State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2020

Name of Facility (as licensed) Saint Mary Home		
Address (No. & Street, City, State, Zip Code) 2021 Albany Avenue, West Hartford CT 06117		
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☑ Residential Care Home		
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020	

License Numbers:	CCNH	RHNS	Residential Care Home	Medicare Provider
	680-C		1289	07-5085

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	75085		

For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2020	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 Saint Mary Home [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Brian Nyberg			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 Saint Mary Home	Period Covered:		From 10/1/2019	To 9/30/2020
Address of Facility 2021 Albany Avenue, West Hartford CT 06117				
Report Prepared By Haley Gregory	Phone Number 734-343-6611		Date 2/15/2021	

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
860-570-8300	9/30/2020	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Saint Mary Home	2021 Albany Avenue, West Hartford CT 06117

	CCNH	RHNS	Residential Care Home	Medicare Provider No.
License Numbers:	680-C		1289	07-5085

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.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:	
Brian Nyberg		1943

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

Name	License No.:
None	

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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

Name of Partners/Members	Business Address	Title	% Owned

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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
Saint Mary Home, Inc.	2021 Albany Avenue, West Hartford CT	Connecticut

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

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General Information and Questionnaire
Individual Proprietorship

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

Owner(s) of Facility

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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	%**				
Trinity Health	20555 Victor Pkwy, Livonia MI 48152	○	⊙		Loan	Pg. 33 A12, Pg. 34 B	9,597,503	9,597,503
Mercy Community Health	2021 Albany Avenue West Hartford, CT 06117	○	⊙		Management Services	Pg. 16 line m12	2,227,914	2,227,914
Trinity Health	20555 Victor Pkwy, Livonia MI 48152	○	⊙		Interest on loan	Pg. 26 line m13	370,373	370,373
Trinity Health	20555 Victor Pkwy, Livonia MI 48152	○	⊙		Intercompany Receivable	Pg. 33 line A12	(4,096,850)	(4,096,850)
St. Francis Medical Group	114 Woodland Street, Hartford CT 06112	○	⊙		Medical Director and Physician Services	Pg. 13 Line 8	79,482	79,482
St. Francis Hospital	114 Woodland Street, Hartford CT 06112	○	⊙		Employment Physicals	Pg. 16 Line M13	10,322	10,322
St. Joseph Hospital Health Center	301 Prospect Ave, Syracuse NY 13203	○	⊙		Intercompany Labor Transfer (RN, LPN, CE	PG 13. Line 11A, 11B	68,994	68,994
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
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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.

Certain salary costs of the residental care home were directly assigned.

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

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

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

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General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
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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
Pitney Bowes, Box 371887, 500 Ross St. Suite 154-0470, Pittsburgh, PA 15262	○	⊙	Postage Machine	12/20/16	60 months	8,296	8,296
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
						Total ***	8,296

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

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

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General Information and Questionnaire
Accounting Basis

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

⊙ Accrual ○ Cash ○ Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1	$
2	$
3	$
4	$
	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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 See attached	
2	
3	
4	
5	

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 See attached	$
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

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Schedule of Resident Statistics

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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	353	256		97	353	256		97				
B. On last day of THIS report period	353	256		97					353	256		97
2. Number of Residents												
A. As of midnight of PREVIOUS report period	334	251		83	334	251		83				
B. As of midnight of THIS report period	238	157		81					238	157		81
3. Total Number of Days Care Provided During Period												
A. Medicare	13,149	13,149			10,467	10,467			2,682	2,682		
B. Medicaid (Conn.)	76,323	45,824		30,499	59,596	36,429		23,167	16,727	9,395		7,332
C. Medicaid (other states)												
D. Private Pay	10,445	9,853		592	8,865	8,457		408	1,580	1,396		184
E. State SSI for RCH												
F. Other (Specify)	3,936	3,936			3,069	3,069			867	867		
G. Total Care Days During Period (3A thru F)	103,853	72,762		31,091	81,997	58,422		23,575	21,856	14,340		7,516
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	739	5		734	669	5		664	70			70
B. Other Bed Reserve Days	32	32			9	9			23	23		
5. ***Total Resident Days*** **(3G + 4A + 4B)**	104,624	72,799		31,825	82,675	58,436		24,239	21,949	14,363		7,586

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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
	CCNH (1)	RHNS (2)	Residential Care Home (3)	Lost (1)	Lost (2)	Lost (3)	Gained (1)	Gained (2)	Gained (3)	CCNH	RHNS	Residential Care Home	

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	16	100		16		2	79	
Per Diem Rate								
a. One bed rm.		261.00		506-558		160.00	109.00	
b. Two bed rms.		261.00		459-506			109.00	
c. Three or more bed rms.		261.00		459.00			109.00	

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	4,583	4,583		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	576	576		
2. Restorative Treatments				
C. Other	35,575	35,575		
D. ***Total Physical Therapy Treatments***	40,734	40,734		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	241	241		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	29	29		
2. Restorative Treatments				
C. Other	1,709	1,709		
D. ***Total Speech Therapy Treatments***	1,979	1,979		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	6,162	6,162		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	537	537		
2. Restorative Treatments				
C. Other	34,497	34,497		
D. ***Total Occupational Therapy Treatments***	41,196	41,196		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
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Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ No

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	160,603	2,065			137,941	1,773
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	317,605	11,748			51,936	1,921
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	59,708	3,021			26,102	1,321
c. Dietary Workers	804,396	56,773			351,652	24,819
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	499,131	35,841			93,583	6,720
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	31,260	966			16,989	525
b. Other Maintenance Workers	426,151	26,938			231,598	14,640
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	147,013	10,088			64,269	4,410
9. Barber and Beautician Services						
10. Protective Services	170,729	9,650			92,785	5,244
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	285,921	4,428				
b. RN						
1. Direct Care	2,025,569	75,945				
2. Administrative**	594,854	11,601				
c. LPN						
1. Direct Care	2,070,966	132,405				
2. Administrative**	65,531	1,564				
d. Aides and Attendants	4,143,302	422,255			402,451	41,015
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	200,639	8,081			32,810	1,321
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	154,697	5,404				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	151,083	5,254			24,706	859
A-13. Total Salary Expenditures	12,309,158	824,027			1,526,822	104,568

* 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)

	CCNH		RHNS		Residential Care Home	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Pastoral Services	$ 151,083	5,254			$ 24,706	859
Total	$ 151,083	5,254	$ -	-	$ 24,706	859

Schedule of Other Fees (Page 13)

	CCNH		RHNS		Residential Care Home	
Service	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Respiratory Services - Disallowed	$ 55,864	1,154				
Other Purchased Services	$ 6,979					
Total	$ 62,843	1,154	$ -	-	$ -	-

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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
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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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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
Saint Mary Home	680-C	9/30/2020	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* **										
Brian Nyberg	160,603			71,705	Administrator	2,065	A2			
Eric Dana			137,941	61,535	Executive Director	1,773	A2			
Section IV - Assistant Administrators										

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

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

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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
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	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	21,109	Disallowed				
3. Pharmacist	36,118					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	874,916	14,582				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	79,482	612				
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	89,970	1,500				
b. Other						
10. Occupational Therapist						
a. Resident Care	834,860	13,914				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	888	8				
2. Administrative***						
b. LPN						
1. Direct Care	1,551	24				
2. Administrative***						
c. Aides	68,994	4,991				
d. Other						
12. Other (Specify)						
See Attached Schedule	62,843	1,154				
B-13 Total Fees Paid in Lieu of Salaries	2,070,731	36,785				

* 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
Saint Mary Home	680-C	9/30/2020	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Health Drive Dental Group, 85 Old Barnes Rd, Wellingford CT 06402	Dental Services	○	⊙	N/A
Select Rehabilitation, PO Box 71985, Chicago IL 60694	PT/ST/OT	○	⊙	N/A
Saint Francis Medical Group, 114 Woodland St, Hartford CT 06105	Medical Director	⊙	○	Trinity Health Affiliate
The Nurse Network, 653 Main St, Plantsville CT 06479	RN	○	⊙	N/A
St. Joseph Hospital Health Center, 301 Prospect Ave, Syracuse NY 13203	RN/LPN/CENA	⊙	○	Trinity Health Affiliate
Symbria Rehab, 28100 Torch Parkway #600, Warrenville, IL 60555	Respirtatory Services	○	⊙	N/A
Omnicare of Sourthern Michigan, 525 Knotter Dr, Cheshire CT 06410	Pharmacists	○	⊙	N/A
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

* 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	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2020	15	37

Item		Total	CCNH	RHNS	Residential Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$				
2. Disability Insurance	$	7,743	6,889		854
3. Unemployment Insurance	$	27,032	24,049		2,983
4. Social Security (F.I.C.A.)	$	1,057,654	940,940		116,714
5. Health Insurance	$	522,243	464,613		57,630
6. Life Insurance (employees only)					
(not-owners and not-operators)	$	687	611		76
7. Pensions (Non-Discriminatory)	$	275,181	244,814		30,367
(not-owners and not-operators)					
8. Uniform Allowance	$	60,739	54,036		6,703
9. Other (*Specify*)	$	3,157,597	2,809,152		348,445
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$				
d. Accounting and Auditing	$	137	118		19
e. Legal (*Services should be fully described on Page 7)*	$	133,177	114,460		18,717
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	12,591	10,821		1,770
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	7,784	6,690		1,094
2. Cellular Phones	$				
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	$	971,138	971,138		
Subtotal	$	6,233,703	5,648,331		585,372

* 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
Union Insurance 1199	$ 1,565,651		$ 194,202
Union Insurance 671	$ 492,664		$ 61,110
Union Education	$ 69,248		$ 8,589
Severance Benefits	$ 143,065		$ 17,746
Other Employee Benefits	$ 538,524		$ 66,798
Total	$ 2,809,152	$ -	$ 348,445

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
Saint Mary Home	680-C	9/30/2020		16	37

Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:		6,233,703	5,648,331		585,372
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$				
3. Gifts to Staff and Residents	$	2,532	2,176		356
4. Employee Travel	$	4,198	3,608		590
5. Education Expenses Related to Seminars and Conventions	$	23,324	20,046		3,278
6. Automobile Expense (*not purchase or depreciation*)	$	968	832		136
7. Other (*Specify*)	$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$				
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)***	$				
See Attached Schedule					
4. Fund-Raising***	$				
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$	7,415	7,415		
7. Postage	$	14,269	12,264		2,005
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	38,863	27,042		11,821
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$				
10. Contributions***	$				
See Attached Schedule					
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	5,829	5,010		819
12. Administrative Management Services**	$	2,220,180	1,908,150		312,030
13. Other (*Specify*)	$	210,283	180,729		29,554
See Attached Schedule					
C-14 Total Administrative & General Expenditures	$	8,761,564	7,815,603		945,961

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CT Assocation of Healthcare	$ 244		$ 106
Hartford Courant	$ 159		$ 70
Leading Age Iowa	$ 19,976		$ 8,733
Wolters Kluwer HLRP	$ 1,646		$ 719
NRC Healthcare	$ 4,492		$ 1,964
Miscellanoues	$ 525		$ 229
Total Dues	$ 27,042	$ -	$ 11,821

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Employee Appreciation	$ 1,303		$ 213
Liturgy Special Occasions	$ (651)		$ (106)
License and Fees	$ 2,308		$ 377
Bank/Trust Fees - Disallowed	$ 8,516		$ 1,393
Non-Reimbursable Expense - Disallowed	$ (234)		$ (38)
Gift Shop - Disallowed	$ 18,209		$ 2,978
Miscellaneous - Disallowed	$ (4,733)		$ (774)
Purchased Religious Services	$ 22,052		$ 3,606
Software and IS Fees	$ 9,792		$ 1,601
Transporation - Disallowed	$ 258		$ 42
Resident Services	$ 3,134		$ 513
Recruitment	$ 28,562		$ 4,671
Billing Services	$ 71,322		$ 11,663
Other Purchased Services	$ 5,235		$ 856
Supply Rebates and Discounts	$ (124,861)		$ (20,418)
Non-Patient Supplies	$ 17,639		$ 2,884
Professional Liability	$ 39,813		$ 6,510
IC Other Integrated Liabilities	$ 83,065		$ 13,583
Total Other Administrative and General	$ 180,729	$ -	$ 29,554

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Schedule C-1 - Management Services*

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2020	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 #
Mercy Community Health	7,734	Direct costs associated with the parent company including wages of the CEO, CFO, Addministrative Asst, and the VP of HR and other directly non-allocated expenses	ADC Cost not reported
		such as insurance for the officers and financial consulting	
Mercy Community Health	2,220,180	Direct costs associated with the parent company including wages of the CEO, CFO, Addministrative Asst, and the VP of HR and other directly non-allocated expenses	Pg. 16 line m12
		such as insurance for the officers and financial consulting	
Trinity Health		Cash management and financing services including access to the bonding markets for financing, administrative services via a continuum care	
		management leadership, purchasing management services, legal services, corporate compliance, and quality.	

*** 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	License No.	Report for Year Ended	Page of
Saint Mary Home	680-C	9/30/2020	18 | 37

Item		Total	CCNH	RHNS	Residential Care Home
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	1,018,928	708,986		309,942
2. Non-Food Supplies	$	25,853	17,989		7,864
3. Other (*Specify*)_____ Catering Expense	$	4,424	3,078		1,346
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	570,248	396,787		173,461
c. Other (*Specify*)_____	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	1,619,453	1,126,840		492,613

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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CSP-19 Rev. 9/2018

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

Name of Facility Saint Mary Home	License No. 680-C	Report for Year Ended 9/30/2020		Page of 19 | 37

Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. $	36,856	25,645		11,211
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)*	$	13,087	9,106		3,981
c. Other (*Specify*)	$				
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	49,943	34,751		15,192

3E.	Laundry Questionnaire			
F.	Is cost of employee laundry included in 3D?	○ Yes	⊙ No	If yes, specify cost.
G.	Did you receive revenue from employees?	○ 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?	○ Yes	⊙ No	If yes, specify cost.
J.	Did you receive revenue from these people?	○ 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
Saint Mary Home	680-C	9/30/2020	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.	$	151,194	127,322		23,872
b. Purchased Services (*by contract other than through Management Services)*	Sq. Ft. Serviced by Personnel					
(Complete Schedule C-2 att. Page 21)	Amt.	$	147,964	124,602		23,362
C. Other (*Specify*)		$				
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	299,158	251,924		47,234
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	479,561	479,561		
b. Medicine Cabinet Drugs		$	5,241	5,241		
c. Medical and Therapeutic Supplies		$	642,255	642,255		
d. Ambulance/Limousine***		$	11,330	11,330		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	87,757	87,757		
f. X-rays and Related Radiological Procedures***		$	19,511	19,511		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	79,096	79,096		
i. Recreation		$				
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)**** See Attached Schedule		$				
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	1,324,751	1,324,751		

* 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
Saint Mary Home	680-C	9/30/2020	21	37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
MJ Norton Security Inc.	Springfield, MA 01151-1326	○	⊙		Security	28,623		15,556	22	6F
Unidine Corporation	PO Box 360639, Pittsburg, PA 1154251	○	⊙		Dining Services	396,787		173,461	18	2b1
Sodexo, Inc.	PO Box 84019, Woburn, MA 01801	○	⊙		Housekeeping Services	121,228		22,730	20	4b
Quest Pest Control	PO Box 1512 Avon, CT 06001	○	⊙		Exterminating Services	18,464		10,035	22	6F
Sodexo, Inc.	PO Box 84019, Woburn, MA 01801	○	⊙		Lanscaping & Grounds	31,805		17,285	22	6F
Plant Life	16 Seymour Rd. #9A, East Granby CT 06026	○	⊙		Lanscaping & Grounds	18,661		10,142	22	6F
Kone Inc	Floor Trumbull CT 06611	○	⊙		Elevator Maintenance	16,431		8,930	22	6F
Otis Mechanical LLC	87 Liberty Hill E., Weathersfield CT 06109	○	⊙		Heating and Cooling Maintenance	13,486		7,329	22	6F
Sodexo, Inc.	PO Box 84019, Woburn, MA 01801	○	⊙		Maintenance Services	167,525		91,044	22	6F
All Waste Inc	PO Box 2472, Hartford, CT 06146	○	⊙		Rubbish Removal	31,620		17,184	22	6F
Sodexo, Inc.	PO Box 84019, Woburn, MA 01801	○	⊙		Laundry Services	9,106		3,981	19	4b
		○	⊙							
		○	⊙							
		○	⊙							

* 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	License No.	Report for Year Ended			Page of
Saint Mary Home	680-C	9/30/2020			22 | 37

Item		Total	CCNH	RHNS	Residential Care Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	345,101	223,589		121,512
b. Heat	$	204,694	132,620		72,074
c. Light & Power	$	375,235	243,112		132,123
d. Water	$	191,845	124,295		67,550
e. Equipment Lease (*Provide detail on page 6*)	$	38,691	25,068		13,623
f. Other (*itemize*)	$	699,086	452,933		246,153
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	1,854,652	1,201,617		653,035
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$	20,073	13,005		7,068
b. Building & Building Improvements	$	870,144	563,760		306,384
c. Non-Movable Equipment	$	97,869	63,409		34,460
d. Movable Equipment	$	144,580	93,672		50,908
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	1,132,666	733,846		398,820
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	$	136,048	88,145		47,903
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	1,268,714	821,991		446,723

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Purchased Services	$ 169,423		$ 92,075
Garbage & Trash Removal	$ 43,355		$ 23,562
IC Occupancy Costs	$ 29,388		$ 15,971
Security	$ 28,623		$ 15,556
Exterminating Contract	$ 19,210		$ 10,440
Grounds & Landscaping	$ 51,938		$ 28,226
TV Cable - Disallowed	$ 66,422		$ 36,098
Minor Equipment - Disallowed	$ 6,302		$ 3,425
Elevator Maintenance	$ 17,758		$ 9,651
Snow Removal	$ 5,257		$ 2,857
Heating & Cooling Maintenance	$ 15,257		$ 8,292
Total Other Repairs and Maintenance	$ 452,933	$ -	$ 246,153

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2020	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	545,955		545,955	301,889	SL	various	12,723	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	4,285		4,285		SL	various	7,350	
A-4. Subtotal								20,073
B. **Building and Building Improvements**								
1. Acquired prior to this report period	25,536,805		25,536,805	18,314,778	SL	various	777,517	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	1,085,417		1,085,417		SL	various	92,627	
B-4. Subtotal								870,144
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	2,266,180		2,266,180	1,252,188	SL	various	97,869	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								97,869

	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. Fully depreciated	X		var	var	201,535		201,535	201,979	SL	various		
b. see attachment for additional motor v			var	var	203,053		203,053	181,597	SL	various	56,810	
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					3,601,827		3,601,827	3,850,674	SL	various	80,351	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					61,665		1,085,417		SL	various	7,419	
D-3. Subtotal												144,580
E. ***Total Depreciation***												1,132,666

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2019	Above Ground Storage Tank	$ 4,285		$ 7,350
Total additions for Land Improvement		$ 4,285		$ 7,350
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:					
2/29/2020	BACK FLOW PREVENTOR	$ (2,200)		$ (89)	
6/30/2020	Hot Water Heater	$ 8,059		$ 1,539	
12/31/2019	Elevator Upgrade	$ 155,312		$ 9,995	
12/31/2019	Center Elevator Replacement	$ 38,790		$ 2,496	
12/31/2019	East 3 Call Bell System	$ 35,669		$ 6,072	
12/31/2019	Hot Water Heater	$ 14,530		$ 2,715	
1/31/2020	West 1 Hallway Reno	$ 28,660		$ 3,669	
1/31/2020	Vinyl Flooring West 1	$ 21,500		$ 3,481	
1/31/2020	HVAC 2 Offices/Conf Room	$ 14,153		$ 1,606	
1/31/2020	Pneumatic Air Compressor	$ 10,466		$ 1,362	
1/31/2020	Flooring 355	$ 3,300		$ 452	
1/31/2020	UTO 355	$ 9,887		$ 2,709	
1/31/2020	Vinyl Flooring 34	$ 2,800		$ 384	
1/31/2020	UTO 384	$ 7,862		$ 2,154	
1/31/2020	Elevator power unit	$ 17,790		$ 1,736	
5/31/2020	FWT VRF Air Conditioner	$ 600,178		$ 38,624	
6/30/2020	Heat Pumps	$ 19,862		$ 2,721	
6/30/2020	UTO 175 FWT	$ 9,692		$ 1,690	
6/30/2020	Flooring 175 FWT	$ 2,150		$ 205	
6/30/2020	UTO 260 FWT	$ 8,794		$ 1,533	
6/30/2020	Flooring 260 FWT	$ 2,800		$ 267	
6/30/2020	UTO 259 FWT	$ 8,752		$ 1,090	
6/30/2020	Flooring 259 FWT	$ 2,600		$ 162	
6/30/2020	UTO 460	$ 8,601		$ 1,071	
6/30/2020	Flooring 460 FWT	$ 2,655		$ 165	
6/30/2020	UTO 172	$ 9,117		$ 1,136	
6/30/2020	Flooring 172	$ 2,100		$ 131	
6/30/2020	Fire Doors	$ 10,795		$ 941	
6/30/2020	Roof Ice Gate System	$ 9,350		$ 815	
6/30/2020	Kitchen Exhaust Fan	$ 3,130		$ 273	
6/30/2020	Water heater	$ 3,094		$ 244	
6/30/2020	Pump for heating system	$ 4,599		$ 401	
6/30/2020	Back Floor Preventer	$ 5,170		$ 494	
6/30/2020	Flooring Housekeeping Rooms	$ 5,400		$ 383	
Total additions for Building Improvement		$ 1,085,417		$ 92,627	*
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 peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
1/31/2020	Floor Scrubber/Sweeper	$ 5,476		$ 1,364	
1/31/2020	Floor Extractor	$ 1,751		$ 436	
1/31/2020	Refrigerator Apt 355	$ 384		$ 88	
1/31/2020	Microwave 355	$ 158		$ 46	
1/31/2020	Refrigerator 384	$ 384		$ 56	
2/29/2020	Arjo Lift	$ 3,420		$ 270	
6/30/2020	Chapel Sound System	$ 5,716		$ 309	
6/30/2020	Refrigerator 175 FWT	$ 384		$ 46	
6/30/2020	Microwave 259 FWT	$ 134		$ 19	
6/30/2020	Refrigerator 259 FWT	$ 384		$ 27	
6/30/2020	Refrigerator 460 FWT	$ 384		$ 27	
6/30/2020	Microwave 460 FWT	$ 134		$ 19	
6/30/2020	Refrigerator 172	$ 384		$ 27	
6/30/2020	Microwave 172	$ 134		$ 19	
6/30/2020	Floor Care Equipment	$ 7,433		$ 1,543	
6/30/2020	Electric Beds	$ 14,486		$ 1,504	
6/30/2020	Kitchen Steamer	$ 20,519		$ 1,619	
Total additions for Movable Equipmen		$ 61,665		$ 7,419	*
Deletions:					
Total deletions for Movable Equipmen		$ -		$ -	**

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

Schedule of Leasehold Improvements Acquired during this report peri

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

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

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2020	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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2020	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	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	353
6. Square Footage	211,856
7. Acquisition Cost	
a. Land	
b. Building	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed	Fixed		
b. Date Mortgage Obtained	2014	2014		
c. Interest Rate for the Cost Year	405.00%	405.00%		
d. Term of Mortgage (number of years)	35	35		
e. Amount of Principal Borrowed	8,934,956	2,180,000		
f. Principal balance outstanding as of _____	7,846,380	1,920,061		
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	License No.	Report for Year Ended	Page of
Saint Mary Home	680-C	9/30/2020	26 | 37

Item		Total	CCNH	RHNS	Residential Care Home
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	$	368316	238,629		129,687
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)	$	368,316	238,629		129,687

(*Carry Subtotals forward to next page*)

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

Name of Facility	License No.	Report for Year Ended	Page of
Saint Mary Home	680-C	9/30/2020	27 | 37

Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:	368,316	238,629		129,687
12. C. Movable Equipment				
1. Automotive Equipment $				
A. Item / Rate / Amount				
Lender				
Address of Lender				
2. Other (*Specify*) $				
A. Item / Rate / Amount				
Lender				
Address of Lender				
B. Item / Rate / Amount				
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) $				
12. D. Other Interest Expense (*Specify*) $				
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $	368,316	238,629		129,687
14. Insurance				
a. Insurance on Property (buildings only) $	27,946	18,106		9,840
b. Insurance on Automobiles $	14,669	9,504		5,165
c. Insurance other than Property (as specified above)				
1. Umbrella (*Blanket Coverage*) $				
2. Fire and Extended Coverage $				
3. Other (*Specify*) $				
14d. ***Total Insurance Expenditures (14a + b + c)*** $	42,615	27,610		15,005
15. ***Total All Expenditures (A-13 thru C-14)*** $	31,495,877	27,223,605		4,272,272

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Saint Mary Home	680-C	9/30/2020	28 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs $				
2.			Salaries not related to Resident Care $				
3.			Occupational Therapy $				
4.			Other - See attached Schedule $				
Page 13 - Professional Fees							
5.			Resident Care Physicians ** $				
6.	13	B10a	Occupational Therapy $	834,860	834,860		
7.			Other - See attached Schedule $	76,973	76,973		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.			Bad Debts $				
10.			Accounting $				
10a.			Legal $	106,030	90,917		15,113
11.			Telephone $				
12.			Cellular Telephone $				
13.			Life insurance premiums on the life of Owners, Partners, Operators $				
14.			Gifts, flowers and coffee shops $				
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees $	16,812	14,449		2,363
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative $				
17.			Automobile Expense (e.g. personal use) $				
18.			Unallowable Advertising * $				
19.			Income Tax / Corporate Business Tax $				
20.			Fund Raising / Contributions $				
21.			Unallowable Management Fees $				
22.	16	M6	Barber and Beauty $	7,415	7,415		
23.			Other - See attached Schedule $	25,617	22,016		3,601
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) $	1,067,707	1,046,630		21,077

* All except "Help Wanted".

(*Carry Subtotal forward to next page*)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dentist	$ 21,109		
13	B12	Respiratory Services	$ 55,864		
Total Other Fees Adjustments			$ 76,973	$ -	$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	M13	Bank Service Fees	$ 8,516		$ 1,393
16	M13	Non Allowable Expense	$ (234)		$ (38)
16	M13	Miscellaneous	$ (4,733)		$ (774)
16	M13	Gift Shop Purchases	18,209		2,978
16	M13	Transportation	258		42
Total Other A&G Adjustments			$ 22,016	$ -	$ 3,601

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

Name of Facility	License No.	Report for Year Ended	Page of
Saint Mary Home	680-C	9/30/2020	29 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
			Subtotals Brought Forward $	1,067,707	1,046,630		21,077
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs $	479,561	479,561		
28.	20	5d	Ambulance/Limousine $	11,330	11,330		
29.	20	5f	X-rays, etc $	19,511	19,511		
30.	20	5f	Laboratory $	79,096	79,096		
31.			Medical Supplies $				
32.	20	5e2	Oxygen (non emergency) $	87,757	87,757		
33.			Occupational Therapy $				
34.			Other - See Attached Schedule $				
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule $				
36.	22	7d	Depreciation on Unallowable Motor Vehicles $	35,719	23,142		12,577
37.	22	10c	Unallowable Property and Real Estate Taxes $	136,048	88,145		47,903
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 $	120,748	80,544		40,204
45.			Management Fees Direct $				
46.			Management Fees Indirect $				
47.			Other - Direct $				
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)*** $	2,037,477	1,915,716		121,761

*** 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.

Attachment Page 29

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
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
22	6F	Cable TV	$ 66,422		$ 36,098
22	6F	Medical Equipment Rental	$ 6,302		$ 3,425
30	IV8	Gift Shop Revenue	$ 5,473		
various	various	Outpatient Therapy Program	$ 2,347		$ 681
Total Other Adjustments			$ 80,544	$ -	$ 40,204

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home

Total Unallowable Building Interest	$ -	$ -	$ -

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
Saint Mary Home	680-C	9/30/2020	30 | 37

Item		Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	20,799,344	20,799,344		
b. Medicaid Room and Board Contractual Allowance **	$	(9,542,746)	(9,542,746)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	7,039,474	7,039,474		
b. Medicare Room and Board Contractual Allowance **	$	(2,508,376)	(2,508,376)		
4. a. Private-Pay Residents and Other	$	7,714,984	7,602,947	112,037	
b. Private-Pay Room and Board Contractual Allowance **	$	700,633	(2,708,459)	3,409,092	
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	439,923	439,923		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(439,923)	(439,923)		
c. Prescription Drugs - Non-Medicare	$	54,888	54,888		
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	$	4,510,092	4,510,092		
b. Physical Therapy - Medicare Contractual Allowance **	$	(4,510,092)	(4,510,092)		
c. Physical Therapy - Non-Medicare	$	322,012	322,012		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$				
4. a. Speech Therapy - Medicare	$	560,148	560,148		
b. Speech Therapy - Medicare Contractual Allowance **	$	(560,148)	(560,148)		
c. Speech Therapy - Non-Medicare	$	32,811	32,811		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$				
5. a. Occupational Therapy - Medicare	$	4,732,643	4,732,643		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(4,732,643)	(4,732,643)		
c. Occupational Therapy - Non-Medicare	$	294,610	294,610		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$				
6. a. Other *(Specify)* - Medicare	$				
b. Other *(Specify)* - Non-Medicare	$	2,837,607	2,837,607		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	27,745,241	24,224,112	3,521,129	
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$	(13)	(13)		
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	1,257	1,257		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$	70	70		
8. Other (*Specify*)	$	1,396,022	1,381,345		14,677
V. Total Other Revenue (1 thru 8)	$	1,397,336	1,382,659		14,677
VI. Total All Revenue (III +V)	$	29,142,577	25,606,771	3,521,129	14,677

* *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
30, II6a	Oxygen - Medicare	$ 8,572		
30, II6a	Oxygen - Medicare C/A	$ (8,572)		
30, II6a	Laboratory - Medicare	$ 18,318		
30, II6a	Laboratory - Medicare C/A	$ (18,318)		
30, II6a	X-Ray - Medicare	$ 11,944		
30, II6a	X-Ray - Medicare C/A	$ (11,944)		
Total Other Resident Revenue - Medicare		$ -	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, II6b	Oxygen Revenue	$ 20,725		
30, II6b	Laboratory Revenue	$ 1,168		
30, II6b	Radiology Revenue	$ 1,437		
30, II6b	Ancillary Contractual Allowances	$ 2,814,277		
Total Other Resident Revenue		$ 2,837,607	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30, IV5	Interest Income Operations		$ 1,257		
Total Interest Income			$ 1,257	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, IV8	Inhouse Store Revenue - Disallowed	$ 5,473		
30, IV8	Miscellaneous Revenue	$ 14,806		$ 14,677
30, IV8	Restricted Donations	$ 4,969		
30, IV8	Unresctricted Donations	$ 12,284		
30, IV8	IC Derivatives Cash Payments	$ (32,068)		
30, IV8	Federal Care Act Awards	$ 1,343,656		
30, IV8	Grants	$ 20,000		
30, IV8	ISNP Incentive Payment	$ 12,224		
Total Other Revenue		$ 1,381,345	$ -	$ 14,677

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2020	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 293,406
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 3,617,592
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ (11,718)
4 Inventories				$ 118,276
5. Prepaid Expenses				$ 72,774
a. Other Prepaid Expense		33,424		
b. Other Long Term Prepaid Assets		39,350		
c.				
d. See Schedule				
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$ 21,427
Escrow - Teamsters 671 Med		21,427		
See Schedule				
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 4,111,757
B. Fixed Assets				
1. Land				$ 100,982
2. Land Improvements	*Historical Cost	550,240		$ 228,278
	Accum. Depreciation	321,962	Net	
3. Buildings	*Historical Cost	26,622,222		$ 7,437,300
	Accum. Depreciation	19,184,922	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	2,266,180		$ 916,123
	Accum. Depreciation	1,350,057	Net	
6. Movable Equipment	*Historical Cost	3,663,492		$ (274,952)
	Accum. Depreciation	3,938,444	Net	
7. Motor Vehicles	*Historical Cost	404,588		$ (35,798)
	Accum. Depreciation	440,386	Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ 2,472,103
Construction in progress		296,061		
See Schedule		2,176,042		
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 10,844,036

* 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	
31	B9	Other Fixed Assets - Excluded from prior cost reports	$ 2,174,094
31	B9	CIP Capitalized Interest	$ 1,948
Total Other Other Fixed Assets (Itemize)			$ 2,176,042

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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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2020	32	37

Account				Amount
			Total Brought Forward:	$ 14,955,793
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*)				$ 3,978,096
Due from Affiliates		3,978,096		
See Schedule				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 3,978,096
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 18,933,889

* 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
Saint Mary Home	680-C	9/30/2020	33	37

Account					Amount
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable					$ 4,408,988
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*)					$ 1,159,775
5. Accrued Payroll (*Owners and/or Stockholders only*)					$
6. Accrued Payroll Taxes Payable					$ 16,228
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*)					$ (3,578,639)
Resident Trust Funds	284,580	Escheat Liability	118		
IC Current portion of LT	(3,917,410)	Other Accounts Payable	(482,432)		
Miscellaneous Current Liabilities	35,490				
Open Cost Reports	501,015	See Schedule			
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)					$ 2,006,352

* 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
Saint Mary Home	680-C	9/30/2020	34	37

Account	Amount
Total Brought Forward:	2,006,352
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*)		$ 9,597,503
Intercompany Debt - Long Term	9,597,503	
See Schedule		
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 9,597,503
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ 11,603,855

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

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2020	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	$ 13,530,827
	6. Total Reserves	$ 13,530,827
B.	**Net Worth**	
	1. Owner's Capital	$
	2. Capital Stock	$
	3. Paid-in Surplus	$
	4. Treasury Stock	$
	5. Cumulated Earnings	$ (3,756,583)
	6. Gain or Loss for Period 10/1/2019 thru 9/30/2020	$ (2,444,210)
	7. Total Net Worth	$ (6,200,793)
C.	***Total Reserves and Net Worth***	$ 7,330,034
D.	***Total Liabilities, Reserves, and Net Worth***	$ 18,933,889

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2020	36	37

Account				Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2019			$ 9,142,600
B.	Total Revenue (*From Statement of Revenue Page 30*)			$ 29,142,577
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$ 31,495,877
D.	Net Income or Deficit			$ (2,353,300)
E.	Balance			$ 6,789,300
F.	Additions			
	1. Additional Capital Contributed (*itemize*)			
	Other Entity Loss not Included		90,910	
	2. Other (*itemize*)			
F-3.	Total Additions			$ 90,910
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***	09/30/20		$ 6,880,210

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I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Saint Mary Home	680-C	9/30/2020	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. 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
Haley Gregory

Addres Address	Phone Number
20555 Victor Parkway, Livonia MI 48152	734-343-6611

Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
Pamela Latovick	734-343-6628

Contact Email Address
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