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV.8	Miscellaneous Revenue	\$ 225		\$ 224
30	IV.8	Recreation Dept Donation	\$ 125		\$ 125
Total Excess Movable Equipment Depreciation			\$ 350	\$ -	\$ 349

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Leeway, Inc	2167-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,154,474	4,502,250		1,652,224		
b. Medicaid Room and Board Contractual Allowance **	\$ (343,247)	(239,973)		(103,274)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 197,568	197,568				
b. Medicare Room and Board Contractual Allowance **	\$ 290,679	290,679				
4. a. Private-Pay Residents and Other	\$					
b. Private-Pay Room and Board Contractual Allowance **	\$ 19,040			19,040		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 69,014	69,014				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (69,014)	(69,014)				
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
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	\$ 67,805	67,805				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (49,895)	(49,895)				
c. Physical Therapy - Non-Medicare	\$ 69,680	69,680				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (69,721)	(69,721)				
4. a. Speech Therapy - Medicare	\$ 17,591	17,591				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (7,000)	(7,000)				
c. Speech Therapy - Non-Medicare	\$ 12,599	12,599				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (12,599)	(12,599)				
5. a. Occupational Therapy - Medicare	\$ 47,201	47,201				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (38,583)	(38,583)				
c. Occupational Therapy - Non-Medicare	\$ 12,018	12,018				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (12,018)	(12,018)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 2,758	2,758				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (2,758)	(2,758)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,355,592	4,787,602		1,567,990		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 877	439		438		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 1,741			1,741		
4. Rental of Television and Cable Services	\$ 6,611			6,611		
5. Interest Income (<i>Specify</i>)	\$ 1,359	680		679		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 118,169	59,091		59,078		
V. Total Other Revenue (1 thru 8)	\$ 128,757	60,210		68,547		
VI. Total All Revenue (III +V)	\$ 6,484,349	4,847,812		1,636,537		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
20	Lab - Medicare A	\$ 2,758		
Total Other Resident Revenue - Medicare		\$ 2,758	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Lab - Medicare A Ancillary Allowance	\$ (2,758)		
Total Other Resident Revenue		\$ (2,758)	\$ -	\$ -

Interest Income

		Account			
Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
	Key Bank Money Market	100,000	\$ 680		\$ 679
Total Interest Income			\$ 680	\$ -	\$ 679

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Miscellaneous Revenue	\$ 225		\$ 224
31	UI capital Asset Energy Credit New Energy Efficient Lighting	\$ 11,873		\$ 11,871
	Annual Appeal Contributions - Unrestricted	\$ 2,975		\$ 2,975
	Contributions - Unrestricted	\$ 39,787		\$ 39,779
	Donation Recreation restricted	\$ 125		\$ 125
	Donations United Way - unrestricted	\$ 1,046		\$ 1,045
	Brick Campaign - Capital Asset Restricted	\$ 3,060		\$ 3,059
Total Other Revenue		\$ 59,091	\$ -	\$ 59,078

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	754,900
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	875,439
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	24,412
4. Inventories			\$	
5. Prepaid Expenses			\$	31,673
a. Insurance	20,525			
b. Dues	924			
c. Contracted Services	10,224			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	1,686,424
B. Fixed Assets				
1. Land			\$	581,784
2. Land Improvements	*Historical Cost	206,487	\$	155,421
	Accum. Depreciation	51,066		
	Net			
3. Buildings	*Historical Cost	8,003,551	\$	4,792,857
	Accum. Depreciation	3,210,694		
	Net			
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
5. Non-Movable Equipment	*Historical Cost	328,630	\$	208,813
	Accum. Depreciation	119,817		
	Net			
6. Movable Equipment	*Historical Cost	593,306	\$	327,522
	Accum. Depreciation	265,784		
	Net			
7. Motor Vehicles	*Historical Cost	83,700	\$	56,310
	Accum. Depreciation	27,390		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	2,654,302
Const in Progress		2,060		
Non-Reimbursable Assets Net		2,652,242		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	8,777,009

* 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 Leeway, Inc	License No. 2167-C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 10,463,433	
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>)			\$ 163,533	
	Board Designated Fund	100,008		
	Deferred Financing Fees - Net	63,525		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 163,533	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 10,626,966	

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Leeway, Inc		2167-C	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	286,433
2. Notes Payable (<i>itemize</i>)				\$	62,284
United Illuminating - Lighting Project					62,284

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
		Van/Bus			
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	115,273
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	5,318
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	799,566
Medicaid Reserve					175,000
Resident Trust					10,529
Accrued Provider Tax					53,769
Deferred Grant Revenue					560,268
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,268,874

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Leeway, Inc	License No. 2167-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,268,874	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
			\$	41,595
Name of Lender	Purpose	Amount	Date Due	
TCF	Van/Bus	41,595	8/1/23	
2. Mortgages Payable			\$	3,770,577
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address of Lender	Amount	Loan Date		
DSS				
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	2,583,033
DSS Bond Advance		2,475,000		
Mortgage Swap Liability		108,033		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	6,395,205
C. Total All Liabilities (Lines A-13 + B-5)			\$	7,664,079

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

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,401,626
6. Gain or Loss for Period			\$	561,261
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	2,962,887
C. Total Reserves and Net Worth			\$	2,962,887
D. Total Liabilities, Reserves, and Net Worth			\$	10,626,966

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc	2167-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	2,401,626
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	6,484,349
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	6,330,911
D. Net Income or Deficit			\$	153,438
E. Balance			\$	2,555,064
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Grant/Housing/Non-Reimbursable Revenue	1,473,451			
Grant/Housing/Non-Reimbursable Expense	(1,065,628)			
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	407,823
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. <i>Balance at End of Period</i>			\$	2,962,887
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility Leeway, Inc		License No. 2167-C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Robert Morgan</i>		Title Consultant		Date Signed 1/20/2018	
Printed Name of Preparer Robert Morgan					
Address 40 Albert St., New Haven, Ct 06511				Phone Number 203 677-0145	

Error Check

Level	Item	Reported as	
	Page 25 - Total Bed Capacity	60 is inconsistent with page 8	60