State of Connecticut

Annual Report of Long-Term Care Facility
Cost Year 2021

Name of Facility (as licensed) Sheltering Arms		
Address (No. & Street, City, State, Zip Code) 165 McKinley Avenue, Norwich, CT 06360		
Type of Facility ☐ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021	

License Numbers:	CCNH	RHNS	Residential Care Home	Medicare Provider
			1268	N/A

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
			N/A

For Department Use Only

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

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CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2021	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Sheltering Arms [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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.

(a) Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Janis Davis			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Sheltering Arms	Period Covered:		From 10/1/2020	To 9/30/2021
Address of Facility 165 McKinley Avenue, Norwich, CT 06360				
Report Prepared By Marcum LLP	Phone Number 203-781-9600		Date 1/12/2022	

Item		Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	$				
2. Laundry wages paid	$				
3. Housekeeping wages paid	$				
4. Nursing wages paid	$				
5. All other wages paid	$				
6. ***Total Wages Paid***	$				
7. Total salaries paid	$				
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-889-2375	9/30/2021	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Sheltering Arms	165 McKinley Avenue, Norwich, CT 06360

License Numbers:	CCNH	RHNS	Residential Care Home	Medicare Provider No.
			1268	N/A

Type of Facility (Check appropriate box(es))

☐ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☑ Residential Care Home

Type of Ownership (Check appropriate box)

○ Proprietorship ○ LLC ○ Partnership ○ Profit Corp. ◉ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

N/A

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Janis Davis	'000708

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
N/A	

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
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Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
N/A		

Name of Partners/Members	Business Address	Title	% Owned
N/A			

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Sheltering Arms	165 McKinley Avenue, Norwich, CT 06360	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Please refer to attached listing.			
Names of Stockholders Owning at Least 10% of Shares			

UCFS Healthcare

BOARD OF DIRECTORS
JUNE 2021

OFFICERS:

Chair:
Abby I. Dolliver

First Vice Chair:
Lee-Ann Gomes

Second Vice Chair (Interim):

Brian Clinton

Secretary:
Deborah Kievits

Treasurer:
Leo Chupaska

Immediate Past Chair:
Dr. Robert Strick

BOARD MEMBERS:

Irene Bessette

Nicholas (Nick) Caplanson

Caroline (Cari) Fortin

Connie Hilbert

Charlene Jones

Patrick McCormack

Jaqueline (Jacki) Patenaude

Irma Wilhelm

Jocelyn Williams

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General Information and Questionnaire
Individual Proprietorship

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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ○ Yes ⊙ No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
United Community & Family Services, Inc.	34 East Town Street, Norwich, CT 06360	○	⊙		Management / Administrative	Page 16 / Line m12	107,719	107,719
United Community & Family Services, Inc.	34 East Town Street, Norwich, CT 06360	○	⊙		Health Insurance	Page 15 / Line 1a5	90,275	90,275
United Community & Family Services, Inc.	34 East Town Street, Norwich, CT 06360	○	⊙		Disability Insurance	Page 15 / Line 1a2	1,607	1,607
United Community & Family Services, Inc.	34 East Town Street, Norwich, CT 06360	○	⊙		Telephone	Page 15 / Line 1h1	5,090	5,090
United Community & Family Services, Inc.	34 East Town Street, Norwich, CT 06360	○	⊙		Unemployment Insurance	Page 16 / Line m12		Included in Mgt Fee
United Community & Family Services, Inc.	34 East Town Street, Norwich, CT 06360	○	⊙		Worker's Compensation	Page 16 / Line m12		Included in Mgt Fee
United Community & Family Services, Inc.	34 East Town Street, Norwich, CT 06360	○	⊙		Pensions	Page 15 / Line 1a7	31,620	31,620
		○	⊙					
		○	⊙					

* 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

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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

N/A- Only one level of care.

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

Medical, Dental & FICA are charged directly to employees. All other expenses are allocated to the appropriate departments in accordance with OPA standards.

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

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

N/A- Only one level of care.

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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.

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Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Crystal Rock, 1050 Buckingham Street, Watertown, CT	O	⊙	Water Cooler	N/A	Month to Month	41	41
Leaf, PO Box 742647, Cincinnati, Ohio	O	⊙	Copier and Supplies	03/05/21	36 Months	633	633
Prism Office Systems	O	⊙	Copier and Supplies	N/A	Month to Month	724	724
	O	⊙					
	O	⊙					
	O	⊙					
	O	⊙					
	O	⊙					
	O	⊙					
	O	⊙					

Is a Mileage Log Book Maintained for All Leased Vehicles ? O Yes ⊙ No **Total** *** 1,398

* 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.

PBC

LEAF

LEASE AGREEMENT

1720A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

LESSEE LEGAL NAME:	Telephone No:
United Community and Family Services Inc	8608927042
Billing Address:	**Equipment Location (if other than Billing Address):**
34 East Town St, Norwich, CT 06360-2323	34 East Town St, Norwich, CT 06360-2323

EQUIPMENT DESCRIPTION: (indicate quantity, new or used and include make, model, serial # and all attachments – see below and/or attached Schedule A)

Unit Quantity	Description of Equipment Leased	Make and Type	Model Number	Serial Number
	* PLEASE REFER TO SCHEDULE A			

BASE TERM IN MONTHS	TOTAL NUMBER OF LEASE PAYMENTS	END OF LEASE PURCHASE OPTION		
36	36 @ $2,813.18 (plus taxes)	X Fair market value, plus taxes ___ 10% of Equipment cost, plus taxes ___ $1.00, plus taxes (FMV unless another option is selected. You may not exercise a purchase option if you are in default. If you exercise a purchase option we will convey all of our right, title and interest in such Equipment to you on an AS-IS WHERE IS without warranty.)	(a) Advance Payment:	$0.00
			(b) Security Deposit:	$0.00
			(c) Documentation Fee:	$95.00
			Total due a + b + c =:	$95.00

**If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment.
Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:

1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date"). The first Lease Payment shall be due on the date we specify in the month following the Lease Commencement Date as set forth in our invoice, and the remaining Lease Payments will be due on the same day of each subsequent month (each, a "Payment Date") until paid in full. The Base Term shall commence on the date one month prior to the first Payment Date. We may charge you a portion of one Lease Payment for the period from the Lease Commencement Date until the first day of the Base Term ("Interim Rent"). The Interim Rent shall be due as invoiced. ~~We may adjust the Lease Payments up to 15% if the actual costs are different than the estimate used to calculate the Lease Payments. On an annual basis, the Monthly Payment may be increased by a maximum of 15% of the amount previously then in effect.~~ JFG 03/05/2021

2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment. You authorize us to fill in the Lease Commencement Date, serial numbers and other information. You will not move the Equipment from the above location without our written consent and are responsible for maintaining the Equipment in good repair. We are not responsible for Equipment or vendor failures.

3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of Equipment.

4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment. If you return the Equipment, (i) it must be to the location we designate and you are responsible for all return costs and we may charge a Restocking Fee equal to one Lease Payment, and (ii) you must securely remove all data from any and all disk drives or magnetic media prior to returning the Equipment (and you are solely responsible for selecting an appropriate removal standard that meets your business needs and complies with applicable laws). You will pay us for any loss in value resulting from failure to maintain the Equipment in accordance with this Lease or for damages incurred in shipping and handling. If you exercise a purchase option we will convey all of our interest in such Equipment to you on an AS-IS WHERE IS basis without representation or warranty.

5. LATE FEES AND CHARGES: If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount. Amounts which are not paid within 30 days of when due shall accrue interest at 1.5% per month (or if less, the maximum legal rate) until paid. You agree to pay $25 for each pay by phone and $35 for each returned payment.

6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. **WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.**

7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period"). During the Risk Period you will maintain property and liability insurance on the Equipment acceptable to us, naming us loss payee and additional insured. If you do not provide us with proof of such insurance, we may secure insurance on the Equipment to cover our interests (and only our interests). If we obtain such insurance, you will pay us an additional amount for the cost of it and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.

8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, leasing and/or ownership of the Equipment. If we pay any taxes, (including property tax), fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You agree to pay us the documentation fee specified above or if not so specified, the greater of either $125 or 0.5% of the Equipment cost. If we require an Equipment site inspection, or you request administrative services, you agree to reimburse our costs.

9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Lease Payments, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and as reimbursement for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this Lease for you. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.

10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease. We may sell or assign our rights in the Lease and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.

11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC. You have received a copy of the Supply Contract or been informed of the identity of the Supplier and you may have rights under the Supply Contract and may contact the Supplier for a description of those rights.

12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.

13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.

14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties. This Lease may be executed in counterparts (manually or by electronic means) and, when transmitted to us shall be binding upon you for all purposes. This Lease is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this Lease that it was executed or transmitted to us by electronic means. You will use the Equipment only for business purposes and not for personal, family or household use. The USA PATRIOT Act requires us to obtain, verify, and record information that identifies you thus we ask for your name, address and other information or documents that substantiate your identity.

ACCEPTED BY LESSEE: United Community and Family Services Inc — Print Name: Jennifer Granger — Title: President & CEO

X Jennifer Granger — E-Mail Address: jgranger@ucfs.org — Date: 3/5/2021

Lessee Authorized Signature — Tax ID Number: 06-0653142

PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X JFG 03/05/2021 — Print Name: — E-Mail Address:

Accepted by: LEAF Capital Funding, LLC By: Colleen Smathers — Title: — Date:

LEASE01 2.7.2019 App=623453

LEAF

SCHEDULE A TO LEASE AGREEMENT
(EQUIPMENT DESCRIPTION)

Lease Application No.: 623453 or Lease No.: _____

Quantity	Equipment Description	New/Used	Make	Model	Serial Number
5	Toshiba 4515AC	New			
5	Toshiba 4518A	New			
4	Toshiba 3515AC	New			
4	Toshiba 400AC	New			
2	Toshiba 5516AC	New			
1	Toshiba 5015AC	New			
1	Toshiba 6518A	New			
2	Lexmark M5255	New			

LESSEE: United Community & Family Services, Inc.

BY: Jennifer Granger
PRINT NAME: Jennifer Granger
TITLE: President & CEO
DATE: 3/5/2021

LEAF CAPITAL FUNDING, LLC

BY: _____
PRINT NAME: _____
TITLE: _____
DATE: _____

LEAF

DELIVERY AND ACCEPTANCE CERTIFICATE

Date of Equipment Delivery: _____

Application No.: 623453

United Community and Family Services Inc ("**Customer**") hereby certifies that all of the equipment, software and other property (collectively, "**Equipment**") referred to in that certain Agreement related to the above referenced application number (the "**Agreement**") by and between Customer and **LEAF Capital Funding, LLC** ("**LEAF**") has been delivered to and been received by Customer at the location(s) set forth in the Agreement, that all installation or other work necessary prior to the use thereof has been completed, that the Equipment has been examined by the Customer and is in good operating order and condition and is in all respects satisfactory to Customer, and that the Equipment is accepted by the Customer for all purposes under the Agreement. Customer represents and warrants that the Date of Equipment Delivery set forth above and the Billing Address and the Equipment Location set forth in the Agreement are correct. By its execution and delivery of this Acceptance Certificate, Customer hereby reaffirms all of the representations, warranties and covenants contained in the Agreement as of the date hereof, and further represents and warrants to LEAF that no Event of Default, and no event or condition which with notice or the passage of time or both would constitute an Event of Default, has occurred and is continuing as of the date hereof. Customer further certifies to LEAF that Customer has selected the Equipment (and to the extent applicable, the vendor of the Equipment) and has received and approved the purchase order, purchase agreement or supply contract under which the Equipment will be acquired for all purposes of the Agreement.

ACCORDINGLY, CUSTOMER AUTHORIZES LEAF TO PURCHASE THE EQUIPMENT FROM THE APPLICABLE SUPPLIER(S).

DO NOT SIGN THIS DELIVERY AND ACCEPTANCE CERTIFICATE UNTIL YOU HAVE RECEIVED ALL OF THE EQUIPMENT.

CUSTOMER: United Community and Family Services Inc

By: Jennifer Granger

Print Name: Jennifer Granger

Title: President & CEO

E-Mail Address: jgranger@ucfs.org

Date: 3/5/2021

THE ABOVE SIGNATORY AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL, MEMBER, PARTNER OR PROPRIETOR OF THE ABOVE NAMED CUSTOMER.

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
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The records of this facility for the period covered by this report were maintained on the following basis:

⊙ Accrual ○ Cash ○ Modified Cash

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

N/A

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	Medicaid Cost Report Preparation	$ 3,400
2		$
3		$
4		$
		Charge for Services Provided $ 3,400

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 N/A	
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1		$
2		$
3		$
4		$
5		$
		Charge for Services Provided $

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

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Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
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	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	30			30	30			30				
B. On last day of THIS report period	30			30					30			30
2. Number of Residents												
A. As of midnight of PREVIOUS report period	25			25	25			25				
B. As of midnight of THIS report period	23			23					23			23
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	590			590	334			334	256			256
E. State SSI for RCH	7,260			7,260	5,455			5,455	1,805			1,805
F. Other (Specify)	450			450	413			413	37			37
G. Total Care Days During Period (3A thru F)	8,300			8,300	6,202			6,202	2,098			2,098
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. ***Total Resident Days*** **(3G + 4A + 4B)**	8,300			8,300	6,202			6,202	2,098			2,098

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
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4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
				Lost			Gained						
	CCNH (1)	RHNS (2)	Residential Care Home (3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Residential Care Home	
N/A													

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	Residential Care Home
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents						4	19	
Per Diem Rate								
a. One bed rm.						145.00	118.00	
b. Two bed rms.						145.00	122.00	
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	Residential Care Home
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. ***Total Physical Therapy Treatments***				
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. ***Total Speech Therapy Treatments***				
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. ***Total Occupational Therapy Treatments***				

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2021	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes O No

Item	Total Cost and Hours					
	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)					78,221	1,097
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					4,515	242
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					127,352	10,367
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					29,269	1,420
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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						
b. RN						
1. Direct Care						
2. Administrative**					16,634	415
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					265,561	15,137
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					172,178	5,986
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						
n. Marketing						
o. Other (Specify) See Attached Schedule						
A-13. Total Salary Expenditures					693,730	34,664

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	$	Hours	$	Hours	$	Hours
					-	
Total	$ -	-	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

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

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CSP-11 Rev. 10/2005

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
Sheltering Arms	1268	9/30/2021	11	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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CSP-12 Rev. 10/2005

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
Sheltering Arms	1268	9/30/2021	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators* **										
Janis Davis			78,221	Non Discriminatory	Executive Director	1,097	A2			
Section IV - Assistant Administrators										

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

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

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

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B. Report of Expenditures - Professional Fees

Name of Facility Sheltering Arms	License No. 1268		Report for Year Ended 9/30/2021		Page 13	of 37
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
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)						
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						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

* 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.

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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
Sheltering Arms	1268	9/30/2021	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
N/A		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
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		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

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

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2021	Page 15	of 37

Item		Total	CCNH	RHNS	Residential Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$				
2. Disability Insurance	$	1,607			1,607
3. Unemployment Insurance	$				
4. Social Security (F.I.C.A.)	$	50,170			50,170
5. Health Insurance	$	90,275			90,275
6. Life Insurance (employees only) (not-owners and not-operators)	$	625			625
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	$	31,620			31,620
8. Uniform Allowance	$				
9. Other (*Specify*) See Attached Schedule	$	8,397			8,397
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* 401k Plan	$				
c. Bad Debts*	$	17			17
d. Accounting and Auditing	$	3,400			3,400
e. Legal (*Services should be fully described on Page 7*)	$				
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	4,694			4,694
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	5,090			5,090
2. Cellular Phones	$	925			925
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22*)					
1. Income*	$				
2. Other (*Specify*) See Attached Schedule	$				
3. Resident Day User Fee	$				
Subtotal	$	196,820			196,820

* 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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
			-
Physicals and Background Checks			$ 8,771
Insurance - FFCR Credit			$ (374)
Total	$ -	$ -	$ 8,397

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Sheltering Arms	1268	9/30/2021		16	37

Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:		196,820			196,820
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$				
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	129			129
5. Education Expenses Related to Seminars and Conventions	$	90			90
6. Automobile Expense (*not purchase or depreciation*)	$	541			541
7. Other (*Specify*)	$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	4,873			4,873
2. Advertising Telephone Directory (*all such expenses*)***	$	350			350
3. Advertising Other (*Specify*)***	$	1,183			1,183
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	$	128			128
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	700			700
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$	140			140
10. Contributions*** 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**	$	107,719			107,719
13. Other (*Specify*) See Attached Schedule	$	8,799			8,799
C-14 Total Administrative & General Expenditures	$	321,472			321,472

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
			-
Promotional Advertising (Disallowed on Pg 28)			$ 1,183
Total Other Advertising	$ -	$ -	$ 1,183

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
			-
CT Association of Residential Care Homes Dues			$ 700
Total Dues	$ -	$ -	$ 700

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
			-
License Fees			$ 350
Bounced Check(Disallowed)			30
Prior Period Expense(Disallowed)			$ (1,581)
ALLOC - GGAS Non-Allow			$ 10,000
Total Other Administrative and General	$ -	$ -	$ 8,799

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CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2021	Page 17 of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
United Community & Family Services, Inc., 34 East Town Street, Norwhich, CT 06360	107,719	Management and general services. Note: Includes unemployment insurance and worker's compensation	Page 16 Line m12

*** 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.**

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

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2021	Page 18 of 37

Item		Total	CCNH	RHNS	Residential Care Home
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	64,751			64,751
2. Non-Food Supplies	$	10,509			10,509
3. Other (*Specify*) _____	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Other (*Specify*) _____	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	75,260			75,260

2E. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home
F. Resident Meals:	Total no. of meals served per day:*				

G.	Is cost of employee meals included in 2D?	○ Yes	⊙ No	
H.	Did you receive revenue from employees?	○ Yes	⊙ No	If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	⊙ Yes	○ No	If yes, specify cost.
K.	Is any revenue collected from these people?	⊙ Yes	○ No	If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	○ Yes	⊙ No	If yes, specify cost.
N.	Is any revenue collected from employees?	○ Yes	⊙ No	If yes, specify amt.
O.	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.

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

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2021	Page of 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 washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. $				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. $				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Other (*Specify*) Laundry Supplies	$	987			987
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	987			987

3E.	Laundry Questionnaire			
F.	Is cost of employee laundry included in 3D?	O Yes	⊙ No	If yes, specify cost.
G.	Did you receive revenue from employees?	O Yes	⊙ No	If yes, specify amt.
H.	Where is the revenue received reported in the Cost Report?			(Page/Line Item)
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	O Yes	⊙ No	If yes, specify cost.
J.	Did you receive revenue from these people?	O Yes	⊙ No	If yes, specify amt.
K.	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 3D.

*** Pounds of Laundry only required for multi-level facilities.

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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
Sheltering Arms	1268	9/30/2021	20	37

Item			Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$				
C. Other (*Specify*) Housekeeping Supplies		$	4,997			4,997
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	4,997			4,997
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$				
b. Medicine Cabinet Drugs		$	3,542			3,542
c. Medical and Therapeutic Supplies		$				
d. Ambulance/Limousine***		$				
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$				
f. X-rays and Related Radiological Procedures***		$				
g. Dental (*Not dentists who should be included under salaries or fees*)		$				
h. Laboratory***		$	200			200
i. Recreation		$	5,228			5,228
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)**** See Attached Schedule		$				
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	8,970			8,970

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
			-
Total Other Resident Care	$ -	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
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Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Performance Environmental	111 Kendall St, New Haven, CT 06512	○	⊙	N/A	Cleaning Services			33,944	22	6f
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							

* 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).

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

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2021			Page 22 of 37
Item		Total	CCNH	RHNS	Residential Care Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	6,769			6,769
b. Heat	$	15,744			15,744
c. Light & Power	$	34,738			34,738
d. Water	$	10,925			10,925
e. Equipment Lease (*Provide detail on page 6*)	$	1,398			1,398
f. Other (*itemize*) See Attached Schedule	$	66,629			66,629
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	136,203			136,203
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$	41			41
b. Building & Building Improvements	$	60,983			60,983
c. Non-Movable Equipment	$				
d. Movable Equipment	$	9,016			9,016
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	70,040			70,040
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$				
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$				
9. Rental payments on leased real property less real estate taxes included in item 10b	$				
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$				
c. Personal property taxes	$				
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	70,040			70,040

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
			-
Contracted Repairs & Maint			$ 56,859
Small Equipment			9,770
Total Other Repairs and Maintenance	$ -	$ -	$ 66,629

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2021	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. Acquired prior to this report period	46,461		46,461	45,592	S/L	Various	41	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								41
B. **Building and Building Improvements**								
1. Acquired prior to this report period	2,502,306		2,373,106	1,903,458	S/L	Various	59,709	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	17,153		17,153		S/L	Various	1,274	
B-4. Subtotal								60,983
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	55,192		55,192	55,192	S/L	Various		
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								

	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.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	252,340	1,688	250,652	207,891	S/L	Various	9,016	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
D-3. Subtotal												9,016
E. ***Total Depreciation***												70,040

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:					
10/30/2020	Repoint Garage and Pillar	$ 8,323	10	$ 832	
12/31/2020	Carpet Removal, Install Flooring	8,830	20	442	
Total additions for Building Improvement		$ 17,153		$ 1,274	*
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 peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Total additions for Non-Movable Equipmen		$ -		$ -	*
Deletions:					
Total deletions for Non-Movable Equipmen		$ -		$ -	**

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

*Ties to Page 23, Line D2c
**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3
**Ties to Page 24, Line C2

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

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2021	24	37

Item	Date of Acquisition Month	Date of Acquisition Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. ***Total Amortization***									

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.
B. Life of mortgage; OR
C. Remaining Life of Lease; OR
D. Actual Life if owned by Related Party.

United Community & Family Services d/b/a
Sheltering Arms
Depreciation Schedule
09/30/21

Property	Acquisition Year	Historical Costs	SA Portion	RD Portion	Cost to Be Depreciated	Life	Method Life	2018 Deprc.	2018 Accum.	2019 Deprc.	2019 Accum.	2020 Deprc.	2020 Accum.	2021 Deprc.	2021 Accum.	NBV
Movable Equipment Acquired prior 2000	Var	65,276			65,276	Var	S/L	-	65,276	-	65,276	-	65,276	-	65,276	-
Acquisition 2001:	2001				1,739	N/A	S/L	-	1,739	-	1,739	-	1,739	-	1,739	-
Storage Bins	2001	1,739			1,266	N/A	S/L	-	1,266	-	1,266	-	1,266	-	1,266	-
Muscarella Adapter/Filters/Tubing	2001	1,266			250	N/A	S/L	-	250	-	250	-	250	-	250	-
Rinse Unit/Faucet	2001	250			5,857	5	S/L	-	5,857	-	5,857	-	5,857	-	5,857	-
Dishwasher Lift Gate	2001	5,857			1,844	N/A	S/L	-	1,844	-	1,844	-	1,844	-	1,844	-
Rollaway Table	2001	1,844			1,402	N/A	S/L	-	1,402	-	1,402	-	1,402	-	1,402	-
2 Dishwasher Tables	2001	1,402					S/L									
Acquisition 2002:	2002				1,085	N/A	S/L	-	1,085	-	1,085	-	1,085	-	1,085	-
Computer drops for RD	2002	1,085			1,892	N/A	S/L	-	1,892	-	1,892	-	1,892	-	1,892	-
Desk	2002	1,892			1,804	N/A	S/L	-	1,804	-	1,804	-	1,804	-	1,804	-
Floor Cleaning machine	2002	1,804			13,821	5	S/L	-	13,821	-	13,821	-	13,821	-	13,821	-
Furniture for SA	2002	13,821			405	N/A	S/L	-	405	-	405	-	405	-	405	-
Installation of Dishwasher	2002	405			1,227	N/A	S/L	-	1,227	-	1,227	-	1,227	-	1,227	-
Medication Cart	2002	1,227			725	N/A	S/L	-	725	-	725	-	725	-	725	-
Slicer	2002	725			222	N/A	S/L	-	222	-	222	-	222	-	222	-
Storage cabinet	2002	222			520	N/A	S/L	-	520	-	520	-	520	-	520	-
Toaster Conveyor	2002	520					S/L									
Acquisition 2005	2005	2,668			2,668	10	S/L	-	2,668	-	2,668	-	2,668	-	2,668	-
Chairs																
Acquisition 2006	2006	3,455			3,455	10	S/L	-	3,455	-	3,455	-	3,455	-	3,455	-
Side chairs	2006	5,200			5,200	10	S/L	-	5,200	-	5,200	-	5,200	-	5,200	-
Recliners/chairs etc																
Acquisition 2008	2008	4,525			4,525	10	S/L	-	4,525	-	4,525	-	4,525	-	4,525	-
Furniture																
Acquisition 2009	2009	1,222			1,222	7	S/L	-	1,222	-	1,222	-	1,222	-	1,222	-
2 dressers, 6 twin beds & frames	2009	280			280	5	S/L	-	280	-	280	-	280	-	280	-
Window Shades																
Acquisition 2010	2010	4,644			4,644	5	S/L	-	4,644	-	4,644	-	4,644	-	4,644	-
7 recliners 100% SA	2010	1,711			1,711	5	S/L	-	1,711	-	1,711	-	1,711	-	1,711	-
10 Hospital Mattresses	2010	1,100			1,100	3	S/L	-	1,100	-	1,100	-	1,100	-	1,100	-
LCD TV & mounting bracket	2010	1,052			1,052	5	S/L	-	1,052	-	1,052	-	1,052	-	1,052	-
Viatal signs monitor & stand																
Acquisition 2011	2011	120			120	5	S/L	-	120	-	120	-	120	-	120	-
SA Renovations	2011	1,689			1,689	5	S/L	-	1,689	-	1,689	-	1,689	-	1,689	-
Furniture - chairs & Loveseat	2011	3,506			3,506	5	S/L	-	3,506	-	3,506	-	3,506	-	3,506	-
Furniture - chairs & Loveseat	2011	6,575			6,575	3	S/L	-	6,575	-	6,575	-	6,575	-	6,575	-
Satellite System	2011	1,689			1,689	5	S/L	-	1,689	-	1,689	-	1,689	-	1,689	-
Furniture - chairs & Loveseat	2011	3,506			3,506	5	S/L	-	3,506	-	3,506	-	3,506	-	3,506	-
Furniture - chairs & Loveseat**	2011	6,575			6,575	3	S/L	-	6,575	-	6,575	-	6,575	-	6,575	-
Satellite System**																
Acquisition 2012	2012	4,063	3,372	691	3,372	5	S/L	-	3,372	-	3,372	-	3,372	-	3,372	-
Fiber Data Link Service	2012	5,222			5,222	5	S/L	-	5,222	-	5,222	-	5,222	-	5,222	-
Sofa and Chairs																
Acquisition 2014	2014	1,153	1,153	-	1,153	2.5	S/L	-	1,153	-	1,153	-	1,153	-	1,153	-
Toro Snow Blower	2014	3,695	3,695	-	3,695	5	S/L	739	2,956	739	3,695	-	3,695	-	3,695	-
Lawn Tractor/Mower	2014	1,557	1,137	265	1,137	5	S/L	227	1,137	-	1,137	-	1,137	-	1,137	-
Controller based Antenna	2014	2,464	2,464		2,464	10	S/L	246	1,232	246	1,479	246	1,725	246	1,972	493
Fabric to Refurbish 30 Arm Chairs	2014	10,464	10,464	319	10,464	10	S/L	1,046	5,232	1,046	6,279	1,046	7,325	1,046	8,371	2,093
Refurbish 30 Arm Chairs	2014	1,877	1,558		1,558	7	S/L	223	1,113	223	1,335	223	1,558	-	1,558	-
Under-Counter Ice Machine																
Acquisition 2015	2015	1,514	1,256	257	1,256	7	S/L	179	718	179	897	179	1,077	179	1,256	(0)
Install 4 Cat - Wireless WAPS	2015	(2,464)	(2,464)	-	(2,464)		S/L	(493)	(1,972)	(493)	(2,464)	-	(2,464)	-	(2,464)	-
Returned fabric to re-do chairs	2015	2,022	2,022	-	2,022	7	S/L	289	1,156	289	1,445	289	1,733	289	2,022	229
Locking beverage storage cart	2015	763	763	-	763	10	S/L	76	305	76	381	76	458	76	534	1,461
Stacking arm chairs	2015	4,869	4,868	-	4,869	10	S/L	487	1,948	487	2,435	487	2,922	487	3,409	-
Furniture - 2 lounge chairs/2 loveseats	2015	4,795	4,795	-	4,795	7	S/L	685	2,740	685	3,425	685	4,110	685	4,795	-
Gas range stove	2015															-
Acquisition 2016	2016	4,844	4,844	-	4,844	3	S/L	1,614 54	4,844	-	4,844	-	4,844	-	4,844	(0)
CT Elevator Contractor's License																-
Acquisition 2017	2017	12,600	12,600	-	12,600	10	S/L	1,260	2,520	1,260	3,780	1,260	5,040	1,260	6,300	6,300
Satellite Installation	2017	3,071	2,549	522	2,549	5	S/L	510	1,020	510	1,529	510	2,039	510	2,549	-
Installation of camera system	2017	3,241	3,241	-	3,241	15	S/L	216	432	216	648	216	864	216	1,080	2,160
Cabinets for resident attendant office	2017	10,982	10,982	-	10,982	15	S/L	732	1,464	732	2,196	732	2,929	732	3,661	7,321
New furniture-(9) scarlet chairs & loveseat	2017	5,264	4,369	895	4,369	10	S/L	437	874	437	1,311	437	1,748	437	2,185	2,185
Carrier Chiller compressor motor boards	2017															-
Acquisition 2018	2018	7,790	7,790	-	7,790	10	S/L	779	779	779	1,558	779	2,337	779	3,116	4,674
Commercial Refrigerator/Freezer	2018	2,825	2,825	-	2,825	8	S/L	353	353	353	706	353	1,059	353	1,413	1,413
Deposit for Tent	2018	3,550	3,550	-	3,550	8	S/L	444	444	444	888	444	1,331	444	1,775	1,775
Tent	2018	4,011	4,011	-	4,011	5	S/L	802	802	802	1,604	802	2,407	802	3,209	802
Additional Security Cameras	2018	4,735	4,735	-	4,735	10	S/L	474	474	474	947	474	1,421	474	1,894	2,841
5 Scarlet Chairs	2018															

United Community & Family Services d/b/a
Sheltering Arms
Depreciation Schedule
09/30/21

Property	Acquisition Year	Historical Costs	SA Portion	RD Portion	Cost to Be Depreciated	Life	Method Life	2018 Deprc.	2018 Accum.	2019 Deprc.	2019 Accum.	2020 Deprc.	2020 Accum.	2021 Deprc.	2021 Accum.	NBV
Total		253,757	96,581	2,949	250,652			11,326	189,167	9,485	198,653	9,239	207,891	9,016	216,907	33,746
Building and Building Improvements																
Acquired prior 2000	Var	1,011,268			1,017,092	Var	S/L	-	963,865	-	963,865	-	963,865	-	963,865	53,227
																-
Acquired during 2000	2000	7,886			7,886	10	S/L	-	7,886	-	7,886	-	7,886	-	7,886	-
Acquired prior 2000		1,019,154			1,024,978			-	971,751	-	971,751	-	971,751	-	971,751	53,227
Painting of Exterior	2001	26,350			26,350	10	S/L	-	26,350	-	26,350	-	26,350	-	26,350	-
Current year Acquisition 2002														-	-	-
Dining Room Remodel (Painting/Blinds)	2002	10,687			10,687	5	S/L	-	10,687	-	10,687	-	10,687	-	10,687	-
Work on SA electrical Panel	2002	4,250			4,250	5	S/L	-	4,250	-	4,250	-	4,250	-	4,250	-
Renovate Bathrooms 2003	2003	50,619			50,619	15	S/L	-	50,619	-	50,619	-	50,619	-	50,619	-
Metal Door	2004	2,558			2,558	10	S/L	-	2,558	-	2,558	-	2,558	-	2,558	-
Shed (Shared Item with Ross)	2004	3,550			3,550	10	S/L	-	3,550	-	3,550	-	3,550	-	3,550	-
Entrance	2005	9,000			9,000	10	S/L	-	9,000	-	9,000	-	9,000	-	9,000	-
Skylights	2005	5,500			5,500	20	S/L	275	3,850	275	4,125	275	4,400	275	4,675	825
Plumbing (SHARED WITH ROSS)	2005	4,118			4,118	5	S/L	-	4,118	-	4,118	-	4,118	-	4,118	-
Gold Room Carpet	2005	2,970			2,970	5	S/L	-	2,970	-	2,970	-	2,970	-	2,970	-
																-
Acquisition 2006																-
Stairwell patch and paint	2006	9,000			9,000	5	S/L	-	9,000	-	9,000	-	9,000	-	9,000	-
Painting & Courtyard Renovations	2006	8,536			8,536	5	S/L	-	8,536	-	8,536	-	8,536	-	8,536	-
																-
																-
Acquisition 2007																-
Window sashes	2007	2,531			2,531	5	S/L	-	2,531	-	2,531	-	2,531	-	2,531	-
Men's room alterations	2007	36,100			36,100	15	S/L	2,407	28,880	2,407	31,287	2,407	33,693	2,407	36,100	-
Carpet for Atrium 2nd Floor	2007	3,111			3,111	5	S/L	-	3,111	-	3,111	-	3,111	-	3,111	-
Gas water heater	2007	7,950			7,950	10	S/L	-	7,950	-	7,950	-	7,950	-	7,950	-
Drain Piping replacement	2007	3,300			3,300	10	S/L	-	3,300	-	3,300	-	3,300	-	3,300	-
2nd floor corridor carpet	2007	4,117			4,117	5	S/L	-	4,117	-	4,117	-	4,117	-	4,117	-
																-
																-
Acquisition 2008																-
Roof work proposal 3538	2008	7,616			7,616	30	S/L	254	2,793	254	3,046	254	3,300	254	3,554	4,062
2 new Pole Lights	2008	1,300			1,300	15	S/L	87	953	87	1,040	87	1,127	87	1,213	87
Ladies Room	2008	20,078			20,078	15	S/L	1,339	14,724	1,339	16,062	1,339	17,401	1,339	18,740	1,339
CL Wood Invoices	2008	3,044			3,044	15	S/L	203	2,232	203	2,435	203	2,638	203	2,841	203
Kitchen renovations	2008	2,200			2,200	15	S/L	147	1,613	147	1,760	147	1,907	147	2,053	147
HVAC system*	2008	826,060			826,060	20	S/L	41,303	454,333	41,303	495,636	41,303	536,939	41,303	578,242	247,818
																-
																-
Acquisition 2009																-
Valcor Communications - Outdoor cable/wiring upgrade	2009	6,024			6,024	20	S/L	301	3,012	301	3,313	301	3,615	301	3,916	2,108
Outdoor Signage for SA	2009	825			825	7	S/L	-	825	-	825	-	825	-	825	-
Lighting for Sheltering Arms	2009	7,900			7,900	7	S/L	-	7,900	-	7,900	-	7,900	-	7,900	-
																-
																-
Acquisition 2010																-
Chimney repair 83% SA	2010	3,000	2,490	510	2,490	5	S/L	-	2,490	-	2,490	-	2,490	-	2,490	-
Chimney repair 83% SA	2010	4,110	3,411	699	3,411	5	S/L	-	3,411	-	3,411	-	3,411	-	3,411	-
New membrane in lieu of pavers 83% SA	2010	1,995	1,656	339	1,656	5	S/L	-	1,656	-	1,656	-	1,656	-	1,656	-
1st floor bathroom remodel 100% SA	2010	11,484	11,484	-	11,484	5	S/L	-	11,484	-	11,484	-	11,484	-	11,484	-
Wireing for alarm system 83% SA	2010	450	374	77	374	5	S/L	-	374	-	374	-	374	-	374	-
Emergency unlocking device 100% SA	2010	3,000	3,000	-	3,000	5	S/L	-	3,000	-	3,000	-	3,000	-	3,000	-
*Adjustment to previously purchased asset 2008		(1,500)	(1,245)	(255)	(1,245)	3	S/L	-	(1,245)	-	(1,245)	-	(1,245)	-	(1,245)	-
																-
																-
Acquisition 2011																-
Lumber for Attic	2011	1,091			1,091	15	S/L	73	582	73	654	73	727	73	800	291
Gutters Work	2011	6,551			6,551	3	S/L	-	6,551	-	6,551	-	6,551	-	6,551	-
Repoint Boiler Chimney	2011	12,800			12,800	5	S/L	-	12,800	-	12,800	-	12,800	-	12,800	-
Dishwasher Installation	2011	2,304			2,304	5	S/L	-	2,304	-	2,304	-	2,304	-	2,304	-
Chimney Work	2011	681			681	5	S/L	-	681	-	681	-	681	-	681	-
Chimney Work	2011	3,292			3,292	5	S/L	-	3,292	-	3,292	-	3,292	-	3,292	-
Grease Trap Installation	2011	4,500			4,500	15	S/L	300	2,400	300	2,700	300	3,000	300	3,300	1,200
Drainage	2011	120			120	10	S/L	12	96	12	108	12	120	-	120	-
New Carpet in Front Lobby	2011	2,010			2,010	5	S/L	-	2,010	-	2,010	-	2,010	-	2,010	-
Kitchen Cabinets	2011	16,566			16,566	5	S/L	-	16,566	-	16,566	-	16,566	-	16,566	-
Gutters, windows, painting - Final payment	2011	26,203	21,748	4,455	21,748	10	S/L	2,175	17,399	2,175	19,574	2,175	21,748	-	21,748	-
					-											-
																-
Acquisition 2012																-
Shower Stall Replacement	2012	5,390			5,390	15	S/L	359	2,515	359	2,875	359	3,234	359	3,593	1,797
2 New Toilets	2012	1,512			1,512	15	S/L	101	705	101	806	101	907	101	1,008	504
Windows	2012	47,000	39,010	7,990	39,010	20	S/L	1,951	14,053	1,951	16,004	1,951	17,954	1,951	19,905	19,106
																-
																-
Acquisition 2013																-
Upgrade Voice Cable for VOIP	2013	8,516	7,068	1,448	7,068	20	S/L	353	2,193	353	2,546	353	2,900	353	3,253	3,615
Flooring in Lower Dining Room	2013	1,300		1,300	-	7	S/L	-	-	-	-	-	-	-	-	-
New Circulator for Boiler**	2013	1,151	956	196	956	5	S/L	-	956	-	956	-	956	-	956	-
New Flooring in SA Dining Room	2013	6,032	6,032		6,032	10	S/L	603	3,619	603	4,222	603	4,825	603	5,429	603
2nd Floor Roof Replacement	2013	3,950	3,279	672	3,279	20	S/L	164	1,017	164	1,181	164	1,345	164	1,509	1,770
Upgrade Voice Cable for VOIP	2013	5,794	4,809	985	4,809	20	S/L	240	1,492	240	1,732	240	1,973	240	2,213	2,596
Repair Front of Building	2013	3,100	2,573	527	2,573	20	S/L	129	798	129	927	129	1,056	129	1,184	1,389
	2013															-
																-
Acquisition 2014																-
Garage-Flat roof replacement	2014	4,985	4,985		4,985	20	S/L	249	1,246	249	1,496	249	1,745	249	1,994	2,991
Concrete repair on Handicap ramp	2014	5,325	2,663	2,663	2,663	10	S/L	266	1,598	266	1,864	266	2,130	266	2,396	266
Install circulating pump and piping	2014	1,256	1,256		1,256	20	S/L	63	314	63	377	63	440	63	503	754
Deposit on new roof	2014	16,950	14,069	2,882	14,069		S/L	-	-	-	-	-	-	-	-	14,069
																-

United Community & Family Services d/b/a
Sheltering Arms
Depreciation Schedule
09/30/21

Property	Acquisition Year	Historical Costs	SA Portion	RD Portion	Cost to Be Depreciated	Life	Method Life	2018 Deprc.	2018 Accum.	2019 Deprc.	2019 Accum.	2020 Deprc.	2020 Accum.	2021 Deprc.	2021 Accum.	NBV
Acquisition 2015																
Sprinkler	2015	15,000	12,450	2,550	12,450	20	S/L	623	2,618	623	3,240	623	3,863	623	4,485	7,965
Remining work on new roof	2015	16,950	14,069	2,882	14,069	20	S/L	703	2,958	703	3,661	703	4,365	703	5,068	9,000
Generator**	2015	15,000	-	-	-	10	S/L	-	-	-	-			-	-	-
Generator**	2015	68,375	-	-	-	10	S/L	-	-	-	-			-	-	-
Generator**	2015	17,853	1,019	3,035	1,019	10	S/L	102	408	102	510	102	611	102	713	306
Generator**	2015	26,779	22,227	4,552	22,227	10	S/L	2,223	8,891	2,223	11,113	2,223	13,336	2,223	15,559	6,668
Generator - Gas piping	2015	2,041	1,694	347	1,694	10	S/L	169	678	169	847	169	1,017	169	1,186	508
																-
Acquisition 2016																-
Installation of New Hot Water Heater	2016	8,076	8,076	-	8,076	10	S/L	807.64	2,423	808	3,231	808	4,039	808	4,846	3,230
Installed new Trap in Laundry Room	2016	3,500	3,500	-	3,500	10	S/L	350	1,050	350	1,400	350	1,750	350	2,100	1,400
Glass Hip Roof Replacement	2016	3,650	3,650	-	3,650	10	S/L	365	1,095	365	1,460	365	1,825	365	2,190	1,460
																-
Acquisition 2017																-
Installed wiring for new nurses station - 2nd Floor	2017	3,135	3,135	-	3,135	20	S/L	157	313	157	470	157	627	157	784	2,351
																-
Acquisition 2019																-
Repair Front Stairs	2019	4,110	4,110	-	4,110	20	S/L	-	-	206	206	206	411	206	617	3,494
Repair Front Stair	2019	4,010	4,010	-	4,010	20	S/L			201	201	201	401	201	602	3,409
																-
Acquisition 2020																-
Monitor Co - Security alarm equipment	2020	3,132	3,132	-	3,132	5	S/L			-	-	626	626	626	1,252	1,880
Hollow Metal Door Replacement	2020	690	690	-	690	20	S/L			-	-	35	35	35	70	620
New Locks and Keys	2020	1,508	1,508	-	1,508	10	S/L			-	-	151	151	151	302	1,206
Monitor Co - Security alarm equipment	2020	6,132	6,132	-	6,132	5	S/L			-	-	1,226	1,226	1,226	2,452	3,680
Monitor Co - Security alarm equipment	2020	3,000	3,000	-	3,000	5	S/L			-	-	600	600	600	1,200	1,800
Acquisition 2021																
Repaint Garage and Pillar	2021	8,323	8,323		8,323	10	S/L	-	-	-	-	-	-	832	832	7,491
Carpet removal, install flooring	2021	8,830	8,830		8,830	20	S/L	-	-	-	-	-	-	442	442	8,388
Total		2,519,459	239,171	37,851	2,390,259			58,852	1,782,303	59,258	1,841,561	61,896	1,903,457	60,983	1,964,440	425,819

Note: The Facility received a $100,000 grant from OPM to add the generator. Therefore, for reimbursement purposes, only the costs in excess of the $100,000 will be depreciated.**

Non-Movable Equipment																
Acquired prior 2000	Var	55,192			55,192	Var	S/L	-	55,192	-	55,192	-	55,192	-	55,192	-
Total		55,192			55,192			-	55,192	-	55,192	-	55,192	-	55,192	-
Land Improvement																
Acquired prior 2000	Var	25,793			25,793	Var	S/L	-	25,793	-	25,793	-	25,793	-	25,793	-
Tree Services	2001	4,216			4,216	5	S/L	-	4,216	-	4,216	-	4,216	-	4,216	-
Various Land Improvements	various	7,227			7,227	Var	S/L	41	6,276	41	6,317	41	6,357	41	6,398	829
																-
Acquisition 2006																-
Tree Services	2006	3,025			3,025	5	S/L	-	3,025	-	3,025	-	3,025	-	3,025	-
																-
Acquisition 2010																-
Parking lot renovations	2010	5,000	4,150	850	4,150	5	S/L	-	5,000	-	5,000	-	5,000	-	5,000	(850) {a}
																-
Acquisition 2011																-
Parking lot pavement and extension	2011	1,200			1,200	5	S/L	-	1,200	-	1,200	-	1,200	-	1,200	-
																-
Total		46,461			45,511			41	45,510	41	45,551	41	45,591	41	45,632	(21)
Total Depreciation For Period		2,874,870			2,741,715			70,219	2,072,172	68,783	2,140,956	71,175	2,212,131	70,040	2,282,171	459,544
Total Historical Cost								135,345								
								$ 65,305								

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

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2021	25	37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ○ Yes ⊙ 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	01/01/16
2. Date Structure Completed	01/01/26
3. If **NOT** Original Owner, Date of Purchase	N/A
4. Date of Initial Licensure	N/A
5. Total Licensed Bed Capacity	30
6. Square Footage	N/A
7. Acquisition Cost	
a. Land	16,205
b. Building	144,430

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/21				
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.

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

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2021			Page 26 of 37
Item		Total	CCNH	RHNS	Residential Care Home
12. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage	$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. ***Total Building Interest Expense*** (A1 - A4 + B5)	$				

(Carry Subtotals forward to next page)

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

Name of Facility Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2021			Page 27 of 37
Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:					
12. C. Movable Equipment 1. Automotive Equipment $					
A. Item / Rate / Amount					
Lender					
Address of Lender					
2. Other (*Specify*) $					
A. Item / Rate / Amount					
Lender					
Address of Lender					
B. Item / Rate / Amount					
Lender					
Address of Lender					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) $					
12. D. Other Interest Expense (*Specify*) $ Interest Expense - Capital		10,642			10,642
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $		10,642			10,642
14. Insurance a. Insurance on Property (buildings only) $					
b. Insurance on Automobiles $		2,663			2,663
c. Insurance other than Property (as specified above) 1. Umbrella (*Blanket Coverage*) $		27,954			27,954
2. Fire and Extended Coverage $					
3. Other (*Specify*) $					
14d. ***Total Insurance Expenditures (14a + b + c)*** $		30,617			30,617
15. ***Total All Expenditures (A-13 thru C-14)*** $		1,352,918			1,352,918

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D. Adjustments to Statement of Expenditures

Name of Facility Sheltering Arms				License No. 1268	Report for Year Ended 9/30/2021		Page 28 of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs $				
2.			Salaries not related to Resident Care $				
3.			Occupational Therapy $				
4.			Other - See attached Schedule $	9,353			9,353
Page 13 - Professional Fees							
5.			Resident Care Physicians ** $				
6.			Occupational Therapy $				
7.			Other - See attached Schedule $				
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.	15	1c	Bad Debts $	17			17
10.			Accounting $				
10a.			Legal $				
11.			Telephone $				
12.			Cellular Telephone $				
13.			Life insurance premiums on the life of Owners, Partners, Operators $				
14.			Gifts, flowers and coffee shops $				
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees $				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative $				
17.			Automobile Expense (e.g. personal use) $				
18.	16	m2/3	Unallowable Advertising * $	1,533			1,533
19.			Income Tax / Corporate Business Tax $				
20.			Fund Raising / Contributions $				
21.			Unallowable Management Fees $				
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	8,449			8,449
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) $	19,352			19,352

(Carry Subtotal forward to next page)

* All except "Help Wanted".

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	12b2	RN Salaries Disallowance(See attached)			$ 9,353
Total Other Salaries Adjustment			$ -	$ -	$ 9,353

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Non Allowable GA Allocation			$ 10,000
16	m13	Bounced Check			30
16	m13	Prior Period Expense			$ (1,581)
Total Other A&G Adjustments			$ -	$ -	$ 8,449

United Community & Family Services d/b/a
Sheltering Arms
RN / LPN Salary Disallowance
09/30/21

PURPOSE: The purpose of this calculation is to allow RN / LPN salaries to the extent of the aides average wage rate.

NOTE: There are RN Administrative salaries listed on Page 10, however we believe these should not be capped as they are administrative oversight rather than direct care of patients.

	Salary	Hours*	Wage per Hour
RN	16,634	415	40.08
LPN	0	0	-
Aides	265,561	15,137	17.54
Total Salary Expenditures			

	Wage per Hour
RN	40.08
LPN	-
Aides	17.54
Variance	22.54

Variance	22.54
RN Hours	415
LPN Hours	-
Disallowance	9,353 ✓

* Per client questionnaire.

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

Name of Facility: Sheltering Arms	License No. 1268	Report for Year Ended 9/30/2021	Page 29 of 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
			Subtotals Brought Forward $	19,352			19,352
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs $				
28.	20	5d	Ambulance/Limousine $				
29.	20	5f	X-rays, etc $				
30.	20	5h	Laboratory $	200			200
31.			Medical Supplies $				
32.	20	5e2	Oxygen (non emergency) $				
33.			Occupational Therapy $				
34.			Other - See Attached Schedule $	4,033			4,033
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 $				
Page 27 - Insurance							
40.			Mortgage Insurance $				
41.			Property Insurance $				
Other - Miscellaneous							
42.			Other - Indirect $				
43.			Interest Income on Account Rec. $				
44.			Other - Miscellaneous Administrative $				
45.			Management Fees Direct $				
46.			Management Fees Indirect $				
47.			Other - Direct $	264			264
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule $				
49.			***Total Amount of Decrease (Items 1 - 48)*** $	23,849			23,849

*** 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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5I	Cable Television Disallowance			$ 4,033
Total Other Ancillary Costs			$ -	$ -	$ 4,033

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			$ -	$ -	$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7b	Unallowable Depreciation (See Attached Schedule)			$ 89
30	IV 5	Interest Income			$ 3
30	IV 8	Other Income			$ 137
30	IV 8	Prior Period Revenue			$ 35
Total Other Adjustments			$ -	$ -	$ 264

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home

United Community & Family Services d/b/a
Sheltering Arms
Shared Depreciation Expense/Auto Disallowance
09/30/21

Description	**2021 Depreciation**	**Shared Portion**	**Life**
Valcor Communications - Outdoor cable/wiring upgrade	301	17%*	20
2008 Roof Work	254	10%	30
2008 Two new pole lights for front steps	87	10%	15
2007 Water Heater (Fully Depreciated)	-	10%	10
2007 Drain Piping (Fully Depreciated)	-	10%	10
Various Land Improvements	41	10%	10
Total	683 ✓		

Total 10% Shared Depreciation	382
(Less) None 10% Items	-
Revised Amount	382
Percent Shared	10%
Depreciation/Amt Disallowed (1)	38

Total 17% Shared Depreciation	301
(Less) None 17% Items	-
Revised Amount	301
Percent Shared	17%
Depreciation/Amt Disallowed (2)	51

Total Disallowance	89

* Effective for assets additions after 9/30/2008 the percentage of shared assets allocated to Ross Adult Day Care changed from 10% to 17%.

**35% due to amount of loan outstanding.

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page of
Sheltering Arms	1268	9/30/2021			30 | 37

Item		Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents *(CT only)*	$	914,628			914,628
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	$	84,435			84,435
b. Private-Pay Room and Board Contractual Allowance **	$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$				
b. Prescription Drugs - Medicare Contractual Allowance **	$				
c. Prescription Drugs - Non-Medicare	$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$				
2. a. Medical Supplies - Medicare	$				
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$				
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 **	$				
c. Speech Therapy - Non-Medicare	$				
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	$				
III. *Total Resident Revenue* (Section I. thru Section II.)	$	999,063			999,063
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	$	7,020			7,020
5. Interest Income *(Specify)*	$	3			3
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	364,480			364,480
V. Total Other Revenue (1 thru 8)	$	371,503			371,503
VI. Total All Revenue (III +V)	$	1,370,566			1,370,566

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	Residential Care Home
					-
30 IV 5	Richardson CD Interest Income (Disallowed)	10,233			$ 3
Total Interest Income			$ -	$ -	$ 3

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
				-
30 IV 8	Unrestricted Contributions			$ 97,077
30 IV 8	Revenue - Other COVID19			627
30 IV 8	Other Income			$ 137
30 IV 8	Revenue - Prior Period			$ 35
30 IV 8	Revenue - Non Operating One Time			$ 281,499
30 IV 8	FFCR Salary Credit (No CY Expense)			$ 1,355
30 IV 8	Audit Reserve			$ (16,250)
Total Other Revenue		$ -	$ -	$ 364,480

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2021	31	37

Account			Amount
Assets			
A. Current Assets			
1. Cash (*on hand and in banks*)			$
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			$
3. Other Accounts Receivable (Excluding Owners or Related Parties)			$
4 Inventories			$
5. Prepaid Expenses			$
a. _____			
b. _____			
c. _____			
d. See Schedule			
6. Interest Receivable			$
7. Medicare Final Settlement Receivable			$
8. Other Current Assets (*itemize*)			$
_____			
_____			
_____			
See Schedule			
A-9. ***Total Current Assets*** (Lines A1 thru 8)			$
B. Fixed Assets			
1. Land			$
2. Land Improvements	*Historical Cost _____		$
	Accum. Depreciation	Net	
3. Buildings	*Historical Cost _____		$
	Accum. Depreciation	Net	
4. Leasehold Improvements	*Historical Cost _____		$
	Accum. Depreciation	Net	
5. Non-Movable Equipment	*Historical Cost _____		$
	Accum. Depreciation	Net	
6. Movable Equipment	*Historical Cost _____		$
	Accum. Depreciation	Net	
7. Motor Vehicles	*Historical Cost _____		$
	Accum. Depreciation	Net	
8. Minor Equipment-Not Depreciable			$
9. Other Fixed Assets (*itemize*)			$
_____			
See Schedule			
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)			$

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			$ -

Schedule of Other Current Assets (Itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			$ -

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

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			$ -

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CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2021	32	37

Account			Amount
		Total Brought Forward:	$
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 (*itemize*)			$
6. Loans to Owners or Related Parties (*itemize*)			$
Name and Address	Amount	Loan Date	
7. Other Assets (*itemize*)			$
See Schedule			
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)			$
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)			$

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2021	33	37

Account	Amount
Liabilities	
A. Current Liabilities	
1. Trade Accounts Payable	$
2. Notes Payable (*itemize*)	$
See Schedule	
3. Loans Payable for Equipment (*Current portion*) (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)	$
5. Accrued Payroll (*Owners and/or Stockholders only*)	$
6. Accrued Payroll Taxes Payable	$
7. Medicare Final Settlement Payable	$
8. Medicare Current Financing Payable	$
9. Mortgage Payable (*Current Portion*)	$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)	$
11. Accrued Income Taxes*	$
12. Other Current Liabilities (*itemize*)	$
See Schedule	
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)	$

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2021	34	37

Account	Amount
Total Brought Forward:	
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

4. Other Long-Term Liabilities (*itemize*)	$
See Schedule	
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)	$
C. ***Total All Liabilities*** (Lines A-13 + B-5)	$

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

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2021	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 *(Equity)*		$
4. Reserve for leasehold real properties on which fair rental value is based		$
5. Reserve for funds set aside as donor restricted		$
6. Total Reserves		$
B. **Net Worth**		
1. Owner's Capital		$
2. Capital Stock		$
3. Paid-in Surplus		$
4. Treasury Stock		$
5. Cumulated Earnings		$ (2,797,098)
6. Gain or Loss for Period	10/1/2020 thru 9/30/2021	$ (47,655)
7. Total Net Worth		$ (2,844,753)
C. ***Total Reserves and Net Worth***		$ (2,844,753)
D. ***Total Liabilities, Reserves, and Net Worth***		$ (2,844,753)

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2021	36	37

Account			Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2020			$ (2,797,098)
B. Total Revenue (*From Statement of Revenue Page 30*)			$ 1,370,566
C. Total Expenditures (*From Statement of Expenditures Page 27*)			$ 1,418,221
D. Net Income or Deficit			$ (47,655)
E. Balance			$ (2,844,753)
F. Additions			
1. Additional Capital Contributed (*itemize*)			
Total Expenses Per Page 27 $1,352,918			
F/S vs C/R Depreciation 65,303			
Total Expenses $1,418,221			
2. Other (*itemize*)			
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		Amount	
3. Total Deductions			$
H. ***Balance at End of Period*** 09/30/21			$ (2,844,753)

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I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Sheltering Arms	1268	9/30/2021	37	37

Check appropriate category

☐ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home

Preparer/Reviewer Certification

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.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer	
Matthew S. Bavolack	
Addres Address	Phone Number
555 Long Wharf Drive, New Haven, CT 06511	203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
William Rush	860-822-4153
Contact Email Address	
wrush@ucfs.org	

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Sheltering Arms for the year ended September 30, 2021, 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 Sheltering Arms. 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 Sheltering Arms 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
January 12, 2022

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

Workpaper Index: 400.2
Prepared By:
Reviewed By:
Workpaper Date: 1/12/2022
Run Date: 1/12/2022

Provider Name: Sheltering Arms
Provider Number: 1268
Period Ended: 9/30/21

Name of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE: To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? *Request insurance cards and current vehicle registration.*				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: