# **State of Connecticut**



# Annual Report of Long-Term Care Facility

Cost Year 2018

Name of Facility (as licensed)			
Martland Management, Inc. d/b/a The Pa	ark City R	esidential Care Home	
Address (No. & Street, City, State, Zip (	Code)		
752 Park Avenue, Bridgeport, CT 06604	4		
Type of Facility			
Chronic and Convalescent <ul> <li>Nursing Home only</li> <li>(CCNH)</li> </ul>		Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home
Report for Year Beginning 10/1/2017		Report for Year Ending 9/30/2018	

License Numbers:	CCNH	RHNS	Residential Care Home 1860	Medicare Provider	
Medicaid Provider Numbers:	CC	NH	RHNS	ICF-IID	

### For Department Use Only

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

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GINA D'ALMEIDA Notary Public Connecticut My Commission Expires Jul 31, 2022

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Ge	neral Info	rmation		
Name of Facility (as licensed)	License No.			
Martland Management, Inc. d/b/a The Park City Resid	d <u>186</u>	0 9/30/2018		
Administr MISREPRESENTATION OR FALSIFIC/ COST REPORT MAY BE PUNISHABLE FEDERAL LAW,	ATION OF A			
I HEREBY CERTIFY that I have read the Cost Report and supporting schedules prep Residential Care Home [facility name], for September 30, 2018, and that to the best of statement prepared from the books and rec- instructions.	ared for Mart the cost repoi my knowleds	and Management, Inc. d/b/a The Pa rt period beginning October 1, 2017 ge and belief, it is a true, correct, and	ark City and ending d complete	
I hereby certify that I have directed the prepara Schedule of Resident Statistics, Statements of Balance Sheet of this Facility in accordance w year ended as specified above.{a}	Reported Expe	nditures, Statements of Revenues and	the related	
I have read this Report and hereby certify to my knowledge under the penalty of perjury presented in this Report as a basis for secur residents were incurred to provide resident recorded have been retained as required by request. {a} Subject to Desk Audit Review	<ol> <li>I also certify ring reimburse care in this Fa</li> </ol>	y that all salary and non-salary expe ment for Title XIX and/or other Sta scility. All supporting records for th	nses te assisted ne expenses	
igned (Administrator)	Date	Signed (Owner)	Date	
- INAC IND	2.12.19	N-M-th	2.12.10	
rinted Name (Administrator) essica Ciullo		Printed Name (Owner) Matthew T. Martland		
ubscribed and Sworn State of	Date	Signed (Notary Public)	Comm. Expires	
before me: Gava DAlmider CT	2-12-19	Jui Dalmida	7,31,2	
ddress of Notary Public		1		
2 West main St. Wate	rbury, l	7 06702		
(Notary Seal)				

# State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of			
				1A	37
Name of Facility	From	То			
Martland Management, Inc. d/b/a The Park City Residential Care	Ho	me		10/1/2017	9/30/2018
Address of Facility 752 Park Avenue, Bridgeport, CT 06604					
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	500	1/5/2019	
Item		Total	CCNH	RHNS	Residentia l Care Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$	000000000000000000000000000000000000000			
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 Fac (203) 362-1000	ility	Report for Year En 9/30/2018	nded	Page 2		of 37		
Name of Facility (as shown on license)	<u> </u>	e e		(in)	4		57		
Name of Facility (as shown on license)       Address (No. & Street, City, State, Zip)         Martland Management, Inc. d/b/a The Park City Residential C 752 Park Avenue, Bridgeport, CT 06604									
CCNH	RHNS	-	dential Care Home		Medicare P	rovid	ler No.		
License Numbers:			1860						
Type of Facility (Check appropriate box(es))									
Chronic and Convalescent Nursing Home only (CCNH)									
Type of Ownership (Check appropriate box)									
O Proprietorship O LLC O Partnership	O Profit Corp.	0	Non-Profit Corp.	0	Government	0	Trust		
If this facility opened or closed during report year provid	e:	Date	Opened Date	Clos	sed				
Has there been any change in ownership or operation during this report year?	O Yes		No If "Y	7 <sub>PS</sub> "	explain fully	,			
Administrator									
Name of Administrator			Nursing Home						
Jessica Ciullo			Administrator's		N/A				
	(2.11		License No.:						
Other Operators/Owners who are assistant administrators	(full or part time)	of th							
Name			License No.:						
10 x x 40 grow 10 m		42.557							

 $\hat{\alpha}$ 

# General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	'ear Ended	Page of	
Martland Management, Inc. d/	b/a The Park City Resid	1860	9/30/2018		3 37	
Legal Name of Partnership/LLC		Business A		Which F	l/or Town(s) in Registered	
Martland Management, Inc. d/ Residential Care Home	b/a The Park City	752 Park Avenu Bridgeport, CT		Connecticut / I	Bridgeport	
Name of Partners/Members	Business Ac	ldress	-	Γitle	% Owned	
Martland Management, Inc.	30 West Main Street, V 06702	Vaterbury, CT	General Part	ner	1%	
Elton Management, Inc.	30 West Main Street, V 06702	Vaterbury, CT	Limited Part	ner	20%	
Martland Management, Inc.	30 West Main Street, V 06702	Vaterbury, CT	Limited Part	ner	79%	

# General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Page of							
Martland Management, Inc. d/b/a The Park C	1860	3A 37							
If this facility is owned or operated as a corporation, provide the following information:									
Legal Name of Corporation		s Address		ch Incorporated					
Not Applicable									
				N. 61					
Name of Directors, Officers	Busines	s Address	Title	No. Shares					
				Held by Each					
Not Applicable									
a na shina faziri e 200 ani 10 ku mara ku									
Names of Stockholders Owning at Least									
10% of Shares									
Not Applicable		an an that are a constant							
Not Applicable									

# General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of					
Martland Management, Inc. d/b/a The Park City R	. 1860	9/30/2018	3B 37					
If this facility is owned or operated as an individua	al proprietorship, p	rovide the following informat	ion:					
Owner(s) of Facility								
		1999 - 1997 - 1997 - 1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -						
Not Applicable	12 12 12 12							
			- 412					
	11=							
	NULLON							
		27 - C. C. Million In-						
			•					
		20. 10. 1. <u>999</u>						
	15 - 4.2.001							

### **General Information and Questionnaire Related Parties\***

Name of Facility		License			Report for Year Ended		Page	of
Martland Management,	Inc. d/b/a The Park City Reside		1860		9/30/2018	· · · · · · · · · · · · · · · · · · ·	4	37
	eiving compensation from the fa rol, ownership, family or busing			-	Yes O No	If "Yes," provide th complete the inform		
including the rental of p related through family a	ompanies which provide goods roperty or the loaning of funds ssociation, common ownership, owners, operators, or officials	to this fa control	acility, l, or bus		• Yes O No	If "Yes," provide th	e following	information:
Name of Related Individual or Company	Business Address	Good	so Provi Is/Servic Related I No	ces to	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to th Related Party
Elton Management, Inc.	30 West Main Street, Waterbury, CT 06702	۲	0		Management Services and Bookkeeping	Pg. 16 / Line M12	68,357	68,35
Matthew T. Martland	752 Park Avenue, Bridgeport, CT 06604	٥	0		Director, Managing General Partner	N/A	N/A	N/A
Martland Management, Inc.	30 West Main Street, Waterbury, CT 06702	0	٥		Credit Extended for Development Fee	Pg. 34 / Line 4	125,000	125,00
		0	•					
		0	٥					
		0	۲					
		0	٥					
		0	•					
		0	٥					

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

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# General Information and Questionnaire Basis for Allocation of Costs

Name of Facility Martland Management, Inc. d/b/a The Park City	License No. 1860		Report for Year Ended 9/30/2018	Page of 5 37			
If the facility is licensed as CDH and/or RCH or must be allocated to CCNH and RHNS as follow	provides A	IDS or TE					
Item			Method of Allocation	1			
Dietary		Number of	f meals served to residents				
Laundry		Number of	f pounds processed				
Housekeeping		Number of	f 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			f hours of resident care provid (See listing page 13)	ed by EACH			
Maintenance and operation of plant		Square fee	et				
Property costs (depreciation)		Square fee	et				
Employee health and welfare		Gross sala					
Management services			te cost center involved				
All other General Administrative expenses			irect and Allocated Costs				
The preparer of this report must answer the follo	owing quest	ions applie	cable to the cost information p	rovided.			
1. In the preparation of this Report, were all costs allocated as required?	• Yes	O No	If "No," explain fully why su not made.	ch allocation was			
Not Applicable							
2. Explain the allocation of related company ex	penses and	attach copy	y of appropriate supporting da	ta.			
Not Applicable							
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	O No	If "No," explain fully why su not made.	ch allocation was			
Not Applicable							

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## 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 Y	ear Ended		Page	of
Martland Management, Inc. d/b/a The Park (	City Res	identia	1860	9/30/2018		3	6	37
	Relate	ed * to						
	Owi	ners,						
		ators,				Annual		
		cers		Date of	Term of	Amount		ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	imed
Not Applicable	0	0						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
Is a Mileage Log Book Maintained for All L	eased V	ehicles	7 O Yes	0	No	Total ***		

\* 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 License No.	Report for Year Ended		Page of
Martland Management, Inc. d/b/a T 1860	9/30/2018		7 37
The records of this facility for the period covered by the	his report were maintained on the following basis:		1929 - Marcol III e Institution II and a
• Accrual O Cash O Modified Cash			
Is the accounting basis for this			
period the same as for the • Yes	If "No," explain.		
previous period? O No	24 00		
Independent Accounting Firm			
Name of Accounting Firm	Address (No. & Street, City, State, Zip		
1 Lenkowski, Lonergan & Co., P.C.	1570 Straits Turnpike, Suite 2D, M		5762
2 Marcum LLP	555 Long Wharf Drive, New Have	n, CT	
3			
4 Services Provided by This Firm ( <i>describe fully</i> )			
1 Preparation of 9/30 work papers, trial balance, 12/31 financi	al statement and tax returns	\$	14,390
2 Annual Cost Report Preparation		\$	3,605
3		\$	
4		\$	
			r Services Provided
		charge ie	17,995
Are These Charges Reflected in the Expenditure Portion of This	Report? If Yes Specify Expense Classification and Line No.		11,775
• Yes O No Page 15 / Line 1d			
Legal Services Information			
Name of Legal Firm or Independent Attorney	1 Martin 1	Telephon	e Number
1 Duffy & Fasano		(203) 405	-3100
2			
3		52	
4			
5			
Address (No. & Street, City, State, Zip Code)	0/7/2		
1 1626 Straits Turnlike, Suite 307, Middlebury, CT	06762		
3			
4			
5			
Services Provided by This Firm (describe fully)			
1 None in current year.		\$	
2		\$	
3		\$	
4		\$	
5		\$	
		Charge fo	r Services Provided
		\$	
Are These Charges Reflected in the Expenditure Portion of This         O       Yes       Not Applicable	Report? If Yes, Specify Expense Classification and Line No.		

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

4

### Schedule of Resident Statistics

Name of Facility			License 1	No.		1	Report fo	r Year Ende	ed		Page	of
Martland Management, Inc. d/b/a The Park City Res	idential Ca	are Home	1	860			9/30/201	8			8	37
					Period 10/1 Thru 6/30				Period 7/1 Thru 9			30
		Total	Total	Total	7.							
	Total All	CCNH	RHNS	Residential	70 x 1	00011	DUDIO	Residential	m . 1	CONT	DIDIG	Residential
	Levels	Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHNS	Care Home
1. Certified Bed Capacity	50		o.	50	50			50	50			50
A. On last day of PREVIOUS report period	50		· · · · · · · · · · · · · · · · · · ·	50	50			50	50		1) 2	50
B. On last day of THIS report period 2. Number of Residents	50			50	50			50	50			50
A. As of midnight of PREVIOUS report period	46	E.	£	46	46		8	46	40			40
B. As of midnight of THIS report period	45			45	40			40	45			45
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)	15,043			15,043	11,562			11,562	3,481			3,481
C. Medicaid (other states)												
D. Private Pay	426			426	273			273	153			153
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	15,469			15,469	11,835			11,835	3,634			3,634
Total Number of Days Not Included in Figures in 3G 4. 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)	15,469			15,469	11,835			11,835	3,634			3,634

### State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

			Sch	edu	le of	Res	sider	nt S	tatis	stics (	Cont'd	l)		
Name of Faci	ility			Licer	ise No.				Repor	t for Year	Ended		Page	of
Martland Ma	nagemer	nt, Inc. d	/b/a The Park C	j	860		2.2	an d		9/30/201	8		9	37
10 - COURSET NO.420	100100000000 <b>.</b>	•	in the certified b llowing informa	8.000000000000000	pacity du	ring tl	he repo	ort yea	r?	۲	Yes	0	No	
	Í	2012	f Change		C	hange	in Bed	s		Ca	pacity After	er Change		
			Residential						1				1	
Date of	CCNH	RHNS	Care Home		Lost			Gaine	d					
Change					(0)		(1)		(2)	000.00	DIDIO	Residential		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason 1	or Change
1.4														
			in certified bed o 90 days followir			g the re	eport ye	ear (as	s repor	ted in item	1 4 above)	provide the nur	mber of	
			Change in Re	esiden	t Days					cc	NH	RHNS	Residential	Care Home
1 st chan					~									
2nd char 3rd char														
4th char			11.1											
		dents an	d Rates on Septe	ember			ar							
			Medicare		Medi	caid				Se	elf-Pay		Other Sta	te Assisted
	Item		CCNH		CNH	RI	INS		CNH	RF	INS	Residential Care Home	R.C.H.	ICF-MR
No. of F		3	cerui		CIMI		110				110	2	43	TOT MIX
Per Dier					1 - 31			1. P.	11		84.1			
a. One												96.67	89.98	
	bed rms													
c. Three bed	587.087.997.93Z	e						I .						
Deu	nns		- <u>1</u> 2-									ene ca		
	umber of Medica		al Therapy Treat	ments	e.					то	TAL	CCNH	RHNS	Residential Care Home
			lusive of Part B)								24.88			
			e Treatments											
	the second se	torative	Treatments											
	Other	Lusiant	Therew Treat											
			Therapy Treatm								<u>जा अ</u> स्त = 1	Contra desare y	634 - 312 M	8 E
	Medica			iento								CONTRACTOR OF A DECK		
B			lusive of Part B)								Si î			
			e Treatments											
C	2. Res Other	torative	Treatments											
		neech T	herapy Treatm	ents										
			ational Therapy		nents									
A.	Medica	re - Part	t B											
B			lusive of Part B)								à -			
		the second se	e Treatments Treatments											
C	2. Res Other	orative	ricaunems											
		Occupati	ional Therapy T	reatm	ents					0				

### State of Connecticut Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

### Report of Expenditures - Salaries & Wages

Name of Facility Martland Management, Inc. d/b/a The Park City Residentia	License No. 1 1860		Report for Yea 9/30/2018	r Ended	Page 10	of 37
are time records maintained by all individuals receiving co		o	Yes	0	No	
			Total Cost a	ind Hours		
				1		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I	a state to be a state of the			12		
of Schedule A1) 2. Administrator(s) (Complete also Sec. III	W 2553 Million Avenue			25	2 1992	
of Schedule A1)					27,475	1,2
3. Assistant Administrator (Complete also Sec. IV	13 4 5		1.	1090 - C.2	21,415	1,2
of Schedule A1)						
4. Other Administrative Salaries (telephone				10 . XIA		
operator, clerks, receptionists, etc.)					94,050	2,8
5. Dietary Service			11 2 2			
a. Head Dietitian						
b. Food Service Supervisor					140.000	
c. Dietary Workers 6. Housekeeping Service		1-2240 - 7 3	4		140,269	8,1
a. Head Housekeeper						
b. Other Housekeeping Workers					48,614	3,
7. Repairs & Maintenance Services					A	
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers			and set of the set of the	April -	97,419	5,5
8. Laundry Service			2. 李云之 "李二	122		
a. Supervisor b. Other Laundry Workers					47,300	3,
9. Barber and Beautician Services					47,300	5,
10. Protective Services					38,096	2,5
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						A second
a. Directors and Assistant Director of Nurses					10440 T	
b. RN	10000000000000000000000000000000000000					
Direct Care     Administrative**	-					
c. LPN				338		s . 4 S
1. Direct Care						
2. Administrative**					n V Virket totov interación a service del	0.2
d. Aides and Attendants					121,419	8,5
e. Physical Therapists			1			
f. Speech Therapists	-					
g. Occupational Therapists					15 (02)	
h. Recreation Workers i. Physicians			1	Service.	45,603	2
1. Medical Director	5. (************************************	5 . O X				
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
	_					
j. Dentists						
k. Pharmacists	-					
Podiatrists     m. Social Workers/Case Management	1					
m. Social Workers/Case Management n. Marketing						
o. Other (Specify)						
See Attached Schedule					President and the second of th	
A-13. Total Salary Expenditures					660,245	37,0

\* 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. Martland Management, Inc. d/b/a The Park City Residential Care Home 9/30/2018

#### Schedule of Other Salaries and Wages (Page 10)

	C	CNH	R	HNS	<b>Residential Care Home</b>		
Position	\$	Hours	\$	Hours	\$	Hours	
					0		
						section.	
				Sec. Sec.			
AND THE PARTY OF A DECK					1	3.6	
	Contract In				100000		
	R. THERE		35		1000	1918	
	6 1983 7	1947 F 192 1	A CONTRACTOR	1			
			A State State				
					All a start of the		
		-					
				1 S. 1853 - 1		18	
	制制输出	1. 周期化数					
					- <del>1</del> . 214 14 14 14		
				i inter			
Total	\$ -		\$ -		\$ -		

#### Schedule of Other Fees (Page 13)

	CCNH					RH	NS	Resid	ential	Care Home
Service	S		Hour	s	\$		Hours	\$		Hours
		2	115	1.82	8.9				0	- 1 Art A
		1		1		1.2				
	1.411									a second
							1.5			
		13	New York							
	S 280							and the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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						-				
		- Alerta			-	12				
						191				
	100 10 10	- States				1				
	1.	120		12/6	1.1				<u> </u>	
		- Sector								
										14-8-1
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			-18 ( ) N		青 化				5	
					1 B -					
and the second dependence of the second			nia) della		An inserie			像	- AN	
Total	\$	-			\$	4		\$	-	-

Attachment Page 10/13

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

# Schedule A1 - Salary Information for Operators/Owners; Administrators,

-			Assistan	t Administra	ators and Other	Relate	ed Parties	*		
Name of Facility				License No.		Report for	Year Ended		Page	of
Martland Management, Inc. d/b/a	The Park C	ity Resider	tial Care Hor	1860		9/30/2018			11	37
Name	CCNH	Salary Pai	d Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Matthew T. Martland - Director					Admin, supply ordering, A/P, A/R, Data Entry	313	A1	Martland Management d/b/a The Elton RCH	2,600	78,650
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).										

Assistant Administrators and Other Related Parties\*

\* 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.

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

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

		F	Assistant	Administra	tors and Other	Related	Parties*			
Name of Facility (as licensed)				License No.		Report for Y	lear Ended		Page	of
Martland Management, Inc. d/b/a	The Park Ci	ity Residen	tial Care Hon	1860	9/30/2018			12	37	
		Salary Pai	id							
Name	CCNH	RHNS	Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***										
Jessica Ciullo (10/1/17 - 4/24/18)			27,475	Non Discriminatory	Administrator	1,280	A2			
										-
Section IV - Assistant Administrators					-					
2 21										

\*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.

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

### **B. Report of Expenditures - Professional Fees**

Name of Facility Martland Management, Inc. d/b/a The Park City Res	License No. 18	60	Report for Y 9/30/2018	ear Ended	Page 13	of 37
A WARDER FRANK AND			Total Cost	Total Cost and Hours		
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
B. Direct care consultants paid on a fee				Ren and		
for service basis in lieu of salary						
(For all such services complete Schedule B1)			1 多色和空			
1. Dietitian					1	
2. Dentist						
3. Pharmacist						(
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)		er a filmen filmen mennen. A				
b. Utilization Review			落 還 人 心			
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility 1. Infection Control Committee						2000 A10
(Quarterly meetings) 2. Pharmaceutical Committee (Quarterly meetings)						
<ol> <li>Staff Development Committee (Once annually)</li> </ol>						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						2
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
-13 Total Fees Paid in Lieu of Salaries				1	1	

\* 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 Martland Management, Inc. d/b/a The Par	License No. k City Resider 1860		Report for Ye 9/30/2018	ar Ended	Page 14	of 37	
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, rs, Officers	Explanation of Relationship			
Y		Yes	No				
Not Applicable		0	0				
		0	•				
		0	o				
		0	•				
999 9		0	•		10 W.		
		0	•				
		0	o				
		0	o				
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		0	•		Med Koan		
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		0	•	1122	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
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		0	•				
		0	•				
		0	0				

\* 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 Y	ear Ended	Page	of
Martland Management, Inc. d/b/a The Park City 1 1860		9/30/2018		15	37
		ford Billion ().			Desidential
Item		Total	CCNH	RHNS	Residential Care Home
Item 1. Administrative and General	_	Total	CCNH	KHNS	Care Home
a. Employee Health & Welfare Benefits	¢	22.075			22.075
Workmen's Compensation     Dischility Insurance	\$ \$	32,975			32,975
2. Disability Insurance		3,543			3,543
3. Unemployment Insurance	\$	16,778	midiofik <del>ow y/</del>		16,778
4. Social Security (F.I.C.A.)	\$	49,684			49,684
5. Health Insurance	\$	67,242	· · · · · · · · · · · · · · · · · · ·		67,242
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$		August States States	3	
(not-owners and not-operators)					
8. Uniform Allowance	\$				
9. Other (Specify)	\$	Contraction of the			
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$	- Company and a second			
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$				
d. Accounting and Auditing	\$	17,995			17,995
e. Legal (Services should be fully described on Page 7)	\$				
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	770			770
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	4,237	1999 BU 2018		4,237
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and	\$		//////		
attach copy)*			<b>医</b> 医二		
j. Corporation Business Taxes (franchise tax)	\$	Antonia and Antonia and Antonia	2773 A		
k. Other Taxes (Not related to property - See Page 22)	,				
1. Income*	\$		-X8.738.		
2. Other (Specify)	\$				
See Attached Schedule					the state
3. Resident Day User Fee	\$				in Marian
Subtotal	\$	193,224			193,224

\* 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

Martland Management, Inc. d/b/a The Park City Residential Care Home Attachment Page 15 9/30/2018

### Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
	E. A. A. Star		0
		化肥料 服装装	
		1 2 1	
			1.1.2 4.1
Total	\$ -	\$ -	\$ -

### Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
			0
		120	
Total	\$ -	\$ -	\$ -

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

Name of Facility License No.		Report for Y	ear Ended	Page	of
Martland Management, Inc. d/b/a The Park City Resid 1860		9/30/2018		16	37
					2 02 2
		25-26 05 5a	523.525.55555.525	1000000100000	Residential
Item		Total	CCNH	RHNS	Care Home
Subtotals Brought Forwa	rd:	193,224			193,224
1. Travel and Entertainment				4	
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$				
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (Specify)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$				
2. Advertising Telephone Directory (all such expenses )***	\$	1,419			1,419
3. Advertising Other (Specify)***	\$				
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)***		蒸			
7. Postage	\$	49			49
* 8. Dues and Membership Fees to Professional	\$	500			500
Associations (Specify)	22200				
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions***	\$	21 m Guillion - 1 a 1 ma			
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete	\$				
Schedule C-2, Page 21 for each firm or individual)					
12. Administrative Management Services**	\$	68,357			68,357
13. Other ( <i>Specify</i> )	\$	8,676			8,676
See Attached Schedule	2				
C-14 Total Administrative & General Expenditures	\$	272,225			272,225

\* 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.

# Martland Management, Inc. d/b/a The Park City Residential Care Home 9/30/2018

#### Schedule of Other Travel and Entertainment

Description		CCNH	RHNS	Residential Care Home
			and the second	0
		5		
				1 an
	推销 测试法 法法 化	8		
100 Miles			Service inter-	
		1 1 5 3		
Total Other Travel and Entertains	ent	s -	s -	S -

#### Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
			0
		de la	
Total Other Advertising	s - :	5	\$

#### Schedule of Dues

Description		CCNH	RHNS		dential Home
		( 영상 등 영수)	14		0
CARCH	and a			\$	500
					-
	御送				
					No.
		Aller S.			
A SAME ARE TRUE MADE IN					
			<b>1</b> 8 18 18	The .	
				1125_	20
Total Dues		\$ -	s -	S	500

Schedule of Contributions

Description		CCNH	RHNS	Residential Care Home
			ACCESS 1	0
	1.5			
Total Contributions		\$ -	\$	<b>s</b> -

Schedule of Other Administrative and General

Description		CCNH	RHNS		idential e Home
		141 A. A.			0
Bank Charges (Routine)				\$	647
Security				\$	1,174
Payroll Fee		<b>豊 3</b> 条 3.	1999 - 1997 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	\$	6,045
Costco Membership		a m		\$	60
DPH License				\$	230
Facility License Renewal				S	20
Escrow Analysis Fee			우리는 유지	S	500
	Line An				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					16. A
					100
Total Other Administrative and General		\$ -	s -	\$	8,676

Name of Facility	License No.	Report for Year Ended	Page of
Martland Management, Inc. d/b/a The Par		9/30/2018	17   37
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
Elton Management, Inc., 30 West Main	68,357		Page 16 Line M12
Street, Waterbury, CT 06702		Approved Management fee for the	
		overseeing of operations of the	
		Facility, bookkeeping services and	
		tax credit compliance services	
		#1	
		0.5	

# Schedule C-1 - Management Services\*

\* 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)

		N	ote o	n Page 5)			9701-
Nar	ne of Facility		Licens	e No.	Report for '		Page of
Martland Management, Inc. d/b/a The Park City Res			<	1860	9/30/201	8	18 37
	Item			Total	CCNH	RHNS	Residential Care Home
2.	Dietary		Ci Illicoto				
	a. In-House Preparation & Service						
	1. Raw Food			92,956			92,956
	2. Non-Food Supplies			6			
	3. Other (Specify)		- 5	5 1,650			1,650
	Other Dietary Supplies						
	b. Purchased Services (by contract other		5	5			
	than through Management Services)					111 111 111	
	(Complete Schedule C-2 att. Page 21)						
	c. Other (Specify)		-	B		A 45. 41.	197
2D.	Total Dietary Expenditures (2a + b + c + d)		5	94,606			94,606
							Residential Care
2F.	Dietary Questionnaire			Total	CCNH	RHNS	Home
G.	Resident Meals: Total no. of meals served per	da	y:*				
H.	Is cost of employee meals included in 2E?	0	Yes	۲	No		
I.	Did you receive revenue from employees?	0	Yes	٥	No	If yes, specify amt.	1997 - 200 Au
J.	Where is the revenue received reported in the	Co	st Repo	rt? (Page/Line	Item)	Are a constant contra-	
v	Is cost of meals provided to persons other	0	Yes	0	No	If yes, specify	
K.	than employees or residents (i.e., Board Members, Guests) included in 2E?	0	res	U	NO	cost.	
L.	Is any revenue collected from these people?	0	Yes	٥	No	If yes, specify amt.	
M.	Where is the revenue received reported in the	Co	st Repo	rt? (Page/Line	Item)		1 ( Accession and a constant and a constant a
	Is cost of food (other than meals, e.g.,					16	
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	۲	No	If yes, specify cost.	
0.	Is any revenue collected from employees?	0	Yes	۲	No	If yes, specify amt.	
P.	Where is the revenue received reported in the	Co	st Repo	rt? (Page/Line	Item)		

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

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

Nan	ne of Facility	License	No.	Report for	Year Ended	Page of
Mar	tland Management, Inc. d/b/a The Park City Resider		1860	9/30/201	8	19   37
	Item		Total	CCNH	RHNS	Residential Care Home
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs. Amt. \$				
	washed, ironed, and/or processed.***	runt. φ				
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.	- 			
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	<u>Amt. \$</u>				
3D.	c. Other (Specify) Other Laundry Supplies Total Laundry Expenditures (3a + b + c)	\$	nter (terns			79
3D. 3F.	Laundry Questionnaire	Ψ	751			17
G.		Yes	۲	No	If yes, specify cost.	
H.	Did you receive revenue from employees? O	Yes	٥	No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost	Report?		(Page/Lin	e Item)	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	۲	No	If yes, specify cost.	
K.		Yes		No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost	Report?		(Page/Lin	e 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.

\*\*\* 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)

		Constraints and second second second second	Repo	ort for Year E	inded	Page	of
Mar	tland Management, Inc. d/b/a The Park City	1860		9/30/2018	2	20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	6,877			6,877
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	C. Other (Specify)		\$				
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	6,877			6,877
5.	Resident Care (Supplies)**						
	<ul> <li>a. Prescription Drugs***</li> </ul>		ŀ				1 泰爾
	1. Own Pharmacy		\$				
	2. Purchased from		\$				
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen		1				
	1. For Emergency Use		\$				
	2. Other***		\$				
	f. X-rays and Related Radiological		\$				
	Procedures***						
	g. Dental (Not dentists who should be inc.	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$				
	i. Recreation	100501000	\$	15,602			15,602
	j. Direct Management Services*	4.0.	\$				
	k. Indirect Management Services*		\$				
	<ol> <li>Other (Specify)****</li> </ol>		\$		No. of Concession, Name		
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	j)	\$	15,602			15,602

\* 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.

Martland Management, Inc. d/b/a The Park City Residential Care Home 9/30/2018

Attachment Page 20

### Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
			0
		1月1日以降1日月	
		No. E.	
		Mar Isl	
		and the state of	
		1.花生	
			1.1441 加速
			<b>建设在4</b> 34
			21 (c)
			i i Vesti
			i de la
			1.1.2.20
Total Other Resident Care	\$ -	\$ -	\$ -

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

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

Name of Facility				License No.	Report for Year Ende	d	÷.		Page	of
Martland Management, Inc.	d/b/a The Park City Re	sidential Care	Home	1860	9/30/2018	a and la .			21	37
		Related ** Operators					Total Cost	/Page Ref.***	8	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
Elton Management, Inc.	30 West Main Street, Waterbury, CT 06702	٥	0	Common Ownership	Management fee for the overseeing of operations			68,357		M12
		0	•							
		0	0		-					
	-	0	0							
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		0	۲							
		0	•							_
		0	۲			CONTRACTOR				ļ
		0	۲				-			

\* 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 Ye	ar Ended	1/20% S.	Page of
Martland Management, Inc. d/b/a The Park Ci 1860	 9/30/2018		22 37	
Item	Total	CCNH	RHNS	Residential Care Home
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 4,661			4,661
b. Heat	\$ 17,157			17,157
c. Light & Power	\$ 90,972			90,972
d. Water	\$ 11,240			11,240
e. Equipment Lease (Provide detail on page 6)	\$			
f. Other (itemize)	\$ 35,740			35,740
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 159,770			159,770
7. Depreciation (complete schedule page 23*)				
a. Land Improvements	\$			
b. Building & Building Improvements	\$ 235,681			235,681
c. Non-Movable Equipment	\$			
d. Movable Equipment	\$ 3,355			3,355
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 239,036			239,036
8. Amortization (Complete att. Schedule Page 24*)				
a. Organization Expense	\$			
b. Mortgage Expense	\$ 5,142			5,142
c. Leasehold Improvements	\$			
d. Other (Specify)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$ 5,142			5,142
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	\$ 85,694			85,694
b. Real estate taxes paid by lessor	\$			
c. Personal property taxes	\$ 2,981			2,981
11. Total Property Expenses $(7e + 8e + 9 + 10)$	\$ 332,853			332,853

\* 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		sidential re Home
				0
Sewer			\$	11,218
Exterminator			\$	2,444
Grounds Maintenance			\$	14,016
Elevator Maintenance			\$	7,168
Paint		Sec. 1	\$	19
Fire Protection Testing			\$	875
			10.08	
1.2.1 1.1 1.1 1.1 1.1 2.1 2.1 2.1 2.1 2.				
	- 建爆催		1	1.11
	3 14			
Total Other Repairs and Maintenance	\$ -	\$ -	\$	35,740

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

Nama of Faaility		125	972	S	License No.	ation So	mount	Report for Year E	inded		Page	of
Name of Facility Martland Management, Inc. d/b/a The Park	City R	esider	tial Car	e Hom		0		9/30/2018	nded		23	37
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements				1.22					1			
1. Acquired prior to this report period												
2. Disposals (attach schedule)		8172.4										
3. Acquired during this report period (attach schedule)				n star st					ee agaa			
4. Subtotal												
B. Building and Building Improvements							0					. Carter
1. Acquired prior to this report period			6,940,757		6,940,757	3,682,078	S/L	Various	235,358	A CONTRACTOR OF A CONTRACTOR O		
2. Disposals (attach schedule)										-22.33		
3. Acquired during this report period (attach schedule)			3,226		3,226		S/L	10	323			
3-4. Subtotal				and the	The second second second	The Report of the				235,68		
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ich sche	edule)										
C-4. Subtotal							a second second second		100	No.		
	Is a m logb mainta Yes	ook	Date Acquis Month		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
<ul> <li>Movable Equipment</li> <li>1. Motor Vehicles (Specify name, model</li> </ul>	TCS Status		Mohim	T car	Lund Land	- Turke						
and year of each vehicle) a. 2003 Chevy Astro b.	X		4	2003	21,007		21,007	21,007	SL	Various		
c. d.												
2. Movable Equipment									- Honore	and the second s	A Star distant	
a. Acquired prior to this report period			Var	Var	199,013		199,013	188,322	SL	Various	3,355	
b. Disposals (attach schedule)	المراجع معروميني									5		
c. Acquired during this report period (attach schedule)												
D-3. Subtotal		- A		in .				the second second			JACOB C	3,3
E. Total Depreciation	aline in a		6 - Contractor			and the second	a service and the service of the ser	and the second	a Lucian Argender in a	Personal and		239,0

#### Martland Management, Inc. d/b/a The Park City Residential Care Home 9/30/2018

#### Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of item			
14位 夏 · · · ·				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
				· · ·
				一般的新闻
			2.000	- 1998年4月
	IN THE REPORT OF A STREET AND A STREET			1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Total additions for	Land Improvements	\$ -		\$ -301
Deletions:				
2 P 20			144 A	
	TARKS AND SHE IN THE REPORT	1		
460 t M		1. 1.		
		1		
				15.2.5
Total deletions for I	Land Improvements	\$ -	A. 180	\$ 00010-0-

\*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	Co	Useful Cost Life D			
Additions:						
10/3/2017	Repair Generator	S	3,226	10	\$ 323	
		· 编令   图   1	<b>11</b>		14.11.11月	
·清社(24)			8510 100	and the		
fotal additions for	Building Improvements	\$	3,226		\$ 323	
Deletions:						
			建築省			
			1000		- 教訓堂	
					城富。	
					1種 建制作	
				l Que l		
fotal deletions for	Building Improvements	S	-	- 3555 - 1	\$	

\*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 Ite	em	Cost	Useful Life	Depreciatio
Additions:					
					前身 委
				117 32 22	
fotal additions for Non-Mova	able Equipment	전 형 수 없는 것	\$ -		\$ -
Deletions:					
	MARKES AND	多な構成を			
			2000 F		
		5 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - 1			日間の表示
					123 2 3
			1		New Second Pro-
Fotal deletions for Non-Mova	ble Equipment	Stellar State	S -	es or entroy	\$ -

\*\*Ties to Page 23, Line C2

#### Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Descrip	otion of Item	Cost	Useful Life	Depreciation
Additions:					
	- 保護部長 - 1 - 1 - 1	1 经管理规范			
			. / / · · · ·		
	AND A DATE OF				
14 St. 1	States Barrier	·····································		S Mil V	1999
S. 6	······································				
<b>Fotal additions for Mova</b>	ble Equipment		\$ -		S -
Deletions:					
	and the second second				
					SS 14
	- 生活液				
E BROOM	Sector Sector		18 3 1 1 1	192	
Fotal deletions for Moval	ble Equipment		s -	The second	\$ -

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

#### Schedule of Leasehold Improvements Acquired during this report period

.....

	Description of Item	Cost	Useful Life	Depreciation
Acquisition Date Additions:	Description of Item		Lile	Depreciation
Auditions.			1	The second
	THE REPORT OF THE REAL			
		Sec. 2		
			A AN AND	
				100
				6.8
<b>Fotal additions for Leasehold</b>	Improvement	\$ -		s -
Deletions:			2	
		19 19 1		100 C
		CARLES VI	2	
		turel control	240	
				Philip and a second second
				1200
Total deletions for Leasehold I	mprovement	\$ -	4 14 19 19 19	S -

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

#### Park City RCH Depreciation Schedule 09/30/18

09/30/18 PROPERTY CATEGORY	Acquisition <u>Year</u>	Historical <u>Costs</u>	Cost to Be Depreciated	Life	Method <u>Life</u>	2017 Deprec.	2017 Accum <u>Dep.</u>	2018 <u>Deprec.</u>	2018 Accum <u>Dep.</u>
Building / Improvements									
Acquired prior 2013									
Building Rehab	12/1/2001	6,796,739	6,796,739	30	S/L	226,558	3,587,169	226,558	3,813,727
A/C Upgrade	9/11/2006	3,413	3,413	5	S/L	250	3,413	~ <u>-</u>	3,413
Cable Upgrade	6/26/2007	4,287	4,287	10	S/L	216	4,287		4,287
Drain	6/14/2007	7,265	7,265	15	S/L	484	5,085	484	5,569
Carpeting	9/4/2007	4,857	4,857	5	S/L	-	4,857		4,857
Exterior wood repair, replacement & paint	9/12/2008	18,810	18,810	15	S/L	1,254	11,913	1,254	13,167
Carpeting	12/6/2008	10,987	10,987	5	S/L	5 <del></del> )	10,987	(# )	10,987
Hot Water Holding Tank	7/6/2010	10,420	10,420	5	S/L	-	10,420	-	10,420
Carpeting	3/4/2011	3,182	3,182	5	S/L		3,182	-	3,182
Paving	6/1/2011	4,770	4,770	8	S/L	596	3,875	596	4,471
New Alarm Panel	5/16/2012	11,980	11,980	10	S/L	1,198	5,990	1,198	7,188
Replace (2) Boiler Heat Pumps	3/26/2013	4,178	4,178	10	S/L	418	1,880	418	2,298
Carpeting	10/18/2012	4,896	4,896	5	S/L	979	4,896		4,896
Acquired in 2014									
New Control Board for Chiller	6/24/2014	3,757	3,757	10	S/L	376	1,485	376	1,861
Carpeting	7/7/2014	4,233	4,233	5	S/L	847	3,387	846	4,233
Acquired in 2016									
Replace AC Chiller Condenser Fan Motor	8/23/2016	2,645	2,645	10	S/L	265	530	265	795
Vinyl Flooring	4/6/2016	6,500	6,500	5	S/L	1,300	2,600	1,300	3,900
Acquired in 2017									
Replace Hot Water Storage Tank	3/10/2017	32,703	32,703	20	S/L	1,635	1,635	1,635	3,270
Replace Main Breaker for Generator	6/30/2017	5,135	5,135	12	S/L	428	428	428	856
Acquired in 2018									
Repair Generator	10/3/2017	3,226	3,226	10	S/L	079	5	323	323
Total		6,943,983	6,943,983			236,555	3,668,019	235,681	3,903,700
					-		14,058	**	
							2 (02 070	CD Amount	

3,682,078 CR Amount

\*\* Historical difference in past claimed depreciation (reconciled out on page 31 - \$14,058)

				9					
Movable Equipment									
Acquired prior 2013									
Building Rehab	12/1/2001	178,696	178,696	5	S/L	(i=)	178,696	24	178,696
Refrigerator	4/16/2002	579	579	5	S/L	100	579	5	579
Acquired in 2014									
8 Recliners	9/30/2014	5,724	5,724	5	S/L	1,145	4,579	1,145	5,724
Acquired in 2015									
Refrigerator	7/24/2015	3,241	3,241	10	S/L	324	972	324	1,296
Freezer	3/11/2015	2,690	2,690	10	-	269	807	269	1,076
Acquired in 2016									
Resident Room Furniture	1/28/2016	5,350	5,350	5	S/L	1,070	2,140	1,070	3,210
Acquired in 2017									
5 Recliners	9/14/2017	2,733	2,733	5	S/L	547	547	547	1,094
Fotal		199,013	199,013			3,355	188,321	3,355	191,676
Motor Vehicles									
Acquired prior 2013									
2003 Chevy Astro Van	4/29/2003	21,007	21,007	5	S/L	-	21,007	÷	21,007
Fotal		21,007	21,007		_	11 <b>1</b> 1	21,007	. et	21,007
Fotal Historical Cost		7,164,003	7,164,003			239,910	3,877,347	239,036	4,116,383

### Park City RCH Amortization Schedule 09/30/18

PROPERTY CATEGORY	Acquisition <u>Year</u>	Historical <u>Costs</u>	Cost to Be Depreciated	2011 <u>Accum</u>	Life	Method <u>Life</u>	2016 <u>Deprec.</u>	2016 Accum <u>Dep.</u>	2017 <u>Deprec.</u>	2017 Accum <u>Dep.</u>	2018 <u>Deprec.</u>	2018 Accum <u>Dep.</u>	Net Book Value
Financing Costs													
Acquired prior 2012													
Legal	1/19/2001	26,897	26,897	19,276	15	S/L	449	26,897	-	26,897	·	26,897	(0)
Bank Fees	1/19/2001	144,234	144,234	104,762	15	S/L	1,009	144,234	-	144,234	-	144,234	
Bank Fees	1/19/2001	11,484	11,484	8,231	15	S/L	190	11,484	-	11,484	-	11,484	
Rate Cap Fee	9/1/2002	50,000	50,000	24,997	18	S/L	2,778	38,889	2,778	41,667	2,778	44,445	5,555
Lone Fee	1/14/2003	18,000	18,000	8,750	18	S/L	1,000	13,750	1,000	14,750	1,000	15,750	2,250
Legal Fee	2/3/2003	24,544	24,544	11,818	18	S/L	1,364	18,638	1,364	20,002	1,364	21,366	3,178
Total		275,159	275,159	177,834		2	6,790	253,893	5,142	259,034	5,142	264,176	21,266
Startup Costs													
Acquired prior 2012													
Startup Costs	1/1/2002	9,291	9,291	9,291	5	S/L	14	9,291	8	9,291	÷.	9,291	
Total		9,291	9,291	9,291		-	82	9,291	2	9,291	2	9,291	
Total Historical Cost / Depreciati	on For Period	284,450	284,450				6,790	263,184	5,142	268,325	5,142	273,467	21,266

## State of Connecticut Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006

## **Amortization Schedule\***

Nam	e of Facility			License No.		Report for Yea	r Ended		Page	of
Mart	and Management, Inc. d/b/a The Park Ci	ity Resid	lential (	18	50	9/30/2018			24	37
		Date Acqui				Accumulated Amort. to Beginning of	Basis for	D		
	Item	Month	Year	Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**	Rate %	Amortization for This Year	Totals
A.	Organization Expense	Wionun	1041	7 Infortization	7 million tized	operations	7 infortization	/0	for this tour	i oturis
11.	1. Legal Fees	1	2001	180	26,897	26,897	А			
	2. Start Up Costs	1	2001	60	9,291	9,291	А			
	3.									
A-4.	Subtotal		P1-74 (74)							
B.	Mortgage Expense									
	1. Bank Fees - Chase & Other	1	2001	180	155,718	155,718	В			
1000 e. 11000	2. Rate Cap Fee - Chase	9	2003	216	50,000	38,889	В		2,778	and the second se
	3. Loan Fees and Service Fees	1	2003	216	42,544	32,388	В		2,364	
B-4.	Subtotal									5,142
C.	Leasehold Improvements and Other					)				
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	3. Acquired during this report period (attach schedule)		ang produced a						and the second second second	
C-4.	Subtotal					2				
D.	Total Amortization								Look and Antonio and	5,142

\* 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 License No.	Report for Year En	ded		Page	of
Martland Management, Inc. d/b/a The 1860	9/30/2018	5		25	37
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility	) Yes	0	No	If "Yes," compl	ete Part B
or leased from a Related Party?*	Jies	0	NO	If "No," comple	ete Part C.
*If any owner or operator of this facility is related by family,	marriage, ownership, abi	lity to control or			
business association to any person or organization from who	m buildings are leased, th	en it is considered			
a related party transaction.		<b>200</b>		an a	7.e
Description	Total				
1. Date Land Purchased	06/29/00				
2. Date Structure Completed	10/01/01				
3. If NOT Original Owner, Date of Purchase					4
4. Date of Initial Licensure	11/30/11				1
5. Total Licensed Bed Capacity	50	0			
6. Square Footage	29,455				
7. Acquisition Cost	國和新聞的 操力				
a. Land	15,000				
b. Building	209,174				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mort	gage
1. Financing			- 影影麗。		
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	02/02/03				
c. Interest Rate for the Cost Year	7.21%				
d. Term of Mortgage (number of years)	18			÷	
e. Amount of Principal Borrowed	2,400,000	ennon c	l and the second		
f. Principal balance outstanding as of 9/30/2018	1,757,007				
Complete if Mortgage was Refinanced					
During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					na ann an an an Lie Saile
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
1. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property	-				
Name and Address of Lessor Pr	operty Leased	Date of Lease	Term of Lease	Annual Amour	nt of Leas
All states and states					

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

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

Name of Facility License No.		Report for Yea	ar Ended		Page	of
Martland Management, Inc. d/b/a The 1860		9/30/2018			26	37
					2010/2017/10/20	ential Car
Item		Total	CCNH	RHNS		Home
12. Interest						
A. Building, Land Improvement & Non-Movable						
Equipment	¢	120.027				100.007
1. First Mortgage Name of Lender	\$	130,837			- 45	130,837
Fannie Mae / Midland Loan Services, Inc.	Rate 7.21%					
Address of Lender	7.2170					
PO Box 25965, Shawnee Mission, KS 66210						
2. Second Mortgage	\$					
Name of Lender	Rate					
	3			24-18-14-53 I		
Address of Lender						
3. Third Mortgage	\$				響	
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage	\$				1	in the second
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)	\$	130,837				130,837

(Carry Subtotals forward to next page)

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

Name of Facility Martland Management, Inc. d/b/a 1	No. 860		Report for Y 9/30/2018	ear Ended		Page of 27   37
		des partici			T	Residential
Item			Total	CCNH	RHNS	Care Home
	totals Brou	ught Forward:				130,837
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender	1	L				
uni 1001454-02-64						
Address of Lender						
2. Other (Specify)		\$	-	Second Constant		
A. Item	Rate	Amount				
Lender	I					
Address of Lender		101				
B. Item	Rate	Amount				
Lender	1					
Address of Lender	<u>,</u>					
12. C. 3. Total Movable Equipment Inte	erest	¢	Mild - Nie		e the second	The state of the s
Expense (C1 + 2) 12. D. Other Interest Expense ( <i>Specify</i> )		\$				
12. D. Other interest expense ( <i>Specify</i> )		Φ				
12 Total All Interact Fundament (12P7 + 12	$1002 \pm 120$	) \$	120.927			130,837
<ol> <li>13. Total All Interest Expense (12B7 + 12</li> <li>14. Insurance</li> </ol>	$203 \pm 12D$	<del>ه</del> (	130,837			150,657
a. Insurance on Property (buildings)	only)	\$	34,411			34,411
b. Insurance on Automobiles	July	\$	34			34
c. Insurance other than Property (as	specified a		51			54
1. Umbrella (Blanket Coverage)	-Peened a	\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)	rasi. Tan	\$				
		•				
14d. Total Insurance Expenditures (14a +	b+c	\$	34,445	alar ina katalan da alar	g the B	34,445
15. Total All Expenditures (A-13 thru C-		\$				1,708,251

<b>D.</b> Adjustments	to	Statement	of	Expenditures
-----------------------	----	-----------	----	--------------

	e of Fa		ement, Inc. d/b/a The Park City Residential Car		cense No. 1860	Report for Ye 9/30/2018	ar Ended	Page 28	of   37
wiait.		lanage	ement, me. 0/0/a The Fark City Residential Cal		Total	9/30/2018		20	57
Itom	Page	Lina			Amount of			Residen	tial Car
	1000	The second s	Itam Description		Decrease	CCNH	RHNS		ome
No.			Item Description	_	Decrease	CCNH	KHINS	пс	ome
	10-3	alarie	es and Wages	0	朝、韓国				·
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$				-	জা
	13 - F	rofes	sional Fees	6		33 M		, j	
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$		-		<u> </u>	
7.			Other - See attached Schedule	\$	Sector Million 19				1. ()
	s 15 &	- 16 -	Administrative and General					General States	
8.			Discriminatory Benefits	\$		-	1		
9.	n land		Bad Debts	\$					
10.			Accounting	\$		<u> </u>			
10a.			Legal	\$					
11.			Telephone	\$	l			-	'
12.			Cellular Telephone	\$	and the second of the				and the second second
13.	8		Life insurance premiums on the life						
			of Owners, Partners, Operators	\$			-		
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or					<b>夏</b> 夏夏	
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending						
		8 a	conferences or seminars outside the						
			continental U.S. Other out-of-state					<b>注</b> (1)	
			travel in excess of one representative	\$				3	
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m2/3	Unallowable Advertising *	\$	1,419	-			1,419
19.			Income Tax / Corporate Business Tax	\$					5.411 - 521.
20.			Fund Raising / Contributions	\$					
21.		m12	Unallowable Management Fees	\$	35,385				35,385
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$				С	
Page	18 - L	Dietar	y Expenditures						
24.	and the second second		Meals to employees, guests and others	Contis		N IS REP.			
			who are not residents	\$	66 MIC 94710			CARLING TAX	
Page	19 - 1	aund	ry Expenditures				2		產級
25.	-		Laundry services to employees, guests			Like I - 2018	2		
			and others who are not residents	\$	all and a second		the second se	and a second	CONTRACTOR OF THE OWNER.
Page	20 - F	louse	keeping Expenditures	-		100 BE 100 BE			
26.	-		Housekeeping services to employees, guests	-					
20.			and others who are not residents	\$	41 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -		A. 14 A.		
			Subtotal (Items 1 - 26)	\$	36,804	1			36,804

\* 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.

Martland Management, Inc. d/b/a The Park City Residential Care Home 9/30/2018

### Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description		CCNH	RHNS	Residential Care Home
		11 11 11 11 11 11 11 11 11 11 11 11 11	一 有效素 静力			
1座1		第二 現義				
3 Y 1						
	1.18				SMART	
				- 建胞	- 建造金	
		MARX			* 茶業美技	
2					1 2 2 4 4	
Total Othe	er Salaries	Adjustment		\$ -	S -	s -

### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>秋</b> 二	30.00				
1 Mar					
				DAL DE S	
					100
				- 進度	- 法 - 例如
<b>Total Othe</b>	r Fees Adj	ustments	\$	\$ -	<b>S</b> -

### Schedule of Other A&G Adjustments

------

\_\_\_\_\_

Page Ref	Line Ref	Description		 CCNH	RHNS	Residential Care Home
Stephen						·影響: 法:
			<b>长期 3 1 3/4 378 - 1</b> 7	The second second		2014
		· 教育教育				
		<b>建制的</b> 种。				
	1		情報報告 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Total Othe	r A&G Ad	justments		\$ -	\$ -	\$ -

Attachment Page 28

## State of Connecticut Annual Report of Long-Term Care Facility CSP-29 Rev. 10/2006

			D. Adjustments to Stateme	nt	of Expend				
Name	e of Fa	acility		Lic	ense No.	Report for Y	ear Ended	Page	of
Martl	and M	lanage	ement, Inc. d/b/a The Park City Residential		1860	9/30/2018		29	37
					Total				
Item	Page	Line			Amount of			Reside	ntial Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	H	ome
			Subtotals Brought Forward	\$	36,804				36,804
Page	20 - I	Reside	ent Care Supplies***						
27.			Prescription Drugs	\$					
28.			Ambulance/Limousine	\$	s 2002-040				
29.			X-rays, etc	\$					
30.			Laboratory	\$					
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					ļ
34.			Other - See Attached Schedule	\$		- awar a		l.	
Page	22 - M	Maint	enance and Property						
35.			Excess Movable Equipment Depreciation						許可對
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real					51	
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - 1	nsura	ince						NOT THE
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Other	r - Mis	scella	neous						
42.	20	5i	Other - Indirect	\$	14,402			1	14,402
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$					
	For Pr	ofit P	roviders Only					<b>长音 (</b> ) [	
48.			Building/Non Movable Eq. Depreciation			2 A 2			
1000			Unallowable Building Interest -						
			See Attached Schedule	\$					1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -
49.	Total	Amo	unt of Decrease (Items 1 - 48)	\$	51,206				51,206

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

\*\*\* 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.

Martland Management, Inc. d/b/a The Park City Residential Care Home 9/30/2018

### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description			CCNH	RHNS	Residential Care Home
		<b>注 推订 1</b> 条					
		<b>建设的 13</b> %。		生态。""我们们,你们们们的问题。" 第二章			
	1.00	2 (m 1) 2	23 4				1000 A.
			18. 18 Mar.		2012		
151	1754	· 考望:103	a de la como de	A PARA			
a .		N 6 1 1 1	1 学生的	11 11 11 Ace			》 我 我 题:
11 T				1.2.4.含义注意的社会。			1. 清晰的 書記
		200 B		1 美公式 新 建酸盐			- 122. 223
		一个都一些	8 1 1				二、派 雇
							14 化硫酸盐
Total Oth	er Ancillary	Costs			s -	\$ -	S -

### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description		CCNH	RHNS	Residential Care Home
				的法规		
	10.74			23日在1880年末		Charles Ser.
		TRANK CONTRACTOR				
V 6 L	200					
				A State State		
			Self Frances		George Anna anna anna anna anna anna anna ann	
		· · · · · · · · · · · · · · · · · · ·	幕、11、第二人指令		ALC: NO.	
	a - 8,				South Territ	
					1 Production	
Total Exce	ss Moyable	Equipment Depreciation		\$ -	\$	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description		9.09.1	CCNH	RHNS	Residential Care Home
			12. 14. 19. 1				一 建林
					Contraction of the		
					1 书馆的。	and the second	
						Scobelight	1.
No.4					a <u>12</u> 8		
	1			建化的。			
							18 1 L
				Constant Sec.			
	이 말을 했다.	38.		-Use - La		8	1
Total Othe	r Property	Adjustments		1000	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description				150.1	CCNH	RH	INS		dential e Home
	1000	1 2 1 2						-			And I
		13 14			(1) [1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		No. Stores				
1 35 2		13. 23 MH			通信者 医白			1 11			
			De La	142	建品手行。			1 10:	1. 32		影 泉 脸
		- 1.243			清朝 金 派引				6 B.		
8 - <b>3</b> - X								2500			
	<b>浸住</b>				建制生活的						
	4.5				学生主义		1 31	10-1 <b>3</b> 34	12	5	Su.
				6	"是我们是 翻			265 10.9			
						19 M		「「「「「「」」」		Sof	
Total Othe	r Adjustm	ents			- 影響の	\$		\$	2. <b>-</b>	\$	

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref Description	CCNH	RHNS	Residential Care Home
				月秋》 金属 等
				1 1 4 4 4
	「「「「「「「「」」」」「「」」」「「」」」「「」」」」			1.10
通		1.24	1.54.5	
			11. 魏人 《	
		1 1 1		
S 381			1. 22	
Total Una	llowable Building Interest	5 -	\$ -	S -

### State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

## F. Statement of Revenue

Martland Management, Inc. d/b/a The Pai 1860       9/30/2018       :         Item       Total       CCNH       RHNS         I. Resident Room, Board & Routine Care Revenue       :       :       :       :         1. a. Medicaid Residents (CT only)       \$       1,356,065       :       :         b. Medicaid Room and Board Contractual Allowance **       \$       :       :       :         2. a. Medicaid (All other states)       \$       :       :       :       :         b. Other States Room and Board Contractual Allowance **       \$       :       :       :       :         3. a. Medicare Residents (all inclusive)       \$       :       :       :       :       :         b. Medicare Room and Board Contractual Allowance **       \$       :       :       :       :       :         4. a. Private-Pay Residents and Other       \$       : <th>Page of 30   37 Residential Care Home 1,356,065</th>	Page of 30   37 Residential Care Home 1,356,065
Item       Total       CCNH       RHNS       R         I. Resident Room, Board & Routine Care Revenue       1. a. Medicaid Residents (CT only)       1,356,065       1       1         b. Medicaid Room and Board Contractual Allowance **       \$       1       1.356,065       1       1         c. a. Medicaid (All other states)       \$       1       1.356,065       1       1         b. Other States Room and Board Contractual Allowance **       \$       1       1       1       1         3. a. Medicare Residents (all inclusive)       \$       \$       1       1       1       1         b. Medicare Room and Board Contractual Allowance **       \$       1       <	Residential Care Home
ItemTotalCCNHRHNSI. Resident Room, Board & Routine Care Revenue1. a. Medicaid Residents (CT only)\$ 1,356,0651b. Medicaid Room and Board Contractual Allowance **\$112. a. Medicaid (All other states)\$11b. Other States Room and Board Contractual Allowance **\$113. a. Medicare Residents (all inclusive)\$11b. Medicare Room and Board Contractual Allowance **\$11c. a. Private-Pay Residents and Other\$11b. Private-Pay Room and Board Contractual Allowance **\$11c. Prescription Drugs - Medicare\$11b. Prescription Drugs - Medicare\$11c. Prescription Drugs - Non-Medicare\$11c. Medical Supplies - Medicare Contractual Allowance **\$11c. Medical Supplies - Medicare\$11b. Medical Supplies - Non-Medicare\$11c. Medical	Home
1. a. Medicaid Residents (CT only)       \$ <ul> <li>b. Medicaid Room and Board Contractual Allowance **</li> <li>c. a. Medicaid (All other states)</li> <li>b. Other States Room and Board Contractual Allowance **</li> <li>c. a. Medicare Residents (all inclusive)</li> <li>b. Other States Room and Board Contractual Allowance **</li> <li>c. a. Medicare Residents (all inclusive)</li> <li>b. Medicare Room and Board Contractual Allowance **</li> <li>c. Private-Pay Residents and Other</li> <li>b. Private-Pay Residents and Other</li> <li>c. Prescription Drugs - Medicare</li> <li>c. Prescription Drugs - Medicare Contractual Allowance **</li> <li>c. Prescription Drugs - Non-Medicare</li> <li>c. Prescription Drugs - Non-Medicare</li> <li>c. Medical Supplies - Medicare Contractual Allowance **</li> <li>c. Medical Supplies - Medicare</li> <li>c. Medical Supplies - Medicare</li> <li>c. Medical Supplies - Non-Medicare</li> </ul>	1,356,065
b. Medicaid Room and Board Contractual Allowance **       \$	1,356,065
2. a. Medicaid (All other states)       \$	
b. Other States Room and Board Contractual Allowance **       \$	
3. a. Medicare Residents (all inclusive)       \$	
b. Medicare Room and Board Contractual Allowance **       \$	
4. a. Private-Pay Residents and Other       \$	
b. Private-Pay Room and Board Contractual Allowance **       \$       Image: Contractual Allowance **       \$         11. Other Resident Revenue       Image: Contractual Allowance **       \$       Image: Contractual Allowance **       \$         1. a. Prescription Drugs - Medicare Contractual Allowance **       \$       Image: Contractual Allowanc	
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       \$	
2. a. Medical Supplies - Medicare       \$         b. Medical Supplies - Medicare Contractual Allowance **       \$         c. Medical Supplies - Non-Medicare       \$	
b. Medical Supplies - Medicare Contractual Allowance **     \$       c. Medical Supplies - Non-Medicare     \$	
c. Medical Supplies - Non-Medicare	
d. Medical Supplies - Non-Medicare Contractual Allowance ** \$	Corosa da
3. a. Physical Therapy - Medicare \$	
b. Physical Therapy - Medicare Contractual Allowance ** \$	
c. Physical Therapy - Non-Medicare \$	
d. Physical Therapy - Non-Medicare Contractual Allowance ** \$	
4. a. Speech Therapy - Medicare \$	
b. Speech Therapy - Medicare Contractual Allowance ** \$	Carlos de La constante da
c. Speech Therapy - Non-Medicare	// W-92250
d. Speech Therapy - Non-Medicare Contractual Allowance ** \$	
5. a. Occupational Therapy - Medicare \$	
b. Occupational Therapy - Medicare Contractual Allowance ** \$	
c. Occupational Therapy - Non-Medicare \$	
d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$	
6. a. Other (Specify) - Medicare \$	
b. Other (Specify) - Non-Medicare \$	legal Ar
III. Total Resident Revenue (Section I. thru Section II.)       \$ 1,356,065	1,356,065
IV. Other Revenue*	
1. Meals sold to guests, employees & others \$	
2. Rental of rooms to non-residents \$	
3. Telephone \$	
4. Rental of Television and Cable Services \$	
5. Interest Income (Specify) \$ 200	200
6. Private Duty Nurses' Fees \$	
7. Barber, Coffee, Beauty and Gift shops \$	
8. Other (Specify) \$ 1,900	1,900
V. Total Other Revenue (1 thru 8)         \$ 2,100	2,100
VI. Total All Revenue (III +V)         \$ 1,358,165	1,358,165

\* 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.

Martland Management, Inc. d/b/a The Park City Residential Care Home 9/30/2018

### Schedule of Other Resident Revenue - Medicare

### **Related Exp**

Page Ref Descripti	ion	11 112	CCNH	RHNS	Residential Care Home
					0
			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Distance.					
					16 A.
81.36		· · · · · · · · · · · · · · · · · · ·			8.32
Total Other Residen	t Revenue - Medicare		S	S -	\$ -

Schedule of Other Non-Medicare Resident Revenue

### **Related Exp**

Page Ref Descri	ption		CCNH	RHNS	Residential Care Home
				A River	0
	The Marian	化 金属 化化化			
		金嶺 复 名 1			1444
£ 12	STATES DE LA CAL	终终 差过的以下			
12 A.		· · · · · · · · · · · · · · · · · · ·			
Total Other Resid	ent Revenue		S -	\$ -	\$ -

### **Interest Income**

### Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
					(0)
30 IV5	Midland Mortgage Services - Interest on Escrow	515,384			\$ 200
				<b>A</b>	S.S. Sand
1 365					
Total Inte	rest Income		\$ -	\$ -	\$ 200

### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
				0
30 IV 8	Gain on Sale of Astro Van (No Expense to Offset)	5		\$ 1,900
t dialar o			"他、一边能过。"	5
12 34				
长福			1749년	
61 100			3000 B	
	148-113 1 行物 液 计 计 计 经 通信 法 计 1 行为	这一个学生		1000
	翻译 网络山林市 化化物 经公司 医外侧 机合物法 计目的			- 10 - 10 - 1
		A 195 1		15
		我行人 111 1		
	The second second provide the second s			
Total Oth	er Revenue	s -	s -	\$ 1,900

Attachment Page 30

## State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

# G. Balance Sheet

		Facility	License No.		port for Year	Ended	Page	of
Mart	lanc	i Management, Inc. d/b/a The		9/3	30/2018		31	37
			Account				Ai	nount
Asse								
A.	Cu	rrent Assets						
	1.	Cash (on hand and in banks					\$	(22,088
	2.	Resident Accounts Receivab	ole (Less Allowance f	for Ba	d Debts)		\$	465,591
	3.	Other Accounts Receivable	(Excluding Owners o	or Rela	ted Parties)		\$	
	4	Inventories					\$	
	5.	Prepaid Expenses				1000	\$	8,669
		a. Prepaid Expenses			98			
		b. Prepaid Insurance			8,571			
		c.			600 <b>4</b> 0000200-2-5-			
		d. See Schedule				1865. S	"像"和""。	
	6.	Interest Receivable					\$	
		Medicare Final Settlement F	eceivable				\$	
-		Other Current Assets (itemiz					\$	515,384
	0.	Reserve Escrow			453,023		Ψ	515,50-
		Insurance Escrow			47,793			
		Tax Escrow			14,568			
	-	See Schedule	.1 0)		1. Well meshadow	10.000	<b>.</b>	0.07.55
		tal Current Assets (Lines Al	thru 8)				\$	967,555
B.		ked Assets						
	1000	Land	ul la cana a se				\$	15,000
	2.	Land Improvements	*Historical Cost			Sarana wa	\$	
			Accum. Depreciati	ion		Net		
	3.	Buildings	*Historical Cost		6,943,983		\$	3,026,224
	122		Accum. Depreciati	ion	3,917,759	Net		
	4.	Leasehold Improvements	*Historical Cost				\$	
			Accum. Depreciati	ion		Net		
	5.	Non-Movable Equipment	*Historical Cost	95	0772 85	10:	\$	
			Accum. Depreciati	ion		Net		
	6.	Movable Equipment	*Historical Cost		199,013		\$	7,336
		ne de la calencia de Consta de Calencia de la calencia de Consta de Calencia de la calencia de	Accum. Depreciati	ion	191,677	Net		
	7.	Motor Vehicles	*Historical Cost	0.0.0.5	21,007	-2492-6	\$	;T?
			Accum. Depreciati	ion	21,007	Net	- T.	
	8.	Minor Equipment-Not Depr		1011	21,007		\$	
	9.	Other Fixed Assets (itemize	)	5			\$	14,058
	1.545	Difference in Depreciatio			14,058			.,
		See Schedule			1,000		1	
B-10	_	Total Fixed Assets (Lines E	(1 thru 9)	2.0		- the second sec	\$	3,062,618

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

(Carry Total forward to next page)

## State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

# G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended		Page		of
Mar	tland	d Management, Inc. d/b/a The	F 1860	9/30/2018	_	32		37
			Account	4 000		1	Amount	
				Total Brought Forward:	\$		4,0	030,173
C.	Le	asehold or like property record	led for Equity Purpose	·S.				
	1.	Land	1000 CM01 111		\$			
	2.	Land Improvements	*Historical Cost					
		· ·	Accum. Depreciation	n Net	\$		PMD II IIRDI	
	3.	Buildings	*Historical Cost					
			Accum. Depreciatio	n Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciatio	n Net	\$			
	5.	Movable Equipment	*Historical Cost	2010 - 1000 - 10000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1				
			Accum. Depreciation	n Net	\$			Here
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciatio	n Net	\$			
	7.	Minor Equipment-Not Depre	ciable		\$			
C-8	To	tal Leasehold or Like Propert	ies (C1 thru 7)		\$			
D.	Inv	estment and Other Assets	11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		Γ			
	1.	Deferred Deposits	\$					
	2.	Escrow Deposits	\$					
	3.	Organization Expense	*Historical Cost	36,188		10		
		N secondaria t	Accum. Depreciatio	n 36,188 Net	\$			
	4.	Goodwill (Purchased Only)			\$		-	
		Investments Related to Resid	ent Care (itemize)		\$			
						est al		
			2000 - 200 2000 - 200					
	6.	Loans to Owners or Related I	Parties ( <i>itemize</i> )		\$			
		Name and Address	Amount	Loan Date				
	7.	Other Assets (itemize)			\$		a ta dinan Ator de desina de r	10,985
		Mortgage Costs	·	248,262	al has		1	
		Mortgage Costs - Accum.	Amort.	(237,277)	連連	19		
		See Schedule						
		tal Investments and Other As			\$			10,985
D-9.	To	tal All Assets (Lines A9 + B1	0 + C8 + D8)	#1888.99 AVV	\$		4.0	041,158

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

## Martland Management, Inc. d/b/a The Park City Residential Care Home 9/30/2018

Attachment Page 31-34

### Schedule of Prepaid Expenses Page 31 Line A5

#### Page Ref Line Ref Description

Total Prenaid Expenses		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1 - Partie and the second	

#### Schedule of Other Current Assets (itemized) Page 31 Line A8

### Page Ref Line Ref Description

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	A State of the second second	and the second
	CONTRACTOR PROPERTY IN CONTRACTOR	
		1
	化化学生 化合合物合金 法公共公共	
Total Other Curre	nt Assets (Itemize)	\$ .

## Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

#### Page Ref Line Ref Description

Total Othe	- Outor E	Assets (Itemize)		5
1				
12452 112	Se aller a sta			
	\$ 3.8 M		S. S	
語の				
300	A CONTRACTOR			
Test 5	19.3		(二) 法经济 网络	Min (D.

#### Schedule of Other Assets Page 32 Line D7

#### Page Ref Line Ref Description

Total Other Assets	
前, 西南市, 王二, 王	

#### Schedule of Notes Payable (Itemize) Page 33 Line A2

#### Page Ref Line Ref Description

View of the second	STATISTICS.				Report Second
	A STAR	i an lea a lea de la companya de la			
			THE REPART		
	COLUMN TO A				- <b>1</b> 8
	XLPR GS		Server The Server Server		
2 2 4 C			The Assessment of the	1.1.	
6 7 4 7	1000				
	ALC: NOT THE	x 11 4 2		2011	- <b>1</b>
<b>Total Notes Payable</b>	28				\$ -

#### Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

#### Page Ref Line Ref Description

					228 G
3	A				
Series de	ê . 30		A State of the sta	A STREET	
1.8. 25	8	Second Provide State	Contract Contract Products		
1942		10 Eric 1			
W. ~ 25	1.00	The second s		S C Y - Same S	LA SAME UNITED
fotal Oth	er Current	Liabilities (Iteorize)		き	5 -

#### Schedule of Other Long-Term Liabilities (itemize) Page 34 Line B4

#### Page Ref Line Ref Description

					A PR	() i e e e	
101 100	2010				202		M.
			11:36		100 CO.	A Report	
樂 論			A DOMESSION	All States			
极 吗				- 1982b d	Sec. 22		
10 A				and the second second	a libra internet		A State
Total Other	r Current L	iabilities (Itemize)		at Mary			s -

Name of Fac	cility	1	License No.	Report for Year	Ended	Page	C
Martland Ma	anage	ment, Inc. d/b/a The Park Ci	1860	9/30/2018		33	3
		A	ccount			Am	ount
Liabilities							
Α.	Cu	rrent Liabilities			\$1.		
	1.	Trade Accounts Payable			\$		15,32
	2.	Notes Payable (itemize)			\$		
		*////					+
		<u> </u>					
			.=3);	SITE 1 11 11 11			
		See Schedule					
	3.	Loans Payable for Equipmen	and a second	- NORTHNEY - CONTRACTOR	\$	* ****	
		Name of Lender	Purpose	Amount	Date Due		
							Į.
	4.	Accrued Payroll (Exclusive of	•	· · · · ·	\$		15,96
	5.	Accrued Payroll (Owners an	*****	s only)	\$		
	6.	Accrued Payroll Taxes Paya	ble		\$		
	7.	Medicare Final Settlement P	ayable		\$		
	8.	Medicare Current Financing	Payable		\$		
	9.	Mortgage Payable (Current	Portion)		\$		
	10.	Interest Payable (Exclusive of	of Owner and/or H	Related Parties)	\$		
	11.	Accrued Income Taxes*		L	\$		
	12.	Other Current Liabilities (ite	emize )		\$		491,31
		Accreud Interest		0,680			Sec. 1
		Accrued Property Taxes	44	1,334			1
		Accreued Management Fee	416	5,305			
		Rounding		(2) See Schedule			
A-13	. To	tal Current Liabilities (Lines	A1 thru 12)		\$		522,60

# G. Balance Sheet (cont'd)

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

(Carry Total forward to next page)

## State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Martland Management, Inc. d/b/a The Park	1860	9/30/2018	10000-000	34	37
ł	Account			A	mount
		Total Broug	ht Forward:		522,607
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itemize)		\$		n (
Name of Lender	Purpose	Amount	Date Due		
				1 Alexandre	
				报 種	
					法教教室
					<b>入</b> 身子 编辑
2. Mortgages Payable	L		\$		1,757,007
3. Loans from Owners or Rela	ated Parties (itemiz	ze)	\$	14	
Name and Address of Lender	Amount	Loan D	ate		
			6		
				虚	
			÷.		韓橋
			4		
4. Other Long-Term Liabilitie	es (itemize)		\$		740,011
N/P - Bridgeport CDBG	et " 27	108,928			十十分数量的
Development Fee Payable	- Martland, Mgmt,				1 CR X
Due to DSS	<i>,                                    </i>	506,083		1990 - S.	1. 前张
See Schedule					<b>《</b> 《 】 《 书 】
B-5. Total Long-Term Liabilities (	Lines B1 thru 4)		\$	Anno Alexandri Alexandri A	2,497,018
C. Total All Liabilities (Lines A-		the second second second	\$		3,019,625

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

	ne of Facility License No. Report for Year Ended	Page	->
Mar	tland Management, Inc. d/b/a The 1860 9/30/2018 Account	35	Amount 37
A.	Reserves		Thilount
	1. Reserve for value of leased land	\$	
	<ol> <li>Reserve for depreciation value of leased buildings and appurtenances to be amortized</li> </ol>	\$	
	3. Reserve for depreciation value of leased personal property (Equity)	\$	
	4. Reserve for leasehold real properties on which fair rental value is based	\$	<del>en</del>
	5. Reserve for funds set aside as donor restricted	\$	
	6. Total Reserves	\$	
B.	Net Worth       1. Owner's Capital	\$	4,641,911
	2. Capital Stock	\$	
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	(3,270,292)
	6. Gain or Loss for Period 10/1/2017 thru 9/30/2018	\$	(350,086)
	7. Total Net Worth	\$	1,021,533
C.	Total Reserves and Net Worth	\$	1,021,533
D.	Total Liabilities, Reserves, and Net Worth	\$	4,041,158

# H. Changes in Total Net Worth

Name of Facility License No.	Report for Yea	r Ended	Page	of
Martland Management, Inc. d/b/a The Pa 1860	9/30/2018		36	37
Account			A	mount
A. Balance at End of Prior Period as shown on Report of	09/30/2017		\$	(3,270,292)
B. Total Revenue (From Statement of Revenue Page 30)			\$	1,358,165
C. Total Expenditures (From Statement of Expenditures I	Page 27)		\$	1,708,251
D. Net Income or Deficit			\$	(350,086)
E. Balance			\$	(3,620,378)
<ul> <li>F. Additions <ol> <li>Additional Capital Contributed (<i>itemize</i>)</li> </ol> </li> <li>2. Other (<i>itemize</i>)</li> </ul>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify)			\$	
Name and Address (No., City, State, Zip)	Title	Amount		
2. Other Withdrawings (Specify)			\$	
Purpose	Am	ount		
25 -				
3. Total Deductions			\$	
H. Balance at End of Period 09/30/	18		\$	(3,620,378)

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Name of Facility	License No.	Report for Year Ended	Page of
Martland Management, Inc. d/b/a The Park	1860	9/30/2018	37 37
	Check appropriate category		<del>11-12-12-12-12-</del>
Chronic and Convalescent Nursing Home only (CCNH)	<ul> <li>Rest Home with Nursing Supervision only (RHNS)</li> </ul>	☑ Residential Care Home	ж 11 - <sup>9</sup>
I	Preparer/Reviewer Certifie	cation	
I have prepared and reviewed this r I have read the most recent Federal an appropriate personnel as to the possibl applicable regulations. All non-reimb automatically removed in the State rat performed by me are properly reported expenditures). Further, the data conta me, by the Facility.	e inclusion in this report of expenses ursable expenses of which I am awar e computation system) as a result of d as such in this report on Pages 28 a	the Facility and have inquired of which are not reimbursable under re (except those expenses known to reading reports, inquiry or other se and 29 (adjustments to statement of	the o be rvices
Signature of Property	PRINCIPAC	Date Signed	19
Printed Name of Preparer			1
Matthew S. Bavolack			
Addres Address		Phone Number	
555 Long Wharf Drive, New Haven, CT 065	11	203-781-9600	
Annual Report Contact		Phone Number	
Matthew Martland		203-756-1229	5
Annual Report Contact Email Address		Marth	

## I. Preparer's/Reviewer's Certification

State of Connecticut 2018 Annual Cost Report

Version 12.1

### ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Martland Management, Inc. d/b/a The Park City Residential Care Home for the year ended 9/30/2018, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Martland Management, Inc. d/b/a The Park City Residential Care Home. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of **Martland Management**, **Inc. d/b/a The Park City Residential Care Home** and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT February 13, 2019