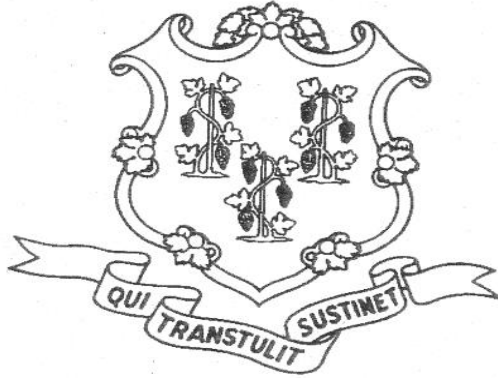


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) The Curtis Home	
Address (No. & Street, City, State, Zip Code) 380 Crown St., Meriden, CT 06450	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Residential Care Home (CCNH) (RHNS)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 541C	RHNS	Residential Care Home 1273H	Medicare Provider 07-5365
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Medicaid Provider Numbers:	CCNH	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) The Curtis Home	License No. 541C	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 The Curtis Home [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) R. Paul Sprague			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Curtis Home	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 380 Crown St., Meriden, CT 06450				
Report Prepared By Blum, Shapiro & Co.	Phone Number 203-944-2100	Date 2/15/2018		
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. Total Wages Paid \$				
7. Total salaries paid \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-237-4338	Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) The Curtis Home		Address (<i>No. & Street, City, State, Zip</i>) 380 Crown St., Meriden, CT 06450		
License Numbers:	CCNH 541C	RHNS	Residential Care Home 1273H	Medicare Provider No. 07-5365
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator R. Paul Sprague		Nursing Home Administrator's License No.:	001321	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

**The Curtis Home
Board of Trustees 2017**

David Cantor, President

86 Forest Glen Drive
Woodbridge, CT 06525

Ronald Stempien, Vice President

One Barrister's Court
Meriden, CT 06451

Joanne Erickson

76 Pierson Drive
Wallingford, CT 06492

Robert Flyntz

12 Jonathon Road
Wallingford, CT 06492

Michael Gruber

42 Lydale Place
Meriden, CT 06450

Richard Pendred

909 Middle Street
Middletown, CT 06457

General Information and Questionnaire Related Parties*

Name of Facility The Curtis Home	License No. 541C	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	%**				
The Curtis Home	380 Crown St., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Elderly Apts on Campus (unoccupied)	None-excluded		
The Curtis Home	380 Crown St., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Fixed Assets Elderly Apts & Adult Day Care	None-excluded		
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Administrative, general costs, and insurance are based in patient days and number of beds, consistent with prior filings which were audited by the department.

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of
The Curtis Home		541C		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"/>	Mailing System	04/01/15	51 months	936	936	
Great American Leasing Corp	<input type="radio"/>	<input checked="" type="radio"/>	Copiers - expired 4/1/17	04/01/15	51 months	6,885	4,016	
Great American Leasing Corp	<input type="radio"/>	<input checked="" type="radio"/>	Copiers - renewed above lease	04/21/17	48 months	7,520	3,134	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							8,086	

* 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.



AGREEMENT

GREATAMERICA FINANCIAL SERVICES CORPORATION
625 FIRST STREET SE, CEDAR RAPIDS IA 52401
PO BOX 609, CEDAR RAPIDS IA 52406-0609

AGREEMENT NO.: 1241757

CUSTOMER ("YOU" OR "YOUR")

FULL LEGAL NAME: Curtis Home, The

ADDRESS: 380 Crown St

Meriden, CT 06450-6484

VENDOR (VENDOR IS NOT OWNER'S AGENT NOR IS VENDOR AUTHORIZED TO WAIVE OR ALTER ANY TERM OR CONDITION OF THIS AGREEMENT)

A&A Office Systems Inc

Middletown, CT

EQUIPMENT AND PAYMENT TERMS

TYPE, MAKE, MODEL NUMBER, SERIAL NUMBER, AND INCLUDED ACCESSORIES

SEE ATTACHED SCHEDULE

EQUIPMENT LOCATION: As Stated Above

TERM IN MONTHS: 48

MONTHLY PAYMENT AMOUNT: \$626.71 (*PLUS TAX)

PURCHASE OPTION: Fair Market Value

ADDITIONAL TERMS AND CONDITIONS

AGREEMENT. You want us to pay your Vendor for the equipment referenced herein ("Equipment") and you agree to pay us the amounts payable under the terms of this agreement ("Agreement") each period by the due date. This Agreement will begin on the date the Equipment is delivered to you or any later date we designate. We may charge you a reasonable fee to cover documentation and investigation costs. If any amount payable to us is not paid when due, you will pay a late charge equal to: 1) the greater of ten (10) cents for each dollar overdue or twenty-six dollars (\$26.00); or 2) the highest lawful charge, if less.

NET AGREEMENT. THIS AGREEMENT IS NON-CANCELABLE FOR THE ENTIRE AGREEMENT TERM. YOU UNDERSTAND WE ARE PAYING FOR THE EQUIPMENT BASED ON YOUR UNCONDITIONAL ACCEPTANCE OF IT AND YOUR PROMISE TO PAY US UNDER THE TERMS OF THIS AGREEMENT, WITHOUT SET-OFFS FOR ANY REASON, EVEN IF THE EQUIPMENT DOES NOT WORK OR IS DAMAGED, EVEN IF IT IS NOT YOUR FAULT.

EQUIPMENT USE. You will keep the Equipment in good working order, use it for business purposes only, and not modify or move it from its initial location without our consent. You must resolve any dispute you may have concerning the Equipment with the manufacturer or Vendor. Payments under this Agreement may include amounts you owe your Vendor under a separate arrangement (for maintenance, service, supplies, etc.), which amounts may be invoiced by us on your Vendor's behalf for your convenience.

SOFTWARE/DATA. Except as provided in this paragraph, references to "Equipment" include any software referenced above or installed on the Equipment. We do not own the software and cannot transfer any interest in it to you. We are not responsible for the software or the obligations of you or the licensor under any license agreement. You are solely responsible for protecting and removing any confidential data/images stored on the Equipment prior to its return for any reason.

NO WARRANTY. WE MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. YOU HAVE ACCEPTED THE EQUIPMENT "AS-IS". YOU CHOSE THE EQUIPMENT, THE VENDOR AND ANY/ALL SERVICE PROVIDER(S) BASED ON YOUR JUDGMENT. YOU MAY CONTACT YOUR VENDOR FOR A STATEMENT OF THE WARRANTIES, IF ANY, THAT THE MANUFACTURER OR VENDOR IS PROVIDING. WE ASSIGN TO YOU ANY WARRANTIES GIVEN TO US.

ASSIGNMENT. You may not sell, assign or sublease the Equipment or this Agreement without our written consent. We may sell or assign this Agreement or our rights in the Equipment, in whole or in part, to a third party without notice to you. You agree that if we do so, the assignee will have our rights but will not be subject to any claim, defense, or set-off assertable against us or anyone else.

LAW/FORUM. This Agreement and any claim related to this Agreement will be governed by Iowa law. Any dispute will be adjudicated in a state or federal court located in Linn County, Iowa. You consent to personal jurisdiction and venue in such courts and waive transfer of venue. Each party waives any right to a jury trial.

LOSS OR DAMAGE. You are responsible for any damage to or loss of the Equipment. No such loss or damage will relieve you from your payment obligations hereunder. We are not responsible for, and you will indemnify us against, any claims, losses or damages, including attorney fees, in any way relating to the Equipment. In no event will we be liable for any consequential or indirect damages.

INSURANCE. You agree to maintain comprehensive liability insurance acceptable to us. You also agree to: 1) keep the Equipment fully insured against loss at its replacement cost, with us named as loss payee; and 2) provide proof of insurance satisfactory to us no later than 30 days following the commencement of this Agreement, and thereafter upon our written request. If you fail to maintain property loss insurance satisfactory to us and/or you fail to timely provide proof of such insurance, we have the option, but not the obligation, to secure property loss insurance on the Equipment from a carrier of our choosing in such forms and amounts as we deem reasonable to protect our interests. If we secure insurance on the Equipment, we will not name you as an insured party, your interests may not be fully protected, and you will reimburse us the premium which may be higher than the premium you would pay if you obtained insurance, and which may result in a profit to us through an investment in reinsurance. If you are current in all of your obligations under the Agreement at the time of loss, any insurance proceeds received will be applied, at our option, to repair or replace the Equipment, or to pay us the remaining payments due or to become due under this Agreement, plus our booked residual, both discounted at 3% per annum.

TAXES. We own the Equipment. You will pay when due, either directly or by reimbursing us, all taxes and fees relating to the Equipment and this Agreement. Sales or use tax due upfront will be payable over the term with a finance charge.

END OF TERM. At the end of the term of this Agreement (or any renewal term) (the "End Date"), this Agreement will renew month to month unless a) you provide us written notice, at least 60 days prior to the End Date, of your intent to return the Equipment, and b) you timely return the Equipment to the location designated by us, at your expense. If a Purchase Option is indicated above and you are not in default on the End Date, you may purchase the Equipment from us "AS IS" for the Purchase Option price. If the returned Equipment is not immediately available for use by another without need of repair, you will reimburse us for all repair costs. You cannot pay off this Agreement or return the Equipment prior to the End Date without our consent. If we consent, we may charge you, in addition to other amounts owed, an early termination fee equal to 5% of the amount we paid for the Equipment.

DEFAULT AND REMEDIES. If you do not pay any sum within 10 days after its due date, or if you breach any other term of this Agreement or any other agreement with us, you will be in default, and we may require that you return the Equipment to us at your expense and pay us: 1) all past due amounts and 2) all remaining payments for the unexpired term, plus our booked residual, both discounted at 4% per annum. We may also use all other legal remedies available to us, including disabling or repossessing the Equipment. You agree to pay all our costs and expenses, including reasonable attorney fees, incurred in enforcing this Agreement. You also agree to pay interest on all past due amounts, from the due date, at 1.5% per month.

UCC. You agree that this Agreement is (and/or shall be treated as) a "Finance Lease" as that term is defined in Article 2A of the Uniform Commercial Code ("UCC"). You agree to forgo the rights and remedies provided under sections 507-522 of Article 2A of the UCC.

MISCELLANEOUS. This Agreement is the entire agreement between you and us and supersedes any prior representations or agreements, including any purchase orders. Amounts payable under this Agreement may include a profit to us. This original of this Agreement shall be that copy which bears your facsimile or original signature, and which bears our original signature. Any change must be in writing signed by each party.

OWNER ("WE", "US", "OUR")

THIS AGREEMENT IS NON-CANCELABLE FOR THE FULL AGREEMENT TERM. THIS AGREEMENT IS BINDING WHEN WE FUND VENDOR FOR THE EQUIPMENT.

OWNER: GreatAmerica Financial Services Corporation

CUSTOMER'S AUTHORIZED SIGNATURE

CUSTOMER: (As Stated Above)

SIGNATURE: [Signature] DATE: [Blank]

SIGNATURE: [Signature] DATE: 4/21/17

PRINT NAME & TITLE:

PRINT NAME & TITLE: Paul S. [Signature]

UNCONDITIONAL GUARANTEE

The undersigned unconditionally guarantees that the Customer will timely perform all obligations under the above Agreement. The undersigned also waives any notification if the Customer is in default and consents to any extensions or modifications granted to the Customer. In the event of default, the undersigned will immediately pay all sums due under the terms of the Agreement without requiring us to proceed against Customer or any other party or exercise any rights in the Equipment. The undersigned, as to this guaranty, agrees to the designated forum and consents to personal jurisdiction, venue, and choice of law as stated in the Agreement, agrees to pay all costs and expenses, including attorney fees, incurred by us related to this guaranty and the Agreement, waives a jury trial and transfer of venue, and authorizes obtaining credit reports.

SIGNATURE: X

INDIVIDUAL:

DATE:

CERTIFICATE OF DELIVERY AND ACCEPTANCE

The Customer hereby certifies that at the Equipment: 1) has been received, installed, and inspected, and 2) is fully operational and unconditionally accepted.

SIGNATURE: X [Signature]

NAME AND TITLE: [Signature]

DATE: 4/21/17

ORIGINAL



Start Date: 4/1/17
 End Date:
 Billing Cycle: Quarterly
 Overages factored

Service Level Agreement

Customer Name: The Curtis Home

Billing Address: 380 Crown St.

City: Meriden

State: CT

Zip Code: 06450

Phone Number: 203-237-4338 x3005

Meter Contact Name: open

Contact Email Address: amathieu@thecurtishome.org Contact Fax Number:

Section 1: Service Pricing / Manage Print Service

Payment Terms: All payments are due net 30 day and are exclusive of sales and use tax.

Equipment Base Billing					
Billing Rate	Base Payment	B/W Page Rate/ Usage	B/W Covered Copies	Color Page Rate/ Usage	Color Covered Copies
1	0	.008	0	.07	0
2	0	.016	0	.08	0
3					

Include full service, parts, labor, travel, installation, training, drum, photoconductor, toner & developer. Not included are paper & staples.

Meters will be collected via: Customer Fax Email Print Audit X

Section 2: Equipment Covered Under Agreement

Check box for Schedule 'A' Check box if service is included in the lease

*Rate 2
 .012 for 6 months
 after 6 months .016*

Covered Copier Equipment							
Billing Rate	Location	Equip ID	Make	Model	Serial	B/W Start Meter	Color Start Meter
1	Business Office	43308	Savin	MPC3004	G697M161451	33	6
1	reception	43301	Savin	MP4055SP	C326RC00368	39	—
1	Nursing	43307	Savin	MP255SP	C296RA20159	24	—
1	RCH	43306	Savin	MP255SP	C296RA20259	24	—
2	HR	43091	HP	LaserJet 4240	CNGXG32164	173,158	
2		32193	HP	LaserJet M601	CNBCD790ZQ	101,200	

If the foregoing terms and conditions correctly set forth our understanding, please indicate by executing the Agreement in the space provided below and by returning it to A&A for acceptance and execution by A&A. A&A will provide Customer with a copy of the fully executed Agreement.

By: Paul Sprague
Signature: [Signature]
Title: Executive Director
Date: 4/5/17

A&A Office Systems, Inc.
By: [Signature]
Signature: DAle Rosemond
Title: Mps Manager
Date: 4/5/17

I choose to decline this Service Level Agreement

By: _____
Signature: _____
Title: _____
Date: _____

Schedule of Resident Statistics

Name of Facility The Curtis Home			License No. 541C		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	94	60		34	94	60		34	94	60		34
B. On last day of THIS report period	94	60		34	94	60		34	94	60		34
2. Number of Residents												
A. As of midnight of PREVIOUS report period	80	56		24	80	56		24	86	58		28
B. As of midnight of THIS report period	85	53		32	86	58		28	85	53		32
3. Total Number of Days Care Provided During Period												
A. Medicare	608	608			517	517			91	91		
B. Medicaid (Conn.)	13,521	13,521			10,280	10,280			3,241	3,241		
C. Medicaid (other states)												
D. Private Pay	1,689	1,174		515	1,347	985		362	342	189		153
E. State SSI for RCH	8,758			8,758	6,119			6,119	2,639			2,639
F. Other (Specify) VA/Optum/Managed Care	5,635	5,635			3,986	3,986			1,649	1,649		
G. Total Care Days During Period (3A thru F)	30,211	20,938		9,273	22,249	15,768		6,481	7,962	5,170		2,792
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)	30,211	20,938		9,273	22,249	15,768		6,481	7,962	5,170		2,792

Schedule of Resident Statistics (Cont'd)

Name of Facility The Curtis Home	License No. 541C	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	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	1	38		14		2	30	
Per Diem Rate								
a. One bed rm.	PPS	237.04		350.00		120.00	105.62	
b. Two bed rms.	PPS	237.04		325.00		N/A	N/A	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	968	968		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	2,973	2,973		
D. Total Physical Therapy Treatments	3,941	3,941		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	113	113		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	338	338		
D. Total Speech Therapy Treatments	451	451		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,087	1,087		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	3,333	3,333		
D. Total Occupational Therapy Treatments	4,420	4,420		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
The Curtis Home	541C	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)	74,243	1,245			42,071	705
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	136,468	6,024			77,332	3,413
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	39,572	1,362			17,075	588
c. Dietary Workers	216,093	16,177			93,240	6,980
6. Housekeeping Service						
a. Head Housekeeper	14,922	486			7,217	235
b. Other Housekeeping Workers	95,279	8,823			28,006	2,593
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	15,994	521			7,736	252
b. Other Maintenance Workers	89,063	4,765			43,077	2,305
8. Laundry Service						
a. Supervisor	13,653	445			599	19
b. Other Laundry Workers	76,028	5,733			3,333	251
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	98,503	2,080				
b. RN						
1. Direct Care	444,372	11,051				
2. Administrative**	133,416	3,965				
c. LPN						
1. Direct Care	310,319	12,389			50,254	2,006
2. Administrative**						
d. Aides and Attendants	509,090	36,448			261,942	18,754
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	85,164	4,422				
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	49,539	1,950				
n. Marketing	38,587	1,351			17,090	599
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,440,305	119,236			648,971	38,701

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

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

Name of Facility				License No.	Report for Year Ended				Page	of
The Curtis Home				541C	9/30/2017				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	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	
The Curtis Home				541C	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***										
R. Paul Sprague	74,243		42,071			1,950	A2			
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.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
The Curtis Home	541C	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	13,298	296				
2. Dentist	6,516	141				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	81,340	1,401				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	12,250	98				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) VA Doctor	3,525	Disallowed				
9. Speech Therapist						
a. Resident Care	18,407	318				
b. Other						
10. Occupational Therapist						
a. Resident Care	114,864	1,985				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	62,552	1,202				
2. Administrative***						
b. LPN						
1. Direct Care	72,821	1,676				
2. Administrative***						
c. Aides	265,659	12,118				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	651,232	19,235				

* 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 The Curtis Home		License No. 541C	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		
Leanne Carlson, Kensington, CT	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Dental Prestige Dr, Meriden, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Clifford Martel, Meriden, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Foremost Rehab, Cheshire, CT	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>		
Preferred Therapy, Wethersfield, CT	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>		
Nursefinders, Dallas, TX	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Favorite Healthcare Staffing, West Hartford, CT	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<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
The Curtis Home	541C	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	\$ 174,911	138,167			36,744
2. Disability Insurance	\$ 13,167	10,401			2,766
3. Unemployment Insurance	\$ 34,743	27,444			7,299
4. Social Security (F.I.C.A.)	\$ 226,407	178,845			47,562
5. Health Insurance	\$ 334,835	264,495			70,340
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 72,771	57,484			15,287
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 50,950	32,521			18,429
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 13,635	8,703			4,932
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 5,176	3,587			1,589
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 25,173	24,292			881
2. Cellular Phones	\$ 1,608	1,270			338
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	\$ 426,411	426,411			
Subtotal	\$ 1,379,787	1,173,620			206,167

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

(Carry Subtotals forward to next page)

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2017	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
<i>Subtotals Brought Forward:</i>	1,379,787	1,173,620		206,167
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 3,180	3,060		120
4. Employee Travel	\$ 675	675		
5. Education Expenses Related to Seminars and Conventions	\$ 2,179	2,179		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 1,880	1,880		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 2,897	2,805		92
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 1,935	1,341		594
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 2,204	1,554		650
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 645	645		
9. Subscriptions	\$ 2,940	1,470		1,470
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>)	\$			
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 141,685	108,141		33,544
<i>C-14 Total Administrative & General Expenditures</i>	\$ 1,540,007	1,297,370		242,637

* 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
Dues - Alliance, AANAC, ALTCFM, CAHCF	\$ 1,554		\$ 650
Total Dues	\$ 1,554	\$ -	\$ 650

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Pre-employment Screenings	\$ 8,048		\$ 2,140
Computer Supplies/Programs	\$ 17,038		\$ 9,655
SNF Admin Contracts	\$ 3,395		
Bank Service Charges	\$ 63		\$ 36
Payroll Service Fees	\$ 14,803		\$ 8,388
Admin Outside Services	\$ 16,555		\$ 9,381
Misc Expenses	\$ 26,547		\$ 718
Crime Insurance	\$ 1,488		\$ 843
Management Liability Insurance	\$ 4,204		\$ 2,383
SNF Penalties	\$ 16,000		
Total Other Administrative and General	\$ 108,141	\$ -	\$ 33,544

Schedule C-1 - Management Services*

Name of Facility The Curtis Home	License No. 541C	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 #	
None				

*** 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) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility The Curtis Home		License No. 541C	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.	211,445	202,565		8,880
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	14,676	13,637		1,039
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	14,676	13,637		1,039
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	
The Curtis Home	541C	9/30/2017	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Served by Personnel	44,240	29,818		14,422
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	29,780	29,635		145
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Served by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	29,780	29,635		145
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Pharmacy third party and Med A	\$	29,415	29,415		
b. Medicine Cabinet Drugs	\$	269,789	269,789		
c. Medical and Therapeutic Supplies	\$	147,505	146,888		617
d. Ambulance/Limousine***	\$	1,789	1,789		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$	3,518	3,518		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	1,302	1,302		
i. Recreation	\$	11,809	11,648		161
j. Other (<i>Specify</i>)**** See Attached Schedule	\$	5,307	5,307		
5K. Total Resident Care Expenditures (5a - 5j)	\$	470,434	469,656		778

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

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

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

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

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

Name of Facility The Curtis Home			License No. 541C	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
PrimePay	5 Commerce Drive, Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Payroll services	14,803		8,388	16	m13
General Technology Group	164 Scott Street, Suite 1, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Computer Technology	7,025		3,981	16	m13
CWPM, LLC	PO Box 415, Plainville CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Waste Management	13,570		6,564	22	6f
Snow Pro's LLC	234 Middle Street, Meriden, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	16,055		7,765	22	6f
		<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"/>							

* 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
The Curtis Home	541C	9/30/2017			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 25,298	20,538				4,760
b. Heat	\$ 68,444	34,904				33,540
c. Light & Power	\$ 89,777	72,975				16,802
d. Water	\$ 58,231	40,446				17,785
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,086	5,161				2,925
f. Other (<i>itemize</i>)	\$ 91,187	66,625				24,562
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 341,023	240,649				100,374
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 6,380					6,380
b. Building & Building Improvements	\$ 155,708	154,384				1,324
c. Non-Movable Equipment	\$ 9,315	9,234				81
d. Movable Equipment	\$ 46,150	42,497				3,653
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 217,553	206,115				11,438
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
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)	\$ 217,553	206,115				11,438

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

Depreciation Schedule

Name of Facility The Curtis Home				License No. 541C			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				184,515		184,515	103,768	SL	Various	6,380			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal											6,380		
B. Building and Building Improvements													
1. Acquired prior to this report period				4,570,887		4,570,887	3,198,830	SL	Various	155,677			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				13,250		13,250		SL	Various	31			
B-4. Subtotal											155,708		
C. Non-Movable Equipment													
1. Acquired prior to this report period				339,177		339,177	160,401	SL	Various	8,784			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				39,818		39,818		SL	Various	531			
C-4. Subtotal											9,315		
		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. Truck & Plow				10	2016	37,904		37,904		SL	4	8,686	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,123,646		1,123,646	933,166	SL	Various	36,514	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						13,843		13,843		SL	Various	950	
D-3. Subtotal													46,150
E. Total Depreciation													217,553

The Curtis Home
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/24/2017	Removal and Replacement of Steps at Entrance	\$ 2,500	15	\$ 14
8/24/2017	RCH Stairs	\$ 3,000	15	\$ 17
9/25/2017	Roof Repair/Replacement	\$ 7,750	10	\$ -
Total additions for Building Improvements		\$ 13,250		\$ 31 *
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:				
6/1/2017	Boiler - maintenace	\$ 9,748	20	\$ 162
6/1/2017	Boiler - furnish and install	\$ 22,142	20	\$ 369
9/21/2017	Boiler - section replacement	\$ 7,928	20	\$ -
Total additions for Non-Movable Equipment		\$ 39,818		\$ 531 *
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:				
2/1/2017	Dining room renovation - tables, blinds, cloths	\$ 7,482	10	\$ 499
2/1/2017	11 TVs	\$ 1,945	5	\$ 259
4/1/2017	Mattresses and Frames	\$ 1,924	5	\$ 192
9/22/2017	Carpet Cleaner	\$ 2,492	5	\$ -
Total additions for Movable Equipment		\$ 13,843		\$ 950 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility The Curtis Home			License No. 541C		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 Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
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									

* 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 The Curtis Home	License No. 541C	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	06/01/84				
2. Date Structure Completed	07/23/85				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	07/23/85				
5. Total Licensed Bed Capacity	94				
6. Square Footage	33,683				
7. Acquisition Cost					
a. Land	Gifted				
b. Building	3,300,000				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
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.

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

Name of Facility The Curtis Home		License No. 541C	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		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility The Curtis Home		License No. 541C		Report for Year Ended 9/30/2017		Page 27		of 37	
Item				Total	CCNH	RHNS	Residential Care Home		
Subtotals Brought Forward:									
12. C. Movable Equipment									
1. Automotive Equipment				\$					
A. Item		Rate	Amount						
Lender									
Address of Lender									
2. Other (Specify)				\$					
A. Item		Rate	Amount						
Lender									
Address of Lender									
B. Item		Rate	Amount						
Lender									
Address of Lender									
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$					
12. D. Other Interest Expense (Specify)				\$					
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$					
14. Insurance									
a. Insurance on Property (buildings only)				\$	34,515	22,031			12,484
b. Insurance on Automobiles				\$					
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)				\$	12,558	8,016			4,542
2. Fire and Extended Coverage				\$					
3. Other (Specify) Liability				\$	40,022	25,546			14,476
14d. Total Insurance Expenditures (14a + b + c)				\$	87,095	55,593			31,502
15. Total All Expenditures (A-13 thru C-14)				\$	6,745,465	5,616,833			1,128,632

D. Adjustments to Statement of Expenditures

Name of Facility The Curtis Home				License No. 541C	Report for Year Ended 9/30/2017	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 77,909	38,587		39,322
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 114,864	114,864		
7.			Other - See attached Schedule	\$ 10,041	10,041		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	e	Accounting & Legal	\$ 9,312	9,312		
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 1,248	986		262
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 2,179	2,179		
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.	16	M2	Unallowable Advertising *	\$ 2,897	2,805		92
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 64,862	53,930		10,931
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 230	230		
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)				\$ 283,542	232,934		50,608

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	n	Marketing salaries	\$ 38,587		\$ 17,090
10	c1	LPN reduction to CNA rate			\$ 22,232
Total Other Salaries Adjustment			\$ 38,587	\$ -	\$ 39,322

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dentist	\$ 6,516		
13	B8e	VA Doctor	\$ 3,525		
Total Other Fees Adjustments			\$ 10,041	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Bank Service Charges	\$ 63		\$ 36
16	m13	SNF Penalties	\$ 16,000		
16	m13	Crime Insurance	\$ 1,488		\$ 843
16	m9	Newspaper Subscription	\$ 1,470		\$ 1,470
16	m13	Misc. Expense	\$ 26,547		\$ 718
16	m8a	Unallowable Dues - Chamber of Commerce	\$ 645		
16	m2	Benefits on salary above	\$ 7,717		\$ 7,864
Total Other A&G Adjustments			\$ 53,930		\$ 10,931

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

Name of Facility				License No.	Report for Year Ended	Page	of
The Curtis Home				541C	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				\$ 283,542	232,934		50,608
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 29,415	29,415		
28.	20	5d	Ambulance/Limousine	\$ 1,789	1,789		
29.	20	5f	X-rays, etc	\$ 3,518	3,518		
30.	20	5h	Laboratory	\$ 1,302	1,302		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 5,307	5,307		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 13,130	13,130		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 17,251	16,657		594
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)				\$ 355,254	304,053		51,201

*** 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.

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV8	Food Rebate	\$ 1,375		\$ 594
30	IV8	Misc. Income	\$ 15,282		
Total Other Adjustments			\$ 16,657	\$ -	\$ 594

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
The Curtis Home	541C	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>)	\$ 5,196,908	4,272,532		924,376		
b. Medicaid Room and Board Contractual Allowance **	\$ (1,155,740)	(1,156,019)		279		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 319,422	319,422				
b. Medicare Room and Board Contractual Allowance **	\$ (32,657)	(32,657)				
4. a. Private-Pay Residents and Other	\$ 2,422,644	2,360,844		61,800		
b. Private-Pay Room and Board Contractual Allowance **	\$ (412,362)	(412,363)		1		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
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	\$ 32,868	32,868				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 781	781				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 9,425	9,425				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ (220)	(220)				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 39,201	39,201				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 1,384	1,384				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 131,423	131,423				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,553,077	5,566,621		986,456		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 230	230				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 2,017	1,674		343		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 52,361	51,767		594		
V. Total Other Revenue (1 thru 8)	\$ 54,608	53,671		937		
VI. Total All Revenue (III +V)	\$ 6,607,685	5,620,292		987,393		

* 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
	Contractual Allowances - Medicare A	\$ 46,115		
	Contractual Allowances - Ancillaries - Medicare A	\$ 85,308		
	Total Other Resident Revenue - Medicare	\$ 131,423	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30, IV5	Interest Income	2,017	\$ 1,674		\$ 343
	Total Interest Income		\$ 1,674	\$ -	\$ 343

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, IV8	Food Rebates	\$ 1,375		\$ 594
30, IV8	Unrestricted Donations	\$ 5,209		
30, IV8	Misc. Income	\$ 44,903		
30, IV8	Therapy Screens	\$ 280		
	Total Other Revenue	\$ 51,767	\$ -	\$ 594

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	911,329
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,278,926
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	38,367
a. Prepaid Insurance	16,817			
b. Prepaid Expenses	21,550			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	37,002
Prepaid Personal Funds	37,002			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,265,624
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	184,515	\$	74,367
	Accum. Depreciation	110,148		Net
3. Buildings	*Historical Cost	4,584,137	\$	1,229,599
	Accum. Depreciation	3,354,538		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	378,995	\$	209,279
	Accum. Depreciation	169,716		Net
6. Movable Equipment	*Historical Cost	1,137,489	\$	166,859
	Accum. Depreciation	970,630		Net
7. Motor Vehicles	*Historical Cost	37,904	\$	29,218
	Accum. Depreciation	8,686		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	66,051
Misc. Amount added to tie to F/S	66,051			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,775,373

* 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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 4,040,997	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
3. Buildings				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
4. Non-Movable Equipment				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
5. Movable Equipment				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
6. Motor Vehicles				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
\$ 1,183,101				
		Affiliate Assets not for cost report purposes	1,183,101	\$
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 1,183,101				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 5,224,098				

* 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 The Curtis Home		License No. 541C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,107,894	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$
C. Total All Liabilities (Lines A-13 + B-5)					\$ 1,107,894

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Curtis Home	541C	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			\$	4,253,984
6. Gain or Loss for Period			\$	(137,780)
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	4,116,204
C. Total Reserves and Net Worth			\$	4,116,204
D. Total Liabilities, Reserves, and Net Worth			\$	5,224,098

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
The Curtis Home	541C	9/30/2017	36	37	
Account			Amount		
A.	Balance at End of Prior Period as shown on Report of 09/30/2016		\$	4,232,754	
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)		\$	6,607,685	
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)		\$	6,745,465	
D.	Net Income or Deficit		\$	(137,780)	
E.	Balance		\$	4,094,974	
F.	Additions				
1.	Additional Capital Contributed (<i>itemize</i>)				
	Current Year Net Income Activities				
	Affiliate (not in cost report)	146,396			
2.	Other (<i>itemize</i>)				
	Adjustment made on financial statement audit for prior year restatement adjustment	(125,166)			
F-3.	Total Additions		\$	21,230	
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		\$		
	09/30/17				

I. Preparer's/Reviewer's Certification

Name of Facility The Curtis Home	License No. 541C	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>Blum, Shapiro & Company, P.C.</i>	Title	Date Signed <i>2/9/18</i>		
Printed Name of Preparer Blum Shapiro & Co, PC				
Address 2 Enterprise Drive Suite 302, Shelton, CT 06484		Phone Number 203-944-2100		