

February 8, 2017

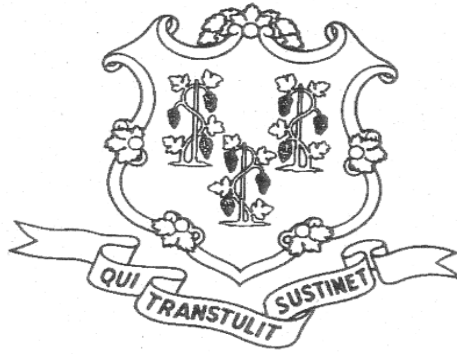
Mr. Chris LaVigne, Director
Office of CON and Rate Setting
Department of Social Services
25 Sigourney Street
Hartford, CT 06106

Dear Chris:

Enclosed please find the 2016 Medicaid Cost Report for Connecticut Baptist Homes, Inc.

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

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	
Address (No. & Street, City, State, Zip Code) 292 Thorpe Ave, Meriden, CT 06450	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider 07-5352
------------------	---------------	---------------	-------	------------------------------

Medicaid Provider Numbers:	CCNH 210231	RHNS 95283	ICF-IID
----------------------------	----------------	---------------	---------

For Department Use Only

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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2016	Page 1	of 37
---	----------------------	------------------------------------	-----------	----------

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 Connecticut Baptist Homes, Inc. [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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) Mary Patricia Morse			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 Connecticut Baptist Homes, Inc.	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 292 Thorpe Ave, Meriden, CT 06450				
Report Prepared By Blum Shapiro & Co. PC	Phone Number 203-944-2100	Date 2/15/2017		
Item	Total	CCNH	RHNS	Other
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) 237-1206		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Connecticut Baptist Homes, Inc.		Address (No. & Street, City, State, Zip) 292 Thorpe Ave, Meriden, CT 06450		
License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider No. 07-5352
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Mary Patricia Morse		Nursing Home Administrator's License No.:	000925	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

Connecticut Baptist Homes, Inc.
Board of Directors - January 2016

Name/Nomination Date	Phone	Business	Home Address	Committee*
Rev. Margaret D. Lewis Chairperson 2007	860 621-6144 margaretdlewis@gmail.com	203-688-7037	391 Belleview Ave Southington, CT 06489	EC, F, M&D G/N, P
Rev. Richard J. Doyle Vice-Chairperson 2014	860-682-0685 Doyle42@comcast.net		87 Laurel Ridge East Hampton, CT 06424	EC, P
Rev. Judy G. Allbee Ex-Officio Director 2009	860-693-6897 Jallbee@abconn.org	860 236-5421	ABCCONN 90A North Main Street West Hartford, CT 06107	
Frank Amazeen Director 2016	860-233-4033 famazeen@comcast.net	860-798-2618 (c)cell	32 South Highland Street West Hartford, CT 06119	M&D
Sharon Kupiec Director 2014	860-346-6489 skupiec28@gmail.com	860-770-1557 (cell)	5 Old Tpke. Rd. Apt 8 Southington, CT 06489	M&D
Roberta Lasek Secretary 2010	203-237-9476 LRobe11814@aol.com	203-235-7962	387 Spring Street Meriden, CT 06451	EC, M&D
Patricia Morse President, Treasurer	203-237-1206 pmorse@ctbaptisthomes.org	203-237-1206	133 Main Street Farmington, CT 06032	EC, F, M&D G/N, P
Rebecca Otterbein Director 2008	(860) 643-8391 rebelotto1@cox.net		142 Diane Drive Manchester, CT 06040	P
Marcia Sarrazin Director 2016	571-236-6798 marciasarrazin@yahoo.com		2 Carriage House Way Cheshire, CT 06410	F
Rev. Hopeton Scott Director 2016	203-335-0234 Fbcbridge@aol.com		9 Barry Road Huntington, CT 06484	EC, G/N
Bill Smith Director 2015	860-649-7547 wmbismi314@cox.net	860-550-5174	55 Galaxy Drive Manchester, CT 06040	F
Catherine Souza Director 2006	203 630-9258 catherine.souza@lego.com	860-763-7852	41 Sunset Ave Meriden, CT 06450	EC, F
Dan Wilder Director 2014	203-288-4526 danelisha@comcast.net		258 Highland Avenue Hamden, CT 06518	G/N

* Committee Key

F=FINANCE M&D=MISSION AND DEVELOPMENT G/N=GOVERNANCE AND NOMINATING P=PERSONNEL

**General Information and Questionnaire
 Related Parties***

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2016	Page 4	of 37
---	----------------------	------------------------------------	-----------	----------

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	%**				
Connecticut Baptist Housing, Inc.	292 Thorpe Ave, Meriden, CT 06450	<input checked="" type="radio"/>	<input type="radio"/>		Mgmt & Maintenance Contract Service	30 Line IV8		
Pierce Memorial Baptist Home, Inc.	44 Canterbury Rd, Brooklyn, CT 06234	<input type="radio"/>	<input checked="" type="radio"/>		Shared CEO and AR Contract Service	30 Line IV8		
		<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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2016	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Most costs were allocated using the methods above, however some expenses are charged directly or allocated on a more appropriate method.				
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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
All costs in the "Other" column are for room and board apartments and are being supplied for informational purposes only. These costs are not being submitted for reimbursement.				

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 Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2016		Page 6	of 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						
None	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> 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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2016	Page 7	of 37
---	----------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Blum, Shapiro & Co. PC	29 South Main Street, West Hartford, CT 06127
2 Premier Accounting Group	344 North Main St., Marlborough, CT 06447
3 Healthcare Management Solutions, Inc.	8 Research Parkway, Wallingford, CT 06492
4	

Services Provided by This Firm (*describe fully*)

1 Annual Audit, 990 preparation, Medicaid and Medicare Cost Report	\$ 32,500
2 General Accounting Services in Lieu of Internal Staff	\$ 66,585
3 General A/R Services	\$ 1,380
4	\$
	Charge for Services Provided
	\$ 100,465

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Robinson & Cole LLP	860-275-8200
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)
 1 280 Trumbull St, Hartford, CT 06103
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Employee Matters	\$ 180
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 180

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C			Report for Year Ended 9/30/2016				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	80	30	30	20	80	30	30	20	80	30	30	20	
B. On last day of THIS report period	80	30	30	20	80	30	30	20	80	30	30	20	
2. Number of Residents													
A. As of midnight of PREVIOUS report period	79	29	30	20	79	29	30	20	78	28	30	20	
B. As of midnight of THIS report period	79	30	29	20	78	28	30	20	79	30	29	20	
3. Total Number of Days Care Provided During Period													
A. Medicare	1,440	665	775		1,181	592	589		259	73	186		
B. Medicaid (Conn.)	15,783	7,682	8,101		11,829	5,640	6,189		3,954	2,042	1,912		
C. Medicaid (other states)													
D. Private Pay	11,285	2,405	1,705	7,175	8,382	1,808	1,228	5,346	2,903	597	477	1,829	
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	28,508	10,752	10,581	7,175	21,392	8,040	8,006	5,346	7,116	2,712	2,575	1,829	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	100	24	76		82	19	63		18	5	13		
B. Other Bed Reserve Days	68	37	31		42	35	7		26	2	24		
5. Total Resident Days (3G + 4A + 4B)	28,676	10,813	10,688	7,175	21,516	8,094	8,076	5,346	7,160	2,719	2,612	1,829	

Schedule of Resident Statistics (Cont'd)

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(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	Other		
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	Other	R.C.H.	ICF-MR					
No. of Residents	2 CCNH/ 3 RHNS	21	21	7	5	20							
Per Diem Rate													
a. One bed rm.	PPS			433.00	378.00	61.00							
b. Two bed rms.	PPS	205.79	162.90	390.00	350.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									4,798	2,472	2,326		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments									4,798	2,472	2,326		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									122	89	33		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments									122	89	33		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									5,178	3,010	2,168		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments									5,178	3,010	2,168		

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Connecticut Baptist Homes, Inc.	1023C	9/30/2016	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	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	17,393	200	16,523	190	3,102	36
2. Administrator(s) (Complete also Sec. III of Schedule A1)	25,987	298	24,687	283	4,635	53
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	36,268	998	34,453	948	6,468	178
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	73,756	2,543	73,756	2,543	49,170	1,695
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	97,588	7,583	96,460	7,495	64,754	5,031
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	58,314	4,744	58,314	4,744	20,582	1,674
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	55,748	1,980	55,748	1,980	19,676	699
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	20,103	1,767	11,892	1,045	5,757	506
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	56,301	1,154	56,301	1,154		
b. RN						
1. Direct Care	99,478	2,962	296,849	8,839		
2. Administrative**	73,499	1,803	73,499	1,803		
c. LPN						
1. Direct Care	193,134	7,139	54,157	2,002		
2. Administrative**						
d. Aides and Attendants	419,900	30,488	268,460	19,493		
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	43,021	1,951	43,020	1,950		
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	50,303	1,816	50,302	1,816		
n. Marketing						
o. Other (Specify)						
See Attached Schedule	10,448	266	10,328	263	6,933	176
<i>A-13. Total Salary Expenditures</i>	1,331,241	67,692	1,224,749	56,548	181,077	10,049

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Salaries & Wages - Chaplain	\$ 10,448	266	\$ 10,328	263	\$ 6,933	176
Total	\$ 10,448	266	\$ 10,328	263	\$ 6,933	176

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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	
Connecticut Baptist Homes, Inc.				1023C	9/30/2016			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	Other							
Section I - Operators/Owners										
Mary Patricia Morse	17,393	16,523	3,102			425	A1			
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	
Connecticut Baptist Homes, Inc.				1023C	9/30/2016			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	Other							
Section III - Administrators***										
Mary Patricia Morse	25,987	24,687	4,635			635	A2			
Section IV - Assistant Administrators										
Sarah Fields	36,268	34,453	6,468			2,123	A3			

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Connecticut Baptist Homes, Inc.	1023C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	4,514	82	4,514	82		
3. Pharmacist	3,055	82	3,054	82		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	53,176	1,015	50,078	956		
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	9,000	90	9,000	90		
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)						
9. Speech Therapist						
a. Resident Care	4,876	66	1,803	24		
b. Other						
10. Occupational Therapist						
a. Resident Care	96,838	Disallow	69,837	Disallow		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,372	51	10,064	153		
2. Administrative***						
b. LPN						
1. Direct Care	5,024	97	1,409	27		
2. Administrative***						
c. Aides	10,988	613	7,025	392		
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	190,843	2,096	156,784	1,806		

* 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	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2016	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
HealthDrive Dental, 25 Needham St, Newton, MA 02461	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	
Omnicare, Inc. P.O. Box 715268, Columbus, OH 43271	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	
Genesis Rehabilitation Services, 200 Brickstone Sq., Andover, MA 01810	Physical, Speech, and Occupational Therapy	<input type="radio"/>	<input checked="" type="radio"/>	
Key Personnel, Inc. 142 State Street, North Haven, CT 06453	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>	
Dr. Clifford R. Dreschsker-Martell, M.D., 360 Broad St. Meriden, CT 06450	Medical Director	<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"/>	
		<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
Connecticut Baptist Homes, Inc.	1023C	9/30/2016	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 140,587	68,378	62,908	9,301
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 8,304	4,039	3,716	549
4. Social Security (F.I.C.A.)	\$ 191,964	93,366	85,898	12,700
5. Health Insurance	\$ 325,401	158,269	145,607	21,525
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 54,637	26,574	24,448	3,615
8. Uniform Allowance	\$ 1,061	400	395	266
9. Other (<i>Specify</i>) See Attached Schedule	\$ 24,359	11,446	10,873	2,040
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 100,465	47,600	45,547	7,318
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 180	68	67	45
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 41,488	19,494	18,518	3,476
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 10,396	3,920	3,875	2,601
2. Cellular Phones	\$ 2,968	1,119	1,106	743
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*	\$ 479	225	214	40
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 421,661	213,311	208,350	
Subtotal	\$ 1,323,950	648,209	611,522	64,219

* 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**

Connecticut Baptist Homes, Inc.
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
FSA Dependent Expense	\$ (25)	\$ (24)	\$ (5)
HSA Contribution Expense	\$ 11,471	\$ 10,897	\$ 2,045
Total	\$ 11,446	\$ 10,873	\$ 2,040

Schedule of Other Taxes

Description	CCNH	RHNS	Other
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Connecticut Baptist Homes, Inc.	1023C	9/30/2016	16	37	
Item		Total	CCNH	RHNS	Other
Subtotals Brought Forward:		1,323,950	648,209	611,522	64,219
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	5,597	2,799	2,799	
3. Gifts to Staff and Residents	\$	12,056	6,028	6,028	
4. Employee Travel	\$	(6,108)	(2,870)	(2,726)	(512)
5. Education Expenses Related to Seminars and Conventions	\$	8,709	4,092	3,887	730
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>)	\$	2,326	1,093	1,038	195
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
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	\$	6,496	3,052	2,900	544
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	880	413	393	74
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	540	254	241	45
9. Subscriptions	\$	5,506	2,587	2,458	461
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	\$	71,958	34,203	32,817	4,938
C-14 Total Administrative & General Expenditures	\$	1,431,910	699,859	661,356	70,694

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

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM	\$ 131	\$ 125	\$ 24
Leading Age CT	\$ 117	\$ 112	\$ 21
CT Association of Health Care Facilities	\$ 164	\$ 156	\$ 29
Total Dues	\$ 413	\$ 393	\$ 74

Schedule of Contributions

Description	CCNH	RHNS	Other
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Volunteer Parties & Gifts	\$ 387	\$ 387	\$ -
Misc Administrative Expense	\$ 4,423	\$ 4,202	\$ 789
Bank Fees/Svc. Charges	\$ 3,919	\$ 3,723	\$ 698
Background Checks	\$ 290	\$ 275	\$ 52
Consultant Fees	\$ 1,000	\$ 950	\$ 179
Directors' Insurance	\$ 2,060	\$ 1,957	\$ 367
Paychex Service Charges	\$ 10,922	\$ 10,375	\$ 1,948
Medical Records Consultant	\$ 6,130	\$ 6,130	\$ -
IT Services	\$ 5,072	\$ 4,818	\$ 905
Total Other Administrative and General	\$ 34,203	\$ 32,817	\$ 4,938

Schedule C-1 - Management Services*

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Unidine	106,838	Food services contract	Page 18, Line 2c

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

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

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	Other
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	211,068	79,588	78,668	52,812
2. Non-Food Supplies	\$	4,005	1,510	1,493	1,002
3. Other (<i>Specify</i>) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
	\$	140,193	52,863	52,252	35,078
c. Management Services**					
	\$	106,838	40,286	39,820	26,732
d. Other (<i>Specify</i>) _____					
	\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 462,104	174,247	172,233	115,624
2F. Dietary Questionnaire					
G. Resident Meals:		Total no. of meals served per day:*			
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No					
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$6,698					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item) Page 30, Line IV1					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. See above.					
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. See above.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2016		Page 19	of 37
Item		Total	CCNH	RHNS	Other	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	2,234	1,190	704	340
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	7,170	3,818	2,259	1,093
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)		\$	9,404	5,008	2,963	1,433
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
Connecticut Baptist Homes, Inc.		1023C	9/30/2016		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel	53,000	22,500	22,500	8,000
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	16,343	6,946	6,946	2,451
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
	c. Management Services*	\$				
	d. Other (<i>Specify</i>) Housekeeping Uniforms	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	16,343	6,946	6,946	2,451
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Medications	\$	50,744	22,184	28,560	
	b. Medicine Cabinet Drugs	\$				
	c. Medical and Therapeutic Supplies	\$	174,226	76,169	98,057	
	d. Ambulance/Limousine****	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other****	\$	9,261	4,049	5,212	
	f. X-rays and Related Radiological Procedures****	\$	2,794	1,221	1,573	
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory****	\$				
	i. Recreation	\$	40,844	20,423	20,422	
	j. Other (<i>Specify</i>)**** See Attached Schedule	\$	9,188	3,465	3,425	2,298
5K.	Total Resident Care Expenditures (5a - 5j)	\$	287,057	127,511	157,249	2,298

* 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 Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2016				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Other	Pg	Line
B-G Mechanical Services, Inc.	12 Second Ave, Chicopee, MA 01020	<input type="radio"/>	<input checked="" type="radio"/>		HVAC and Refrigeration	17,058	17,058	6,021	22	6f
Paychex, Inc.	714 Brook St, #120, Ricky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	10,922	10,375	1,948	16	m13
Unidine	1000 Washington St. Boston, MA 02118	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	40,286	39,820	26,732	18	2b
Hagar Computers	67 Glenbrook Rd. West Hartford, CT 06107	<input type="radio"/>	<input checked="" type="radio"/>		IT Services	5,072	4,818	904	16	m13
		<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
Connecticut Baptist Homes, Inc.	1023C	9/30/2016			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 42,055	17,873	17,873	6,309		
b. Heat	\$ 35,791	15,211	15,211	5,369		
c. Light & Power	\$ 98,991	42,071	42,071	14,849		
d. Water	\$ 32,789	13,935	13,936	4,918		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 78,480	33,353	33,353	11,774		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 288,106	122,443	122,444	43,219		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 4,015	2,008	2,007			
b. Building & Building Improvements	\$ 186,421	77,155	77,155	32,111		
c. Non-Movable Equipment	\$ 8,642	3,354	3,354	1,934		
d. Movable Equipment	\$ 56,679	24,751	22,715	9,213		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 255,757	107,268	105,231	43,258		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 5,912	2,589	2,589	734		
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 5,912	2,589	2,589	734		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 261,669	109,857	107,820	43,992		

* 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 Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2016			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			67,928		67,928	32,236	SL	Various	4,015				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										4,015			
B. Building and Building Improvements													
1. Acquired prior to this report period			7,010,136		7,010,136	3,437,046	SL	Various	185,475				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			20,140						946				
B-4. Subtotal										186,421			
C. Non-Movable Equipment													
1. Acquired prior to this report period			295,025		295,025	246,559	SL	Various	8,642				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										8,642			
		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						25,223		25,223	25,223	SL	5		
b. Snow Plow						8,784		8,784	8,784	SL	5		
c. Truck						40,498		40,498		SL	5	7,425	
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,129,651		1,129,651	934,650	SL	Various	45,303	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						30,586						3,951	
D-3. Subtotal													56,679
E. Total Depreciation													255,757

Connecticut Baptist Homes, Inc.
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*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:				
5/1/2016	Hot Water Pump	\$ 4,920	20	\$ 103
5/1/2016	Hot Water Pump/Motor	\$ 849	20	\$ 18
6/1/2016	Walk in refrigerator floor -	\$ 2,176	20	\$ 36
6/1/2016	Chapel upgrade	\$ 2,250	20	\$ 38
6/1/2016	Floor coverings in kitchen	\$ 2,150	20	\$ 36
8/1/2016	PTAC Units	\$ 7,795	10	\$ 715
Total additions for Building Improvement		\$ 20,140		\$ 946 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2015	Mattress	2,020	5	404
12/1/2015	Mattress	4,119	5	687
3/1/2016	Medical Bed	2,250	5	262
3/1/2016	Medical Equip	2,090	5	244
5/1/2016	Portable Wheel Chair Scale	1,700	5	142
6/1/2016	Wheel Chair Scale	1,404	5	94
1/1/2016	Induction Charger	6,350	10	476
10/1/2015	Computer	1,062	5	212
11/1/2015	Copier (CANON)	3,991	5	732
1/1/2016	Security System	3,900	5	585
6/1/2016	Card Member Service	1,700	5	113
Total additions for Movable Equipmen		\$ 30,586		\$ 3,951 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*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 Improvermen		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvermen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.			1023C		9/30/2016			24	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. Deferred Financing Costs	April	2013	120 Mo.	58,447	14,604	B		5,824	
2. Deferred Financing Costs	October	2013	120 Mo.	875	176	B		88	
3.									
B-4. Subtotal									5,912
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									5,912

* 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 Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		01/01/83		
4. Date of Initial Licensure		01/01/83		
5. Total Licensed Bed Capacity		80		
6. Square Footage		53,000		
7. Acquisition Cost				
a. Land		133,155		
b. Building		319,500		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained		04/25/13		
c. Interest Rate for the Cost Year		3.75%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		4,000,000		
f. Principal balance outstanding as of 9/30/2016		1,366,314		
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		License No.	Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2016			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 53,697	23,519	23,519		6,659	
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)		\$ 53,697	23,519	23,519		6,659	

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.		1023C		9/30/2016			27	37
Item				Total	CCNH	RHNS	Other	
Subtotals Brought Forward:				53,697	23,519	23,519	6,659	
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)				\$	1,325	580	580	
Ford Motor Credit							165	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	55,022	24,099	24,099	
14. Insurance								
a. Insurance on Property (buildings only)				\$	21,133	8,834	8,834	
b. Insurance on Automobiles				\$	3,215	1,511	1,435	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	37,155	15,531	15,531	
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	61,503	25,876	25,800	
15. Total All Expenditures (A-13 thru C-14)				\$	5,957,812	2,817,930	2,662,443	
							477,439	

D. Adjustments to Statement of Expenditures

Name of Facility Connecticut Baptist Homes, Inc.				License No. 1023C	Report for Year Ended 9/30/2016	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 80,900	38,012	36,109	6,779
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 166,675	96,838	69,837	
7.			Other - See attached Schedule	\$ 15,137	7,569	7,568	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 180	68	67	45
11.	15	1h1	Telephone	\$ 10,396	3,920	3,875	2,601
12.	15	1h2	Cellular Telephone	\$ 2,322	875	865	581
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	\$ 1,950	916	870	163
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.	15	k1	Income Tax / Corporate Business Tax	\$ 479	225	214	40
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 31,180	15,055	14,638	1,487
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
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)				\$ 309,219	163,478	134,044	11,697

* 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	Other
10	a2	Management Contract Cedar Ridge - Admin	\$ 6,332	\$ 6,015	\$ 1,129
10	a7a	Maintenance Contract Salaries - Cedar Ridge	\$ 31,680	\$ 30,094	\$ 5,650
Total Other Salaries Adjustment			\$ 38,012	\$ 36,109	\$ 6,779

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B2	Dentist	\$ 4,514	\$ 4,514	\$ -
13	B3	Pharmacist	\$ 3,055	\$ 3,054	\$ -
Total Other Fees Adjustments			\$ 7,569	\$ 7,568	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	m13	Bank Fees/Svc. Charges	\$ 3,919	\$ 3,723	\$ 698
16	m13	Misc. Administrative Expenses	\$ 4,423	\$ 4,202	\$ 789
16	m13	Volunteer Parties & Gifts	\$ 387	\$ 387	\$ -
16	l3	Employee Gifts	\$ 6,326	\$ 6,326	\$ -
Total Other A&G Adjustments			\$ 15,055	\$ 14,638	\$ 1,487

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

Name of Facility				License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.				1023C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 309,219	163,478	134,044	11,697
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 50,744	22,184	28,560	
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 2,794	1,221	1,573	
30.			Laboratory	\$			
31.	20	5c	Medical Supplies	\$ 17,423	7,617	9,806	
32.	20	5e 2	Oxygen (non emergency)	\$ 9,261	4,049	5,212	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
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	\$ 34,218	15,518	15,477	3,222
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	\$ 9,826	3,996	3,892	1,938
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)				\$ 433,484	218,063	198,564	16,857

*** 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.

Connecticut Baptist Homes, Inc.
9/30/2016

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	8b	Mortgage Expense	\$ 2,589	\$ 2,589	\$ 734
20	5i	Cable TV Expense	\$ 4,296	\$ 4,296	
26	12A	Interest Expense	\$ 8,138	\$ 8,138	\$ 2,304
22	7d	Shared Depreciation on Equipment	\$ 495	\$ 454	\$ 184
Total Other Property Adjustments			\$ 15,518	\$ 15,477	\$ 3,222

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV 1	Meals sold to guests, employees & others	\$ 2,526	\$ 2,496	\$ 1,676
30	IV 8	CEO & A/R Services - Pierce	\$ 1,470	\$ 1,396	\$ 262
Total Other Adjustments			\$ 3,996	\$ 3,892	\$ 1,938

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2016			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,814,608	2,978,544	2,836,064			
b. Medicaid Room and Board Contractual Allowance **	\$ (2,942,520)	(1,471,260)	(1,471,260)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 510,418	223,146	287,272			
b. Medicare Room and Board Contractual Allowance **	\$ 209,250	91,480	117,770			
4. a. Private-Pay Residents and Other	\$ 2,045,431	994,062	621,506	429,863		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 40,036	17,503	22,533			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (40,036)	(17,503)	(22,533)			
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 3,572	1,561	2,011			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (3,572)	(1,561)	(2,011)			
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 258,459	133,106	125,353			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (137,245)	(70,680)	(66,565)			
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 11,186	8,166	3,020			
b. Speech Therapy - Medicare Contractual Allowance **	\$ 9,856	7,196	2,660			
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 290,606	168,842	121,764			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (146,680)	(85,221)	(61,459)			
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,923,369	2,977,381	2,516,125	429,863		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 6,698	2,526	2,496	1,676		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 17,218	6,492	6,418	4,308		
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 299,532	131,195	131,194	37,143		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 123,200	51,848	51,172	20,180		
V. Total Other Revenue (1 thru 8)	\$ 446,648	192,061	191,280	63,307		
VI. Total All Revenue (III +V)	\$ 6,370,017	3,169,442	2,707,405	493,170		

* 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	Other
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
Page 30 Lin	Interest Income Perm Restricted		\$ 2,070	\$ 2,069	\$ 586
Page 30 Lin	Dividend Income		\$ 31,314	\$ 31,314	\$ 8,866
Page 30 Lin	Interest Income		\$ 11,522	\$ 11,522	\$ 3,263
Page 30 Lin	Unrealized Gain/Loss on Inv		\$ 66,965	\$ 66,965	\$ 18,957
Page 30 Lin	Realized Gain/Loss on Inv		\$ 19,324	\$ 19,324	\$ 5,471
Total Interest Income			\$ 131,195	\$ 131,194	\$ 37,143

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
Page 30 Lin	Contributions	\$ 12,158	\$ 12,018	\$ 8,068
Page 30 Lin	Management Contract Income	\$ 9,251	\$ 8,789	\$ 1,650
Page 30 Lin	Maintenance Contract Income	\$ 28,604	\$ 28,604	\$ 10,096
Page 30 Lin	CEO & A/R Services - Pierce	\$ 1,470	\$ 1,396	\$ 262
Page 30 Lin	Other Income	\$ 365	\$ 365	\$ 104
Total Other Revenue		\$ 51,848	\$ 51,172	\$ 20,180

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	413,463
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	236,527
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	39,242
4. Inventories			\$	35,462
5. Prepaid Expenses			\$	95,599
a. Prepaid Elevator Contract	1,762			
b. Prepaid Dues	1,622			
c. Prepaid Communications	3,110			
d. Prepaid Insurance	89,105			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	870,777
Short Term Investments	634,764			
Investment in 288 Thorpe Ave, LLC	236,013			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,691,070
B. Fixed Assets				
1. Land			\$	133,155
2. Land Improvements	*Historical Cost	67,928	\$	31,677
	Accum. Depreciation	36,251		Net
3. Buildings	*Historical Cost	7,030,276	\$	3,406,809
	Accum. Depreciation	3,623,467		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	295,025	\$	39,824
	Accum. Depreciation	255,201		Net
6. Movable Equipment	*Historical Cost	1,160,237	\$	176,333
	Accum. Depreciation	983,904		Net
7. Motor Vehicles	*Historical Cost	74,505	\$	33,073
	Accum. Depreciation	41,432		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	4,775
Variance		4,775		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,825,646

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	5,516,716
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>)			\$	3,653,713
Long Term Investments		3,470,295		
Deferred Financing Costs		38,629		
Interest in Perpetual Trust / Deposits		144,789		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	3,653,713
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	9,170,429

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	165,427
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	6,669
Name of Lender		Purpose	Amount	Date Due	
Ford			6,669		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	46,001
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	16,919
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	95,072
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	4,270
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	357,276
Due to Third Party Payor		40,029	Deferred Revenue	10,732	
Accrued Audit Fees		19,000	UBIT Accrual	479	
Accrued Vacation		180,423			
Accrued Provider Tax		106,613			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	691,634

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				691,634	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	24,114
Name of Lender	Purpose	Amount	Date Due		
Ford		24,114			
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>)				\$	1,271,242
Note Payable to Berkshire Bank		1,271,242			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	1,295,356
C. Total All Liabilities (Lines A-13 + B-5)				\$	1,986,990

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

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2016	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			\$	6,771,234
6. Gain or Loss for Period			\$	412,205
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	7,183,439
C. Total Reserves and Net Worth			\$	7,183,439
D. Total Liabilities, Reserves, and Net Worth			\$	9,170,429

H. Changes in Total Net Worth

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	6,771,238
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	6,370,017
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	5,957,812
D. Net Income or Deficit			\$	412,205
E. Balance			\$	7,183,443
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	7,183,443

I. Preparer's/Reviewer's Certification

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Blum, Shapiro & Co, PC				
Address Address			Phone Number	
2 Enterprise Drive, Suite 302, Shelton, CT 06484			203-944-2100	