

February 15, 2021

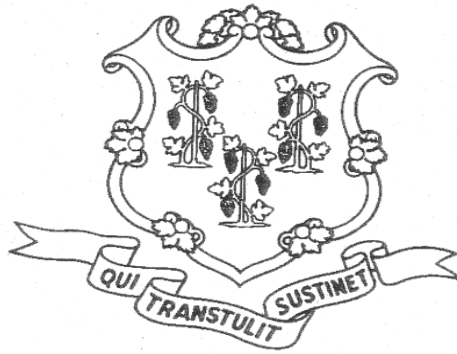
Ms. Nicole Godburn
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Ms. Godburn:

Enclosed please find the 2020 Medicaid Cost Report for Connecticut Baptist Homes, Inc.

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

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	
Address (No. & Street, City, State, Zip Code) 292 Thorpe Ave, Meriden, CT 06450	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider 07-5352
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Medicaid Provider Numbers:	CCNH 210231	RHNS 95283	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2020	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Connecticut Baptist Homes, Inc. [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) Mary Patricia Morse			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Connecticut Baptist Homes, Inc.	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility 292 Thorpe Ave, Meriden, CT 06450				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/15/2021		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203) 237-1206		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Connecticut Baptist Homes, Inc.		Address (No. & Street, City, State, Zip) 292 Thorpe Ave, Meriden, CT 06450		
License Numbers:	CCNH 1023C	RHNS 1023C	Other	Medicare Provider No. 07-5352
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Mary Patricia Morse		Nursing Home Administrator's License No.:	000925	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

Connecticut Baptist Homes, Inc.
Board of Directors - January 2020

Name/Nomination Date	Phone	Business	Home Address	Committee *
Rev. Hopeton Scott Chairperson 2016	203-335-0234 Fbcbridge@aol.com		9 Barry Road Huntington, CT 06484	EC, G/N, F, P
Rev. Richard J. Doyle Vice-Chairperson 2014	860-682-0685 Doyle42@comcast.net		87 Laurel Ridge East Hampton, CT 06424	EC, P,
Rev. Margaret D. Lewis Secretary 2018	860 621-6144 margaretdlewis@gmail.com	203-688-7037	391 Belleview Ave Southington, CT 06489	EC, M&D
Frank Amazeen Director 2016	860-233-4033 famazeen@comcast.net	860-798-2618 (c)cell	32 South Highland Street West Hartford, CT 06119	M&D
Charles Andres, Esq. Director 2017	203 488-7994 CAndres@barclaydamon.com	203-672-3204 (w) 203-993-0830 (c)	11 Hopkins Court Branford, CT 06040	G/N
Patricia Morse President, Treasurer	203-237-1206 pmorse@ctbaptisthomes.org	203-237-1206	133 Main Street Farmington, CT 06032	EC, F, G/N PM&D,
Marcia Sarrazin Director 2016	571-236-6798 marciasarrazin@yahoo.com		2 Carriage House Way Cheshire, CT 06410	F
Bill Smith Director 2015	860-649-7547 wbsmi314@cox.net	860-550-5174	55 Galaxy Drive Manchester, CT 06040	F, EC
Dan Wilder Director 2014	203-288-4526 danelisha@comcast.net		258 Highland Avenue Hamden, CT 06518	G/N
Rev. Dr. Harry L. Riggs Ex-Officio Director	860-693-6897 hriggs@abconn.org	860 236-5421	ABCCONN 90A North Main Street West Hartford, CT 06107	

* Committee Key

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

**General Information and Questionnaire
 Related Parties***

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2020	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Connecticut Baptist Housing, Inc.	292 Thorpe Ave, Meriden, CT 06450	<input checked="" type="radio"/>	<input type="radio"/>		Mgmt and Maintenance Contract Services	30 Line IV8		
Pierce Memorial Baptist Home, Inc.	44 Canterbury Rd, Brooklyn, CT 06234	<input type="radio"/>	<input checked="" type="radio"/>		Shared CEO and AR Contract Service	30 Line IV8		
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2020	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Most costs were allocated using the methods above, however some expenses are charged directly or allocated on a more appropriate method.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
All costs in the "Other" Column are for room and board apartments and are being supplied for informational purposes only. These costs are not being submitted for reimbursement.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2020		Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
None	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2020	Page 7	of 37
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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 CliftonLarsonAllen LLP	29 South Main Street, West Hartford, CT 06127
2 Whittlessey, P.C.	280 Trumbull Street, Hartford, CT 06103
3	
4	

Services Provided by This Firm (*describe fully*)

1 General accounting services in lieu of internal staff, 990 Preparation, Medicaid and Medicare Cost Reports	\$ 91,388
2 Annual audit	\$ 17,500
3	\$
4	\$
	Charge for Services Provided
	\$ 108,888

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Robinson & Cole	860-275-8200
2 Wiggin & Dana	203-498-4400
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)
 1 280 Trumbull St, Hartford, CT 06103
 2 265 Church St, New Haven, CT 06510
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Employment issues	\$ 7,788
2 Merger related matters - Disallowed	\$ 2,238
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 10,026

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

Schedule of Resident Statistics

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C			Report for Year Ended 9/30/2020				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	80	30	30	20	80	30	30	20					
B. On last day of THIS report period	80	30	30	20					80	30	30	20	
2. Number of Residents													
A. As of midnight of PREVIOUS report period	66	27	28	11	66	27	28	11					
B. As of midnight of THIS report period	51	19	25	7					51	19	25	7	
3. Total Number of Days Care Provided During Period													
A. Medicare	1,216	869	347		774	440	334		442	429	13		
B. Medicaid (Conn.)	13,971	7,047	6,924		11,323	5,958	5,365		2,648	1,089	1,559		
C. Medicaid (other states)													
D. Private Pay	7,638	1,720	2,788	3,130	5,881	1,409	1,986	2,486	1,757	311	802	644	
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	22,825	9,636	10,059	3,130	17,978	7,807	7,685	2,486	4,847	1,829	2,374	644	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	161	74	87		123	37	86		38	37	1		
B. Other Bed Reserve Days	63	46	17		55	38	17		8	8			
5. Total Resident Days (3G + 4A + 4B)	23,049	9,756	10,163	3,130	18,156	7,882	7,788	2,486	4,893	1,874	2,375	644	

Schedule of Resident Statistics (Cont'd)

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Other		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR					
No. of Residents	2	13	17	4	8	7							
Per Diem Rate													
a. One bed rm.	PPS			468.00	413.00	85/100							
b. Two bed rms.	PPS	215.53	170.94	423.00	383.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									5,929	2,940	2,989		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments									5,929	2,940	2,989		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									1,459	583	876		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments									1,459	583	876		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									8,461	3,649	4,812		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments									8,461	3,649	4,812		

Report of Expenditures - Salaries & Wages

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2020	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	19,734	709	21,217	762	2,482	89
2. Administrator(s) (Complete also Sec. III of Schedule A1)	62,927	709	67,657	762	7,914	89
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	65,309	3,525	65,309	3,525	43,539	2,350
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	154,460	10,250	160,904	10,678	49,556	3,289
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	44,531	3,057	44,531	3,057	15,716	1,079
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	28,587	1,130	28,587	1,130	10,089	399
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	37,808	2,620	39,001	2,702	3,823	265
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	60,375	1,040	60,374	1,040		
b. RN						
1. Direct Care	104,522	2,674	513,953	13,147		
2. Administrative**	87,951	2,080	87,950	2,080		
c. LPN						
1. Direct Care	194,606	6,167				
2. Administrative**						
d. Aides and Attendants	511,739	26,964	463,001	24,395		
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	65,366	3,103	65,366	3,103		
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	60,503	2,162	60,502	2,161		
n. Marketing						
o. Other (Specify) See Attached Schedule	12,632	34	13,158	35	4,053	11
<i>A-13. Total Salary Expenditures</i>	1,511,050	66,222	1,691,510	68,579	137,172	7,571

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Salaries & Wages - Chaplain	\$ 12,632	34	\$ 13,158	35	\$ 4,053	11
Total	\$ 12,632	34	\$ 13,158	35	\$ 4,053	11

Schedule of Other Fees (Page 13)

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
Connecticut Baptist Homes, Inc.				1023C	9/30/2020				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
Section I - Operators/Owners										
Mary Patricia Morse	19,734	21,217	2,482			1,560	A1			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Connecticut Baptist Homes, Inc.				1023C	9/30/2020			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	Other							
Section III - Administrators***										
Carol Anne Salvetti (October 1, 2019 - March 31, 2020)	35,683	38,365	4,488			1,040	A2			
Mary Patricia Morse (March 31, 2020 - Present)	27,244	29,292	3,426			520	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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Connecticut Baptist Homes, Inc.	1023C	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	3,391	Disallowed	3,391	Disallowed		
3. Pharmacist	2,717	Disallowed	2,716	Disallowed		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	82,797	1,378	84,132	1,400		
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	9,000	90	9,000	90		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	51,570	1,307	77,354	1,307		
b. Other						
10. Occupational Therapist						
a. Resident Care	130,532	Disallowed	172,327	Disallowed		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	276	3	1,356	13		
2. Administrative***						
b. LPN						
1. Direct Care	2,353	35				
2. Administrative***						
c. Aides	12,877	439	11,651	398		
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	295,513	3,252	361,927	3,207		

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2020	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
HealthDrive Dental, 25 Needham St, Newton, MA 02461	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare, Inc. P.O. Box 715268, Columbus, OH 43271	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
HealthPro Heritage, 307 International Circle, Suite 100 Hunt Valley, MD 21030	Physical, Speech and Occupational Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Clifford R. Dreschsker-Martell, M.D., 360 Broad St. Meriden, CT 06450	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Key Personnel, Inc. 142 State Street, North Haven, CT 06453	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
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		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2020	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 55,057	24,910	27,885	2,262
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 33,996	15,381	17,218	1,397
4. Social Security (F.I.C.A.)	\$ 206,192	93,291	104,432	8,469
5. Health Insurance	\$ 310,948	140,687	157,489	12,772
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 58,637	26,530	29,699	2,408
8. Uniform Allowance	\$ 2,079	880	917	282
9. Other (<i>Specify</i>) See Attached Schedule	\$ 8,822	4,008	4,310	504
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 108,888	50,073	53,343	5,472
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 10,026	4,244	4,421	1,361
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 64,182	29,161	31,353	3,668
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 14,918	6,314	6,578	2,026
2. Cellular Phones	\$ 2,858	1,210	1,259	389
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 391,729	185,901	205,828	
Subtotal	\$ 1,268,332	582,590	644,732	41,010

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2020		16	37
Item	Total	CCNH	RHNS	Other	
<i>Subtotals Brought Forward:</i>	1,268,332	582,590	644,732	41,010	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 18,420	9,210	9,210		
4. Employee Travel	\$ 73	33	36	4	
5. Education Expenses Related to Seminars and Conventions	\$ 8,575	3,896	4,188	491	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 11,620	5,280	5,676	664	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 1,966	893	960	113	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 6,234	2,832	3,045	357	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,490	3,403	3,659	428	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 3,525	1,602	1,722	201	
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 80,783	37,264	39,603	3,917	
<i>C-14 Total Administrative & General Expenditures</i>	\$ 1,407,018	647,003	712,830	47,185	

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Other
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Marketing - Disallowed	\$ 893	\$ 960	\$ 113
Total Other Advertising	\$ 893	\$ 960	\$ 113

Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM	\$ 39	\$ 42	\$ 5
Leading Age Connecticut	\$ 3,188	\$ 3,427	\$ 401
ICNC	\$ 18	\$ 20	\$ 2
CT Association of Health Care Facilities, Inc.	\$ 159	\$ 171	\$ 20
Total Dues	\$ 3,403	\$ 3,659	\$ 428

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Misc. Administrative Expense	\$ 10,342	\$ 11,119	\$ 1,300
Bank Fees/Service Charges	\$ 1,800	\$ 1,935	\$ 227
Background Checks	\$ 773	\$ 831	\$ 98
Employee Physicals	\$ -	\$ -	\$ -
Consultant Fees	\$ 2,767	\$ 2,975	\$ 349
Directors' Insurance	\$ 2,294	\$ 2,466	\$ 288
Paychex Service Charges	\$ 13,154	\$ 14,143	\$ 1,655
Medical Records Consultant - Disallowed	\$ 6,134	\$ 6,134	
Total Other Administrative and General	\$ 37,264	\$ 39,603	\$ 3,917

Schedule C-1 - Management Services*

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2020	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Unidine	98,989	Food Services Contract	Page 18, Line 2c

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

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

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2020		Page 18	of 37
Item		Total	CCNH	RHNS	Other	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 196,531	83,186	86,656	26,689	
2.	Non-Food Supplies	\$ 6,440	2,726	2,840	874	
3.	Other (<i>Specify</i>) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 129,864	54,968	57,261	17,635	
c. Other (<i>Specify</i>) _____ Management Services						
		\$ 98,989	41,899	43,647	13,443	
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 431,824	182,779	190,404	58,641	
2E. Dietary Questionnaire						
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
H.	Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$8,556	
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30, Line IV1	
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	See above.	
K.	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	See above.	
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?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> 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.

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

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2020		Page 19	of 37
Item		Total	CCNH	RHNS	Other	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	7,641	3,583	3,696	362
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 (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	7,641	3,583	3,696	362
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> 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?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> 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.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2020		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	28,963	12,309	12,309	4,345
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>) Uniforms	\$	369	157	157	55
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	29,332	12,466	12,466	4,400
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Medications	\$	53,163	38,005	15,158	
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	98,088	70,120	27,968	
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	6,283	4,492	1,791	
f.	X-rays and Related Radiological Procedures***	\$	2,494	1,783	711	
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	175	125	50	
i.	Recreation	\$	30,188	15,094	15,094	
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (<i>Specify</i>)**** See Attached Schedule	\$	10,478	4,435	4,620	1,423
5M.	Total Resident Care Expenditures (5a - 5j)	\$	200,869	134,054	65,392	1,423

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

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

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

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

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

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2020				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Other	Pg	Line
All Waste Inc.	143 Murphy Road, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>		Garbage Removal	4,535	4,535	1,601	22	6f
B-G Mechanical	12 Second Ave, Chicopee, MA 01020	<input type="radio"/>	<input checked="" type="radio"/>		HVAC Refrigeration	20,691	20,691	7,303	22	6a/f
Unidine	1000 Washington Street, Boston, MA 02118	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	54,968	57,261	17,635	18	2b
Custom Exterior Landscape	632 N Mountain Road, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping and Snow Removal	5,259	5,259	1,856	22	6a
Paychex	714 Brook St. #120, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	13,154	14,143	1,655	16	m13
Facilities Compliance Services	221 West Main Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>		Outsourced Maintenance	38,592	38,592	13,621	22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2020			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 64,934	27,596	27,596	9,742		
b. Heat	\$ 41,433	17,609	17,609	6,215		
c. Light & Power	\$ 103,677	44,063	44,063	15,551		
d. Water	\$ 34,724	14,758	14,758	5,208		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 166,944	70,951	70,951	25,042		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 411,712	174,977	174,977	61,758		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 3,419	1,709	1,710			
b. Building & Building Improvements	\$ 202,891	84,059	84,061	34,771		
c. Non-Movable Equipment	\$ 8,642	3,434	3,435	1,773		
d. Movable Equipment	\$ 61,701	25,985	25,384	10,332		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 276,653	115,187	114,590	46,876		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 5,912	2,589	2,589	734		
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 5,912	2,589	2,589	734		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 282,565	117,776	117,179	47,610		

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

Depreciation Schedule

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C			Report for Year Ended 9/30/2020			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period			67,298		67,298	47,429	SL	Various	3,419				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										3,419			
B. Building and Building Improvements													
1. Acquired prior to this report period			7,345,289		7,345,289	4,202,995	SL	Various	197,472				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			126,991		126,991		SL	Various	5,419				
B-4. Subtotal										202,891			
C. Non-Movable Equipment													
1. Acquired prior to this report period			321,465		321,465	281,126	SL	Various	8,642				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										8,642			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Truck						40,498		40,498	31,725	SL	5	8,100	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,239,608			1,141,061	SL	Various	44,828	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						76,260		76,260		SL	Various	8,773	
D-3. Subtotal													61,701
E. Total Depreciation													276,653

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/1/2019	Roof	\$ 122,412	20	\$ 5,343
6/1/2020	COVID Room Preparation	\$ 4,579	20	\$ 76
Total additions for Building Improvements		\$ 126,991		\$ 5,419 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2020			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Deferred Financing Costs	April	2013	120 Mo.	58,447	37,900	B		5,824	
2. Deferred Financing Costs	October	2013	120 Mo.	675	528	B		88	
3.									
B-4. Subtotal									5,912
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									5,912

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2020	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		01/01/83		
4. Date of Initial Licensure		01/01/83		
5. Total Licensed Bed Capacity		80		
6. Square Footage		53,000		
7. Acquisition Cost				
a. Land		133,155		
b. Building		319,500		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained		04/25/13		
c. Interest Rate for the Cost Year		3.75%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		4,000,000		
f. Principal balance outstanding as of 9/30/2020		963,763		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2020			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 39,108	17,129	17,129	4,850		
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)		\$ 39,108	17,129	17,129	4,850		

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.		1023C		9/30/2020			27	37
Item				Total	CCNH	RHNS	Other	
Subtotals Brought Forward:				39,108	17,129	17,129	4,850	
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)				\$	2,996	1,312	1,312	372
Ford Motor Credit								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	42,104	18,441	18,441	5,222
14. Insurance								
a. Insurance on Property (buildings only)				\$	29,585	12,367	12,367	4,851
b. Insurance on Automobiles				\$	2,704	1,229	1,321	154
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	33,410	13,965	13,965	5,480
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$	65,699	27,561	27,653	10,485
15. Total All Expenditures (A-13 thru C-14)				\$	6,875,936	3,125,203	3,376,475	374,258

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.				1023C	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 105,436	46,380	48,207	10,848
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 302,859	130,532	172,327	
7.			Other - See attached Schedule	\$ 12,215	6,108	6,107	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 2,238	947	987	304
11.	15	1h1	Telephone	\$ 14,918	6,314	6,578	2,026
12.	15	1h2	Cellular Telephone	\$ 1,778	753	783	242
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	15	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 4,349	1,976	2,124	249
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.	15	m3	Unallowable Advertising *	\$ 1,966	893	960	113
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 89,767	41,264	42,506	5,997
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)				\$ 535,526	235,168	280,579	19,779

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Other
10	a2	Administrative Contract Salaries - Cedar Ridge	\$ 16,547	\$ 17,791	\$ 2,081
10	a7a	Maintenance Contract Salaries - Cedar Ridge	\$ 22,078	\$ 22,078	\$ 7,792
10	a2	Administrator Severance	\$ 7,755	\$ 8,338	\$ 975
Total Other Salaries Adjustment			\$ 46,380	\$ 48,207	\$ 10,848

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
13	B2	Dentist	\$ 3,391	\$ 3,391	
13	B3	Pharmacist	\$ 2,717	\$ 2,716	
Total Other Fees Adjustments			\$ 6,108	\$ 6,107	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	m13	Bank Fees/Svc. Charges	\$ 773	\$ 831	\$ 98
16	m13	Misc. Administrative Expenses	\$ 10,342	\$ 11,119	\$ 1,300
15		Benefits related to Cedar Ridge Administrative Contract	\$ 2,655	\$ 2,854	\$ 334
16	m13	Consulting Fees	\$ 2,767	\$ 2,975	\$ 349
16	m13	Medical Records Consultant	\$ 6,134	\$ 6,134	
15		Benefits related to Cedar Ridge Maintenance	\$ 11,096	\$ 11,096	\$ 3,916
16	l3	Gifts to Staff and Residents	\$ 7,498	\$ 7,498	
Total Other A&G Adjustments			\$ 41,264	\$ 42,506	\$ 5,997

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

Name of Facility				License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.				1023C	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 535,526	235,168	280,579	19,779
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 53,163	38,005	15,158	
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 2,494	1,783	711	
30.	20	5h	Laboratory	\$ 175	125	50	
31.	20	5c	Medical Supplies	\$ 9,809	7,012	2,797	
32.	20	500	Oxygen (non emergency)	\$ 6,283	4,492	1,791	
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 29,883	13,639	13,627	2,616
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	\$ 9,036	3,832	3,983	1,221
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)				\$ 646,369	304,056	318,697	23,617

*** 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	Other
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	8b	Mortgage Expense	\$ 2,589	\$ 2,589	\$ 734
20	5i	Cable TV Expense	\$ 4,610	\$ 4,610	
26	12A	Interest Expense	\$ 5,926	\$ 5,926	\$ 1,678
22	7d	Shared Depreciation on Equipment	\$ 514	\$ 502	\$ 204
Total Other Property Adjustments			\$ 13,639	\$ 13,627	\$ 2,616

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV1	Meals sold to guests, employees, & others	\$ 3,622	\$ 3,773	\$ 1,161
30	IV8	Other Income	\$ 210	\$ 210	\$ 60
Total Other Adjustments			\$ 3,832	\$ 3,983	\$ 1,221

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2020			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,836,100	3,070,122	2,765,978			
b. Medicaid Room and Board Contractual Allowance **	\$ (2,885,967)	(1,520,296)	(1,365,671)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 458,281	327,613	130,668			
b. Medicare Room and Board Contractual Allowance **	\$ 331,345	236,869	94,476			
4. a. Private-Pay Residents and Other	\$ 2,110,601	783,264	1,094,707	232,630		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 44,705	31,958	12,747			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (44,705)	(31,958)	(12,747)			
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 913	653	260			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (913)	(653)	(260)			
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 303,892	150,730	153,162			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (126,047)	(62,519)	(63,528)			
c. Physical Therapy - Non-Medicare	\$ 2,765	1,371	1,394			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 180,928	72,371	108,557			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (48,984)	(19,594)	(29,390)			
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 429,798	185,243	244,555			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (146,812)	(63,276)	(83,536)			
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ 9,999	4,310	5,689			
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,455,899	3,166,208	3,057,061	232,630		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 8,556	3,622	3,773	1,161		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 14,286	6,047	6,299	1,940		
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 199,336	87,308	87,309	24,719		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 539,580	229,994	231,125	78,461		
V. Total Other Revenue (1 thru 8)	\$ 761,758	326,971	328,506	106,281		
VI. Total All Revenue (III +V)	\$ 7,217,657	3,493,179	3,385,567	338,911		

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,546,889
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	189,032
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	46,790
4. Inventories			\$	117,167
5. Prepaid Expenses			\$	44,554
a. Prepaid Elevator Contract	2,006			
b. Prepaid Health Insurance	37,016			
c. Prepaid Telephone Maintenance	3,110			
d. See Schedule	2,422			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	245,580
Investment in 288 Thorpe Ave, LLC	245,580			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,190,012
B. Fixed Assets				
1. Land			\$	133,155
2. Land Improvements	*Historical Cost	67,298	\$	16,450
	Accum. Depreciation	50,848	Net	
3. Buildings	*Historical Cost	7,472,280	\$	3,066,394
	Accum. Depreciation	4,405,886	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	321,465	\$	31,697
	Accum. Depreciation	289,768	Net	
6. Movable Equipment	*Historical Cost	1,315,868	\$	121,206
	Accum. Depreciation	1,194,662	Net	
7. Motor Vehicles	*Historical Cost	40,498	\$	673
	Accum. Depreciation	39,825	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	13,311
Variance	13,311			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,382,886

* 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	
31	A5	Prepaid Dues	\$ 1,750
31	A5	Prepaid Other	\$ 672
Total Prepaid Expenses			\$ 2,422

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 Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Deposits	\$ 36,790
Total Other Assets			\$ 36,790

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 Long-Term Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2020	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	5,572,898
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	4,257,250
	Long Term Invesmtents	4,099,538		
	Perpetural Trust	120,922		
	See Schedule	36,790		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	4,257,250
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	9,830,148

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2020	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	106,541
2. Notes Payable (<i>itemize</i>)				\$	
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	1,995
Name of Lender		Purpose	Amount	Date Due	
Ford			1,995		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	232,005
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	20,291
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	109,921
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	5,792
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	594,823
Accrued Audit Fees		22,000			
Accrued Provider Tax		79,224			
Due to Third Party		48,185			
Refundable Advance - PPP Loan		445,414	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,071,368

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,071,368	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender		Purpose	Amount	Date Due	
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties (<i>itemize</i>)					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)					
			839,061	\$ 1,125,747	
Note Payable to Berkshire Bank, Net					
PPP Loan			286,686		
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					
\$ 1,125,747					
C. Total All Liabilities (Lines A-13 + B-5)					
\$ 2,197,115					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2020	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 (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	7,291,312
6. Gain or Loss for Period			\$	341,721
	10/1/2019	thru 9/30/2020		
7. Total Net Worth			\$	7,633,033
C. Total Reserves and Net Worth			\$	7,633,033
D. Total Liabilities, Reserves, and Net Worth			\$	9,830,148

H. Changes in Total Net Worth

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2020	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	7,291,312
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	7,217,657
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	6,875,936
D. Net Income or Deficit			\$	341,721
E. Balance			\$	7,633,033
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/20	\$	7,633,033

I. Preparer's/Reviewer's Certification

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>CliftonLarsonAllen LLP</i>	Title	Date Signed 2/15/2021		
Printed Name of Preparer CliftonLarsonAllen LLP				
Address Address 29 S Main Street, 4th Floor, West Hartford, CT 06127		Phone Number 860-561-4000		
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink		Phone Number 860-561-4000		
Contact Email Address Jonathan.Fink@CLACConnect.com				