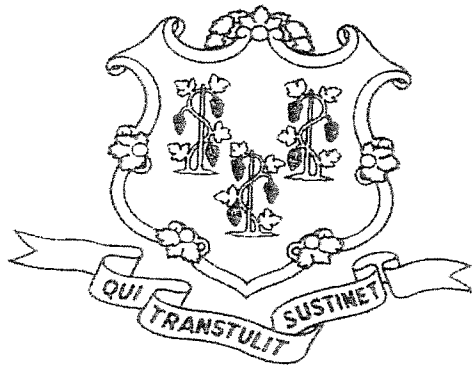


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Elim Park Baptist Home, Inc.	
Address (No. & Street, City, State, Zip Code) 140 Cook Hill Road, Cheshire, CT 06410	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 666c	RHNS	Residential Care Home 1500H	Medicare Provider 07-5265
------------------	--------------	------	--------------------------------	------------------------------

Medicaid Provider Numbers:	CCNH 6668	RHNS	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

Table of Contents

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

General Information

Name of Facility (as licensed) Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2020	Page 1	of 37
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Administrator's/Owner's Certification

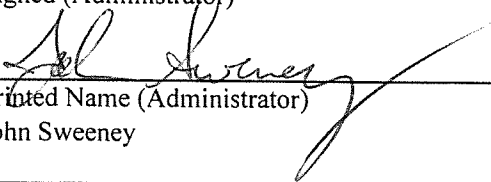
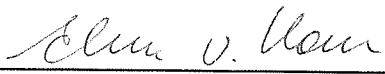
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Elim Park Baptist Home, 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.

Subject to desk audit review

Signed (Administrator) 		Date 2/11/2021	Signed (Owner)		Date
Printed Name (Administrator) John Sweeney			Printed Name (Owner)		
Subscribed and Sworn to before me: February 11, 2021	State of Connecticut	Date 2/11/2021	Signed (Notary Public) 	Comm. Expires 2/28/2024	
Address of Notary Public 140 Cook Hill Road, Cheshire, CT 06410					

(Notary Seal)

ELENA V. HOULE
NOTARY PUBLIC OF CONNECTICUT
 My Commission Expires 2/28/2024

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 Elim Park Baptist Home, Inc.		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 140 Cook Hill Road, Cheshire, CT 06410				
Report Prepared By Elim Park Baptist Home, Inc.		Phone Number 203-272-3547	Date 2/12/2021	
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.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-272-3547		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Elim Park Baptist Home, Inc.		Address (No. & Street, City, State, Zip) 140 Cook Hill Road, Cheshire, CT 06410		
License Numbers:	CCNH 666c	RHNS	Residential Care Home 1500H	Medicare Provider No. 07-5265
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
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 John Sweeney		Nursing Home Administrator's License No.:	1459	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2020	Page 3A	of 37
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	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

**ELIM PARK BAPTIST HOME, INC.
BOARD OF DIRECTORS
SEPTEMBER 2020**

BOARD MEMBER	ADDRESS	BUSINESS
Director Brennan, Terrence	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
Director & Vice Chair deLivron, Jeannine	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
Director Detzler, Wayne	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
Director & Chair Ecker, Roberto	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
Director & Treasurer Mason, Glenn	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
Director & Immediate Past Chair Nelson, Chris	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
Director Ponzani, Timothy	140 Cook Hill Road Cheshire, CT 06410	203-272-3547
Director & Secretary Swanson, Geoffrey	140 Cook Hill Road Cheshire, CT 06410	203-272-3547



General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2020	3B	37
If this facility is owned or operated as an individual proprietorship, provide the following information:				
Owner(s) of Facility				
N/A				

General Information and Questionnaire Related Parties*

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	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

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				
Elim Park Place - see attached note	150 Cook Hill Road, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>	N/A	N/A		
CALTC	217 Avery Heights, Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>	See attached	Page 16 Line 1m13	1,000	1,000
		<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"/>				
		<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.

Elim Park Baptist Home, Inc.
FYE: 09/30/2020
License#: 666C/1500H
Page 4

CALTC (Note: Group of Nonprofit Entities affiliated for the purpose of providing a seamless continuum of care across provider types. The Organization provides opportunities for managed care, group purchasing, and other cost saving measures.)

Elim Park Baptist Home, Inc. ordinarily receives Member Distribution(s) during its fiscal year. All such amount(s) are reported on Page 30 IV 8 and included in the "Miscellaneous Income" line on the Page 30 Attachment. They are not disallowed in the respective year's Medicaid Cost report. There were no Member Distributions received by Elim Park Baptist Home, Inc. during its fiscal 2020 cost report year.

Elim Park Place is the Independent Living Component of this CCRC Community.

There is one corporation with two operating divisions.

Financial Statements are prepared Individually and Consolidated.

Allocable costs for goods and services that benefit both operating divisions are allocated to each individual division based on various designated criteria, such as square footage, relative payroll costs, etc.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	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 type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Note: General & Administrative Expenses are allocated based on patient days which is consistent with prior years which have been audited by DSS.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
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.				

**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	
Elim Park Baptist Home, Inc.		666c	9/30/2020		6	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					
Konica Minolta (Purchased by Wells Fargo Financial)	<input type="radio"/>	<input checked="" type="radio"/>	Copiers & Printers	terminated 1/4/2020	48 months	19,660 (plus "Excess Copies" cost)	7,015
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	10/05/17	51 months	1,610	1,861
US Bank	<input type="radio"/>	<input checked="" type="radio"/>	Scanner	07/18/18	36 months	2,340	885
Kyocera	<input type="radio"/>	<input checked="" type="radio"/>	Copiers & Printers	01/09/20	60 months	51,680	19,418
	<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"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
						Total ***	29,179

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.



20 Commerce Drive, Cromwell, CT 06416
 Phone: (860) 632-9294 Fax (860) 635-7024

Customer Service Maintenance Agreement

Effective From: Install through 60 months
 OR: _____ Copies
 (Whichever comes first)

Proposal # 6152

Contract Type: Contract includes parts, labor, travel & supplies/ Toner. Excludes paper and Staples.

* Labor & Parts for networking applications are not covered in the Contracts.

* We have included 8 hours for initial network install of your new equipment. Any additional network support (including onsite & phone support) will be billed at our current hourly rate. Hourly rate in 2020 is \$149.00. PaperCut server installation and technical training is an additional 12 hours provided by our certified PaperCut reseller.

Additional attached hardware included in the Contract:

Print System Fax Unit Scan System

Bill To:

Company Name: Elim Park Health Baptist Home
 Contact: _____
 Address: 140 Cook Hill Rd
Cheshire, CT 06410-3736
 Phone: _____
 Fax: _____
 eMail: _____

Equipment Location:

Company Name: Elim Park Health Baptist Home
 Contact: _____
 Address: 140 Cook Hill Rd
Cheshire, CT 06410-3736
 Phone: _____
 Fax: _____
 eMail: _____

PLEASE NOTE!
 To Be Filled in By
 Customer >>>>

Meter Read _____ Email _____
 Contact Name _____ Phone _____
 Enter Current Copier Meter Reading: _____

Maintenance Term	Start Date	End Date	Billing Cycle (Base)	Billing Cycle (Overage)
60			Pass Thru	Quarterly
Meter	Covered Copies (Monthly)	Base Rate (Monthly)	Total (Monthly)	Overage Rate (Monthly)
Black and White	77,000	In lease	In lease	\$0.00600
Color	10,000	In lease	In lease	\$0.05000
Model	Equipment ID#	Meter Reading		
See lease schedule A for equipment				
Locked for 3 years, max 3% increase to service portion. Do not renew past lease term.				
			Subtotal:	
			Tax (if applicable):	
			Total Due:	

PLEASE SIGN AND RETURN TO ADVANCED COPY TECHNOLOGIES, INC.
 I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF COVERAGE UNDER THIS SERVICE PLAN. THIS AGREEMENT CONSTITUTES THE FINAL AND COMPLETE UNDERSTANDING BETWEEN ADVANCED COPY AND MYSELF AND NO OTHER WRITTEN OR ORAL REPRESENTATIONS, PROMISES, OR WARRANTIES BY ANY PARTY SHALL BE BINDING UPON ADVANCED COPY TECHNOLOGIES, INC.
 *THE TERMS AND CONDITIONS ON THE REVERSE SIDE ARE PART OF THIS AGREEMENT.
 ** SEE REVERSE SIDE OF THE AGREEMENT FOR SUPPLY YIELDS.

ADVANCED COPY TECHNOLOGIES, INC.

[Signature] 1-7-20
 SERVICE MANAGER APPROVAL

X [Signature], CFO DATE 1/9/2020
 AUTHORIZED SIGNATURE
 X Zell Gostoy, CFO TITLE CFO
 PRINTED NAME
 X
 PO NUMBER

If this Document is signed and digitally transmitted it will be consider same as original; it will be treated as a legally binding agreement.

Initials required on Terms & Conditions

Lease Agreement Number: _____



Lease Agreement (with Supplier maintenance)

This Lease Agreement (the "Lease") contains the terms of your agreement with us. Please read it carefully and ask us any questions you may have. The words you, your and lessee mean you, our customer. The words we, us, our and the lessor, mean CIT Bank, N.A.

Equipment Description

Quantity	Description
See Sch. 'A'	See attached Schedule 'A'

Equipment Address

140 Cook Hill Rd
Cheshire CT 06410

For additional equipment and accessories, attach addendum.
Supplier Name, Address and Phone:

End of Lease Purchase Option

If no box is checked or if more than one box is checked, the Fair Market Value Purchase Option will apply.

Fair Market Value
 \$1.00 Purchase Option Other _____

Term and Lease

Lease Payment \$ 4,306.70 (plus taxes, if applicable)

Term (Months) 60

Payment Frequency Monthly

Variable Payment Schedule if applicable:

(Attach "Payment Schedule Addendum" if necessary)

____ payments @ ____; followed by ____ payments @ ____ followed by
 ____ payments @ ____; followed by ____ payments @ ____

Payments are due in Arrears

The following additional payments are due on the date you sign this agreement:

One-time Documentation Fee \$75.00 Payable with First Invoice
 Advanced Payment \$0.00 due at Lease signing
 (including taxes, if applicable)

**If more than one Lease Payment is required in advance, the additional amount will be applied at the end of the initial or any renewal term.

MAINTENANCE \$\$\$: Your Lease Payment includes an amount for maintenance by the Supplier ("Maintenance Portion"). You expressly agree and understand that we are acting only as an administrator for the Supplier for the billing and collecting of the Maintenance Portion and you agree to look solely to the Supplier under your maintenance agreement with the Supplier ("Maintenance Agreement") for such maintenance and you will pay us the amounts due under this Lease regardless of the performance of the Supplier. The Maintenance Portion may be increased periodically according to the terms of the Supplier's Maintenance Agreement with you. gll Customer Initials

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for (i) if you are a legal entity, your name, address, and other information that will allow us to identify you; (ii) if you are an individual, your name, address, and date of birth. We may also ask to see your driver's license or other identifying documents.

LESSOR: CIT Bank, N.A.
 10201 Centurion Parkway N. #100
 Jacksonville, FL 32256

 Authorized Signature Date Signed

 Printed Name

 Print Title

Lessee

Elim Park Baptist Home, Inc. The
Lessee Legal Name

Elim Park Baptist Home, Inc. The
Lessee "Doing Business As" Name

140 Cook Hill Rd
Billing Street Address

Cheshire CT 06410
Billing City, State, Zip

Zell Gaston
Billing Contact Name & Phone No.

203.272.3547
Lessee Phone Number (if different from above)

 Lessee Phone Number (if different from above)

TERMS AND CONDITIONS BY SIGNING THIS LEASE:

(i) You acknowledge that you have read and understand the terms and conditions of this Lease including those on page 2 of this Lease; (ii) You agree that this Lease is a net lease that you cannot terminate or cancel, you have an unconditional obligation to make all payments due under this Lease, and you cannot withhold, set off or reduce such payments for any reason; (iii) You will use the Equipment only for business purposes; and (iv) You agree that by providing a telephone number to a cellular or other wireless device, you are expressly consenting to receiving communications from us, our affiliates and agents (for non-marketing purposes) at that number, including, but not limited to, prerecorded and artificial voice messages, text messages, and calls from automated telephone dialing systems; these calls may incur fees from your cellular provider; and this consent applies to each such telephone number you provide to us now or in the future.

ELECTRONIC TRANSMISSION AND COUNTERPARTS. A fax or electronically transmitted signed version of this Lease, when received by us, shall be binding on you for all purposes as if originally signed. This Lease is not binding on us until we sign it. We may accept this Lease by signing, either manually or electronically. You agree that the only version of this Lease that is the original for all purposes is the version containing your fax or scanned signature and our signature. This Lease may be signed in counterparts each of which will be considered an original and all counterparts will be considered and constitute one and the same Lease. This Lease may be retained electronically and you agree that any such electronic version shall be fully enforceable without the need to produce an original; however we may request an original signature document.

LESSEE SIGNATURE

Elim Park Baptist Home, Inc. The

Lessee Legal Name

X Zell Gaston, CFO
 Authorized Signature

X 1/9/2020
 Date Signed

X Zell Gaston, CFO
 Print Signer's

CFO
Print Signer's Title

66-0658099
Federal Tax ID Number



ADDENDUM TO LEASE AGREEMENT #1661694

This Addendum forms and is made a part of that certain Lease Agreement ("Agreement") between CIT Bank, N.A. and The Elim Park Baptist Home, Inc. ("Customer") executed by Customer on 1/9/2020, ~~2019~~. Capitalized terms used herein but not defined herein will have the same meaning given to them in the Agreement. Both parties agree that the following changes are made to the Agreement.

1. Section 1 of the Agreement, entitled LEASE; DELIVERY AND ACCEPTANCE, is revised by: a) deleting the number "30" from the fourth to the last sentence and replacing it with the number "45"; b) deleting the next to the last sentence in its entirety; and c) deleting the numbers "10" and "7%" from the last sentence and replacing them with the numbers "45" and "2%".
2. Section 12 of the Agreement, entitled PURCHASE OPTION; AUTOMATIC RENEWAL, is revised by deleting the number "90" from the second sentence and replacing it with the number "30".
3. Section 17 of the Agreement, entitled MISCELLANEOUS, is revised by deleting both uses of the state "New York" from subsection (a) and replacing the with the state of "Connecticut".

All other terms and conditions of the Agreement shall remain unchanged and in full force and effect. All handwritten, typed or "red-lined" additions and/or deletions on the Agreement are null and void and of no force or effect. The changes contained in this Addendum shall apply to only the Agreement to which it is incorporated and is not a precedent for future lease transactions.

IN WITNESS WHEREOF, the parties hereto have executed this Addendum to Lease Agreement on the dates shown below.

CIT Bank, N.A.

The Elim Park Baptist Home, Inc.

By: _____

By: [Signature], CFO

Title: _____

Title: CFO

Date Signed: _____

Date Signed: 1/9/2020



20 Commerce Drive, Cromwell, CT 06416
 Phone: (860) 632-9294 Fax (860) 635-7024

Customer Service Maintenance Agreement

Effective From: Install through 60 months
 OR: _____ Copies
 (Whichever comes first)

Proposal # 6152

Contract Type: Contract includes parts, labor, travel & supplies/ Toner. Excludes paper and Staples.

* Labor & Parts for networking applications are not covered in the Contracts.

* We have included 8 hours for initial network install of your new equipment. Any additional network support (including onsite & phone support) will be billed at our current hourly rate. Hourly rate in 2020 is \$149.00. PaperCut server installation and technical training is an additional 12 hours provided by our certified PaperCut reseller.

Additional attached hardware included in the Contract:

Print System Fax Unit Scan System

Bill To:

Company Name: Elim Park Health Baptist Home
 Contact: _____
 Address: 140 Cook Hill Rd
Cheshire, CT 06410-3736
 Phone: _____
 Fax: _____
 eMail: _____

Equipment Location:

Company Name: Elim Park Health Baptist Home
 Contact: _____
 Address: 140 Cook Hill Rd
Cheshire, CT 06410-3736
 Phone: _____
 Fax: _____
 eMail: _____

PLEASE NOTE!
 To Be Filled in By
 Customer >>>>

Meter Read _____ Email _____
 Contact Name _____ Phone _____
 Enter Current Copier Meter Reading: _____

Maintenance Term	Start Date	End Date	Billing Cycle (Base)	Billing Cycle (Overage)
60			Pass Thru	Quarterly
Meter	Covered Copies (Monthly)	Base Rate (Monthly)	Total (Monthly)	Overage Rate (Monthly)
Black and White	77,000	In lease	In lease	\$0.00600
Color	10,000	In lease	In lease	\$0.05000
Model	Equipment ID#	Meter Reading		
See lease schedule A for equipment				
Locked for 3 years, max 3% increase to service portion . Do not renew past lease term.				
Subtotal:				
Tax (if applicable):				
Total Due:				

PLEASE SIGN AND RETURN TO ADVANCED COPY TECHNOLOGIES, INC.
 I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF COVERAGE UNDER THIS SERVICE PLAN. THIS AGREEMENT CONSTITUTES THE FINAL AND COMPLETE UNDERSTANDING BETWEEN ADVANCED COPY AND MYSELF AND NO OTHER WRITTEN OR ORAL REPRESENTATIONS, PROMISES, OR WARRANTIES BY ANY PARTY SHALL BE BINDING UPON ADVANCED COPY TECHNOLOGIES, INC.
 *THE TERMS AND CONDITIONS ON THE REVERSE SIDE ARE PART OF THIS AGREEMENT.
 ** SEE REVERSE SIDE OF THE AGREEMENT FOR SUPPLY YIELDS.

ADVANCED COPY TECHNOLOGIES, INC.

[Signature] 1-7-20
 SERVICE MANAGER APPROVAL

X [Signature], CFO DATE 1/9/2020
 AUTHORIZED SIGNATURE
 X Zell Gostoy, CFO TITLE CFO
 PRINTED NAME
 X
 PO NUMBER _____

If this Document is signed and digitally transmitted it will be consider same as original; it will be treated as a legally binding agreement.

Initials required on Terms & Conditions

Lease Agreement Number: _____



Lease Agreement (with Supplier maintenance)

This Lease Agreement (the "Lease") contains the terms of your agreement with us. Please read it carefully and ask us any questions you may have. The words you, your and lessee mean you, our customer. The words we, us, our and the lessor, mean CIT Bank, N.A.

Equipment Description

Quantity See Sch. 'A'	Description See attached Schedule 'A'	Equipment Address 140 Cook Hill Rd Cheshire CT 06410
--------------------------	--	--

For additional equipment and accessories, attach addendum.
Supplier Name, Address and Phone: _____

End of Lease Purchase Option

If no box is checked or if more than one box is checked, the Fair Market Value Purchase Option will apply.

Fair Market Value
 \$1.00 Purchase Option Other _____

Term and Lease

Lease Payment \$ 4,306.70 (plus taxes, if applicable)

Term (Months) 60

Payment Frequency Monthly

Variable Payment Schedule if applicable:

(Attach "Payment Schedule Addendum" if necessary)

____ payments @ ____; followed by ____ payments @ ____ followed by
____ payments @ ____; followed by ____ payments @ ____

Payments are due in Arrears

The following additional payments are due on the date you sign this agreement:

One-time Documentation Fee \$75.00 Payable with First Invoice
Advanced Payment \$0.00 due at Lease signing
(including taxes, if applicable)

**If more than one Lease Payment is required in advance, the additional amount will be applied at the end of the initial or any renewal term.

MAINTENANCE \$\$\$: Your Lease Payment includes an amount for maintenance by the Supplier ("Maintenance Portion"). You expressly agree and understand that we are acting only as an administrator for the Supplier for the billing and collecting of the Maintenance Portion and you agree to look solely to the Supplier under your maintenance agreement with the Supplier ("Maintenance Agreement") for such maintenance and you will pay us the amounts due under this Lease regardless of the performance of the Supplier. The Maintenance Portion may be increased periodically according to the terms of the Supplier's Maintenance Agreement with you. [Signature] Customer Initials

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for (i) if you are a legal entity, your name, address, and other information that will allow us to identify you; (ii) if you are an individual, your name, address, and date of birth. We may also ask to see your driver's license or other identifying documents.

LESSOR: CIT Bank, N.A.
10201 Centurion Parkway N. #100
Jacksonville, FL 32256

Authorized Signature Date Signed

Printed Name

Print Title

Lessee

Elim Park Baptist Home, Inc. The
Lessee Legal Name

Elim Park Baptist Home, Inc. The
Lessee "Doing Business As" Name

140 Cook Hill Rd

Billing Street Address

Cheshire CT 06410

Billing City, State, Zip

Zell Gaston

Billing Contact Name & Phone No.

203.272.3547

Lessee Phone Number (if different from above)

TERMS AND CONDITIONS
BY SIGNING THIS LEASE:

(i) You acknowledge that you have read and understand the terms and conditions of this Lease including those on page 2 of this Lease; (ii) You agree that this Lease is a net lease that you cannot terminate or cancel, you have an unconditional obligation to make all payments due under this Lease, and you cannot withhold, set off or reduce such payments for any reason; (iii) You will use the Equipment only for business purposes; and (iv) You agree that by providing a telephone number to a cellular or other wireless device, you are expressly consenting to receiving communications from us, our affiliates and agents (for non-marketing purposes) at that number, including, but not limited to, prerecorded and artificial voice messages, text messages, and calls from automated telephone dialing systems; these calls may incur fees from your cellular provider; and this consent applies to each such telephone number you provide to us now or in the future.

ELECTRONIC TRANSMISSION AND COUNTERPARTS. A fax or electronically transmitted signed version of this Lease, when received by us, shall be binding on you for all purposes as if originally signed. This Lease is not binding on us until we sign it. We may accept this Lease by signing, either manually or electronically. You agree that the only version of this Lease that is the original for all purposes is the version containing your fax or scanned signature and our signature. This Lease may be signed in counterparts each of which will be considered an original and all counterparts will be considered and constitute one and the same Lease. This Lease may be retained electronically and you agree that any such electronic version shall be fully enforceable without the need to produce an original; however we may request an original signature document.

LESSEE SIGNATURE

Elim Park Baptist Home, Inc. The

Lessee Legal Name

X [Signature], CFO X 1/9/2020
Authorized Signature Date Signed

X Zell Gaston, CFO
Print Signer's

CFO
Print Signer's Title

06-0658099
Federal Tax ID Number



ADDENDUM TO LEASE AGREEMENT #1661694

This Addendum forms and is made a part of that certain Lease Agreement ("Agreement") between CIT Bank, N.A. and The Elim Park Baptist Home, Inc. ("Customer") executed by Customer on 1/9/2020, ~~2019~~ Capitalized terms used herein but not defined herein will have the same meaning given to them in the Agreement. Both parties agree that the following changes are made to the Agreement.

1. Section 1 of the Agreement, entitled LEASE; DELIVERY AND ACCEPTANCE, is revised by: a) deleting the number "30" from the fourth to the last sentence and replacing it with the number "45"; b) deleting the next to the last sentence in its entirety; and c) deleting the numbers "10" and "7%" from the last sentence and replacing them with the numbers "45" and "2%".
2. Section 12 of the Agreement, entitled PURCHASE OPTION; AUTOMATIC RENEWAL, is revised by deleting the number "90" from the second sentence and replacing it with the number "30".
3. Section 17 of the Agreement, entitled MISCELLANEOUS, is revised by deleting both uses of the state "New York" from subsection (a) and replacing the with the state of "Connecticut".

All other terms and conditions of the Agreement shall remain unchanged and in full force and effect. All handwritten, typed or "red-lined" additions and/or deletions on the Agreement are null and void and of no force or effect. The changes contained in this Addendum shall apply to only the Agreement to which it is incorporated and is not a precedent for future lease transactions.

IN WITNESS WHEREOF, the parties hereto have executed this Addendum to Lease Agreement on the dates shown below.

CIT Bank, N.A.

The Elim Park Baptist Home, Inc.

By: _____

By: [Signature], CFO

Title: _____

Title: CFO

Date Signed: _____

Date Signed: 1/9/2020

General Information and Questionnaire
Accounting Basis

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2020	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis: <input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1	Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511		
2	Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511		
3	Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511		
4	Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511		
Services Provided by This Firm (<i>describe fully</i>)				
1	Annual Audit	\$	22,364	
2	Medicaid Cost Report Review, Tax Form 990 Preparation	\$	3,663	
3	ERISA Audit of Benefit Plan & Related Consulting, Form 5500 Preparation	\$	7,105	
4	Medicare Cost Report Preparation	\$	3,053	
			Charge for Services Provided	
			\$	36,185
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	See Attached Detail		See Attached Detail	
2				
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	See Attached Detail			
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1	See Attached Detail	\$	43,296	
2		\$		
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$	43,296
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, line 1e				

**Medicaid Provider #6668 & 1500H
FYE 9/30/20**

**Legal Services Detail
From October 1, 2019 Through September 30, 2020
Required To Be Shown On Page 7 of 2020 Medicaid Cost Report**

Legal Services Information**Name of Legal Firm or Independent Attorney**

	Name of Legal Firm or Independent Attorney
1	Garrison, Levin-Epstein, Fitzgerald & Pirrotti, PC
2	Allied World Insurance Co.
3	Summa & Ryan PC
4	Jackson Lewis PC
5	Wiggin and Dana LLP
6	Murtha Cullina LLP
7	Finn Dixon & Herling

Telephone Number

	Telephone Number
1	(203) 777-4425
2	(860) 284-1300
3	(203) 755-0390
4	(914) 514-6060
5	(203) 498-4400
6	(860) 240-6000 Ext 0000
7	(203) 325-5000

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

	Address (No. & Street, City, State, Zip Code)
1	405 Orange Street, New Haven, CT 06511
2	1690 New Britain Ave., Suite 101, Farmington, CT 06032
3	228 Meadow Street Suite 303, Waterbury CT, 06702
4	P.O. Box 416019, Boston, MA 02241
5	P.O. Box 1832, New Haven, CT 06508
6	280 Trumbull Street, 12th Floor, Hartford, CT 06103-3469
7	6 Landmark Square, Stamford, CT 06901-2704

Services Provided by This Firm (describe fully)

	Services Provided by This Firm (describe fully)	
1	Consultation/Representation re "Directors & Officers" Litigation	\$ 32,825
2	Offset of Garrison, Levin-Epstein .. fees via payments from Insurance Company	\$ (11,285)
3	Review/Consultation-General Matters & Employee Policy Questions	\$ 12,208
4	Personnel & Labor Relations	\$ 7,972
5	Consultations re Abuse Allegation and IT Email Retention Requirement	\$ 352
6	Consultation re Room Change Notice Requirements	\$ 149
7	Consultation re COVID-19-related "PPP Loan" Requirements	\$ 1,075

Charge for Services Provided

\$ 43,296

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

ELIM PARK BAPTIST HOME, INC.

LEGAL FEES - ADMINISTRATION		GL 1.8300.6420							
12/5/2019	1.8300.6420	Legal Fees	(\$8,280.00)	Allied World	Reimbursement for Josh's inv's	CK#56249	Bank Transaction Entry	Reimburse for some Garrison bills	
7/30/2020	1.8300.6420	Legal Fees	(\$1,560.00)	Allied World	Legal fees	CK#59446	Bank Transaction Entry	Reimburse for some Garrison bills	
1/9/2020	1.8300.6420	Legal Fees	(\$1,445.00)	AW	Reimb legal fees	CK#56750	Bank Transaction Entry	Reimburse for some Garrison bills	
6/24/2020	1.8300.6420	Legal Fees	\$1,075.50	FINN DIXON	LEGAL SERVICES, PPP LOAN	156137	Purchases	PPP - COVID-19 Related	
12/1/2019	1.8300.6420	Legal Fees	\$1,450.00	GARRISON,	SHEEHAN HEALTH GR OCT-NOV 19	11182019	Purchases	D&O Litigation - Ongoing	
12/13/2019	1.8300.6420	Legal Fees	\$5,065.00	GARRISON,	SHEEHAN HEALTH GR NOV/DEC 19	12132019	Purchases	D&O Litigation - Ongoing	
12/31/2019	1.8300.6420	Legal Fees	\$600.00	GARRISON,	SHEEHAN HEALTH GR NOV/DEC 19	1082020	Purchases	D&O Litigation - Ongoing	
1/31/2020	1.8300.6420	Legal Fees	\$4,830.00	GARRISON,	LEGAL SERVICES JAN 20	1312020	Purchases	D&O Litigation - Ongoing	
2/28/2020	1.8300.6420	Legal Fees	\$3,720.00	GARRISON,	LEGAL SERVICES 2/5-3/3/2020	3042020	Purchases	D&O Litigation - Ongoing	
4/3/2020	1.8300.6420	Legal Fees	\$1,020.00	GARRISON,	LEGAL SERVICES 0304-03272020	4032020	Purchases	D&O Litigation - Ongoing	
5/4/2020	1.8300.6420	Legal Fees	\$420.00	GARRISON,	LEGAL SERVICES, APRIL 20	3712018-00M, 050420	Purchases	D&O Litigation - Ongoing	
6/2/2020	1.8300.6420	Legal Fees	\$1,140.00	GARRISON,	LEGAL FEES, MAY 2020	3712018-00M, 060220	Purchases	D&O Litigation - Ongoing	
6/30/2020	1.8300.6420	Legal Fees	\$3,570.00	GARRISON,	LEGAL FEES, JUNE 20	3712018-00M, 090120	Purchases	D&O Litigation - Ongoing	
7/31/2020	1.8300.6420	Legal Fees	\$3,300.00	GARRISON,	LEGAL SERVICES, AUG 20	3712018-00M, 093020	Purchases	D&O Litigation - Ongoing	
9/1/2020	1.8300.6420	Legal Fees	\$5,460.00	GARRISON,	LEGAL SERVICES, SEPT 20	3712018-00M, JUNE 20	Purchases	D&O Litigation - Ongoing	
9/30/2020	1.8300.6420	Legal Fees	\$2,250.00	GARRISON,	PROF SERVICES, JUNE 20	73120	Purchases	D&O Litigation - Ongoing	
7/16/2020	1.8300.6420	Legal Fees	\$148.50	MURTHA	LEGAL SERVICES FEB 20	656371	Purchases	D&O Litigation - Ongoing	
3/1/2020	1.8300.6420	Legal Fees	\$556.80	SUMMA &	LEGAL SERVICES FEB 20	4384	Purchases	Room change notice requirement review	
7/8/2020	1.8300.6420	Legal Fees	\$652.50	SUMMA &	TELE CONFERENCE BB	4544	Purchases	Research EEOC, NLRB, OSHA & DOL questions	
8/6/2020	1.8300.6420	Legal Fees	\$507.50	SUMMA &	CONFERENCE, BB	4571	Purchases	WC, OSHA and testing questions - COVID-19 related	
				SUMMA &			Purchases	WC and Sick Leave questions - COVID-19 related	
9/3/2020	1.8300.6420	Legal Fees	\$6,670.00	RYAN PC	CONF CALL WITH BB	4590	Purchases	Interviews & internal investigation-sexual harrasment allegation-case was settled.	
9/3/2020	1.8300.6420	Legal Fees	\$145.00	SUMMA &	EMAIL EXCHANGE WITH BB	4591	Purchases	WC questions - COVID-19 related	
11/30/2019	1.8300.6420	Legal Fees	\$167.00	WIGGIN	LEGAL SERVICES NOV 19	8578359	Purchases	IT email document retention period	
12/31/2019	1.8300.6420	Legal Fees	\$96.12	WIGGIN	LEGAL FEES DEC 19	8579093	Purchases	IT email retention period	
			\$31,558.92						
LEGAL FEES - HUMAN RE		GL 1.8900.6420							
12/31/2019	1.8900.6420	Legal Fees- HR	\$4,248.18	JACKSON	LEGAL SERVICES DEC 19	7475461	Purchases	Thomas employee litigation-settled 2021	
1/31/2020	1.8900.6420	Legal Fees- HR	\$189.22	JACKSON	LEGAL FEES JAN 20	7488572	Purchases	Audit letter	
9/30/2020	1.8900.6420	Legal Fees- HR	\$83.20	JACKSON	ADDITIONAL SEPT 2020 ACCRUALS		JACKSON LEWIS	Thomas employee litigation-settled 2021	
9/30/2020	1.8900.6420	Legal Fees- HR	\$465.92	JACKSON	ADDITIONAL SEPT 2020 ACCRUALS		JACKSON LEWIS	Thomas employee litigation-settled 2021	
9/30/2020	1.8900.6420	Legal Fees- HR	\$515.84	JACKSON	ADDITIONAL SEPT 2020 ACCRUALS		JACKSON LEWIS	Thomas employee litigation-settled 2021	
9/30/2020	1.8900.6420	Legal Fees- HR	\$584.56	JACKSON	ADDITIONAL SEPT 2020 ACCRUALS		JACKSON LEWIS	Thomas employee litigation-settled 2021	
9/30/2020	1.8900.6420	Legal Fees- HR	\$1,915.52	JACKSON	ADDITIONAL SEPT 2020 ACCRUALS		JACKSON LEWIS	Thomas employee litigation-settled 2021	
				SUMMA &					
10/31/2019	1.8900.6420	Legal Fees- HR	\$556.80	RYAN PC	LEGAL FEES OCT 19	4218	Purchases	Research regarding social media postings by employees	
11/30/2019	1.8900.6420	Legal Fees- HR	\$145.00	SUMMA &	LEGAL SERVICES NOV 19	4302	Purchases	Employee Termination Issue	
12/31/2019	1.8900.6420	Legal Fees- HR	\$507.50	SUMMA &	LEGAL FEES DEC 19	4331	Purchases	Sant separation agreement	
1/31/2020	1.8900.6420	Legal Fees- HR	\$471.25	SUMMA &	LEGAL SERVICES JAN 20	4373	Purchases	Sant separation agreement	
4/3/2020	1.8900.6420	Legal Fees- HR	\$835.20	SUMMA &	COVID-19 CONSULT	4462	Purchases	COVID-19 DPH, FERCA, OSHA, Travel ban	
5/4/2020	1.8900.6420	Legal Fees- HR	\$371.20	SUMMA &	TELEPHONE CONFERENCES	4496	Purchases	FMLA & PPP - COVID-19 related	
6/9/2020	1.8900.6420	Legal Fees- HR	\$139.20	SUMMA &	TELEPHONE CONFERENCES	4520	Purchases	COVID-19 Testing questions	
9/30/2020	1.8900.6420	Legal Fees- HR	\$649.60	SUMMA &	FFCRA, CONF AGREEMENT	4613	Purchases	FFCRA & FMLA COVID-19 related	
10/31/2019	1.8900.6420	Legal Fees- HR	\$89.00	WIGGIN	LEGAL FEES OCT 19	8576317	Purchases	Abuse allegation-no settlement	
			\$11,737.19						

ELIM PARK BAPTIST HOME, INC.

GRAND TOTAL LEGAL FEES FYE 2020				\$43,296.11				
Subtotals By Vendor:								
Allied World Insurance Co.		(\$11,285.00)					\$32,825.00	
Finn Dixon & Herling		\$1,075.50					(\$11,285.00)	
Garrison, Levin-Epstein ...		\$32,825.00					\$7,783.22	
Jackson Lewis PC		\$7,972.44					\$6,670.00	
Murtha Cullina LLP		\$148.50					\$35,993.22	
Summa & Ryan PC		\$12,207.55						
Wiggin And Dana LLP		\$352.12						
Rounding		\$0.00						
TOTAL		\$43,296.11						

Schedule of Resident Statistics

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c		Report for Year Ended 9/30/2020						Page 8	of 37
			Period 10/1 Thru 6/30		Period 7/1 Thru 9/30					
			Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH		
1. Certified Bed Capacity										
A. On last day of PREVIOUS report period	132	90		42	132	90	42			
B. On last day of THIS report period	132	90		42					132	90
2. Number of Residents										
A. As of midnight of PREVIOUS report period	124	89		35	124	89	35			
B. As of midnight of THIS report period	115	74		41					115	74
3. Total Number of Days Care Provided During Period										
A. Medicare	6,496	6,496			4,921	4,921			1,575	1,575
B. Medicaid (Conn.)	9,956	9,956			7,576	7,576			2,380	2,380
C. Medicaid (other states)										
D. Private Pay	2,529	2,225		304	1,944	1,663	281		585	562
E. State SSI for RCH	14,403		14,403		10,729		10,729		3,674	
F. Other (Specify)	8,064	8,064			6,206	6,206			1,858	1,858
G. Total Care Days During Period (3A thru F)	41,448	26,741	14,707	14,707	31,376	20,366	11,010		10,072	6,375
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds										
A. Medicaid Bed Reserve Days										
B. Other Bed Reserve Days										
5. Total Resident Days (3G + 4A + 4B)	41,448	26,741	14,707	14,707	31,376	20,366	11,010		10,072	6,375
										3,697

***NOTE: Paid "Bed Reserve Days" have not been isolated and shown on Line 4A & 4B of Page 8, due to implementation of a new clinical & billing software (Point-Click-Care) during fiscal 2020... wherein the required reporting for this had not yet been set up. However, "Paid Bed Reserve Days" are included in the Line 5 "Total Resident Days" amounts shown above.**

Schedule of Resident Statistics (Cont'd)

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2020	Page 9	of 37
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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	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(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	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	RHNS	CCNH	RHNS	CCNH	RHNS	R.C.H.	ICF-MR
No. of Residents	15		27		32		41	
Per Diem Rate								
a. One bed rm.	Various PPS		265.15		580.00		142.35	
b. Two bed rms.	Various PPS		265.15		580.00		142.35	
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	9,355	9,355		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	27,884	27,884		
D. Total Physical Therapy Treatments	37,239	37,239		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	281	281		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	2,122	2,122		
D. Total Speech Therapy Treatments	2,403	2,403		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,073	2,073		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	27,032	27,032		
D. Total Occupational Therapy Treatments	29,105	29,105		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Elim Park Baptist Home, Inc.	666c	9/30/2020	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	155,896	629			85,739	346
2. Administrator(s) (Complete also Sec. III of Schedule A1)	104,923	1,258			57,706	692
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	537,962	17,705			350,496	10,684
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	251,667	18,022			138,412	9,912
6. Housekeeping Service						
a. Head Housekeeper	14,263	337			6,245	147
b. Other Housekeeping Workers	207,692	14,376			90,939	6,295
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	20,950	475			9,173	208
b. Other Maintenance Workers	89,231	4,501			39,070	1,971
8. Laundry Service						
a. Supervisor	20,240	585			2,092	60
b. Other Laundry Workers	92,352	7,320			9,544	757
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	38,631	1,258			21,247	692
b. Other Accountants	135,115	5,423			74,310	2,982
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	99,519	2,375			10,515	171
b. RN						
1. Direct Care	1,047,342	23,998				
2. Administrative**	412,260	8,243			7,891	286
c. LPN						
1. Direct Care	1,117,756	34,007			90,784	2,830
2. Administrative**						
d. Aides and Attendants	1,445,092	77,090			252,267	11,444
e. Physical Therapists	611,633	15,914				
f. Speech Therapists	101,697	1,791				
g. Occupational Therapists	525,854	13,339				
h. Recreation Workers	97,135	4,916			53,422	2,703
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	73,792	2,315			40,584	1,273
n. Marketing	14,443	241			7,944	133
o. Other (Specify) See Attached Schedule	23,749	735			13,063	405
<i>A-13. Total Salary Expenditures</i>	7,239,194	256,851			1,361,443	53,991

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Wages- Director- Christian Ministries - disallowed p 28 (Attachm	\$ 11,614	541	\$ -	-	\$ 6,388	298
Wages- Pastor Housing - disallowed p. 28 (Attachment)	\$ 9,281				\$ 5,105	
Wages - Director- Volunteer	\$ 2,854	195			\$ 1,570	107
Total	\$ 23,749	735	\$ -	-	\$ 13,063	405

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Purchased Services- Nsg	\$ 1,742	35	\$ -	-	\$ 958	19
Purchased Services - Management-Therapy (See Detail Attached)	\$ 48,000	122			\$ -	-
Purchased Services- Christian Ministries	\$ 390	6			\$ 215	3
Total	\$ 50,132	163	\$ -	-	\$ 1,173	22

**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			
		9/30/2020	11			37		
Name	Fringe Benefits and/or Other Payments (describe fully)	Salary Paid		Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
		CCNH	RHNS					
Section I - Operators/Owners								
Brian Bedard	Non-discriminatory except for life insurance	93,063		51,183	975 A4	Elim Park Place, 150 Cook Hill Road, Cheshire, CT	975	143,691
Zell Gaston	Non-discriminatory except for life insurance	62,832		34,557	975 A11	Elim Park Place, 150 Cook Hill Road, Cheshire, CT	975	96,950
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).								
Olivia Gaston		5,755		817	525 A8	Elim Park Place, 150 Cook Hill Road, Cheshire, CT	277	2,709
Allison Sweeney		1,447		634	55 A12	N/A		

* 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) Elim Park Baptist Home, Inc.		License No. 666c		Report for Year Ended 9/30/2020		Page 12	of 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							
Section III - Administrators***									
John Sweeney	104,923		Non-discriminatory except for life	Administrator - Management of facility	1,950	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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Elim Park Baptist Home, Inc.	666c	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	5,213	388				
3. Pharmacist	10,361	202				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	4,914	43				
b. Other						
6. Social Worker						
7. Recreation Worker	868	6			477	4
8. Physicians						
a. Medical Director (entire facility)	45,000	104				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	22,898	307				
2. Administrative***						
b. LPN						
1. Direct Care	37,721	168				
2. Administrative***						
c. Aides	69,550	2,261				
d. Other						
12. Other (Specify) See Attached Schedule	50,132	163			1,173	22
B-13 Total Fees Paid in Lieu of Salaries	246,657	3,642			1,650	26

* 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.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Wages- Director- Christian Ministries - disallowed p 28 (Attachm	\$ 11,614	541	\$ -	-	\$ 6,388	298
Wages- Pastor Housing - disallowed p. 28 (Attachment)	\$ 9,281				\$ 5,105	
Wages - Director- Volunteer	\$ 2,854	195			\$ 1,570	107
Total	\$ 23,749	735	\$ -	-	\$ 13,063	405

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Purchased Services- Nsg	\$ 1,742	35	\$ -	-	\$ 958	19
Purchased Services - Management-Therapy (See Detail Attached)	\$ 48,000	122			\$ -	-
Purchased Services- Christian Ministries	\$ 390	6			\$ 215	3
Total	\$ 50,132	163	\$ -	-	\$ 1,173	22

**Medicaid Provider #6668 & 1500H
FYE 9/30/2020**

**Attachment To Page 10a re Schedule Of Other Fees (Page 13)
October 1, 2019 Through September 30, 2020**

	TOTAL PURCH. SERVICES- THERAPY COST	TOTAL PURCH. SERVICES- THERAPY HOURS	ALLOCATION FACTOR	ALLOCATED PURCH. SERVICES- THERAPY COST	ALLOCATED PURCH. SERVICES- THERAPY HOURS
Portion Of "Purchased Services-Therapy" Costs & Hours Allocated To Physical Therapy	\$48,000	122	x 37,239 / 68,747 =	\$26,001	66
Portion Of "Purchased Services-Therapy" Costs & Hours Allocated To Occupational Therapy	\$48,000	122	x 29,105 / 68,747 =	\$20,321	52
Portion Of "Purchased Services-Therapy" Costs & Hours Allocated To Speech Therapy	\$48,000	122	x 2,403 / 68,747 =	\$1,678	4
TOTAL				\$48,000	122

NOTE: Allocation factors above are based on percentage of respective Physical Therapy units, Occupational Therapy units, or Speech Therapy units .. to Total Therapy Units.

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

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c	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		
MARTHA A KURILEC	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
TIFFANY TRAN	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
ADEDAYO O ADETOLA	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
WILLIAM A WALACH	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
DOUGLAS CODIANNI	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
ELAINE CERULLO	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
JAMES M SHEEHAN	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
JOHN PAOLILLO	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
LARRY BATTER	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
MARK KAPLAN	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
RONALD J CASASANTA	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
SHAWN TAYLOR	Recreation - Music Program	<input type="radio"/>	<input checked="" type="radio"/>		
RICHARD ROTHSTEIN	Recreation - Magic Show	<input type="radio"/>	<input checked="" type="radio"/>		
THE NURSE NETWORK LLC	Agency Nurses and Aides	<input type="radio"/>	<input checked="" type="radio"/>		
AAA NURSING CARE	Agency Nurses and Aides	<input type="radio"/>	<input checked="" type="radio"/>		
KEY PERSONNEL	Agency Nurses and Aides	<input type="radio"/>	<input checked="" type="radio"/>		
JOHN BENNETT	Worship Leading	<input type="radio"/>	<input checked="" type="radio"/>		
ALLEN J HILL	Pipe Organ Service	<input type="radio"/>	<input checked="" type="radio"/>		
KATHLEEN M MYCHAJLOWSKY	Various Medical Assessments	<input type="radio"/>	<input checked="" type="radio"/>		
PROCAIRE, LLC	Respiratory Assessments	<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
Elim Park Baptist Home, Inc.	666c	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	\$ 234,122	197,062		37,060
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 80,524	67,777		12,747
4. Social Security (F.I.C.A.)	\$ 624,495	525,640		98,855
5. Health Insurance	\$ 1,023,840	861,771		162,069
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 10,406	8,759		1,647
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 225,116	189,481		35,635
8. Uniform Allowance	\$ 32,229	27,127		5,102
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 181,004	116,778		64,226
d. Accounting and Auditing	\$ 36,185	23,345		12,840
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 43,296	27,933		15,363
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 23,780	15,342		8,438
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 21,218	13,689		7,529
2. Cellular Phones	\$ 11,646	7,514		4,132
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	\$			
Subtotal	\$ 2,547,861	2,082,218		465,643

* 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
	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2020		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:	2,547,861	2,082,218		465,643	
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 4,860	3,136		1,724	
2. Holiday Parties for Staff	\$ 7,332	4,731		2,601	
3. Gifts to Staff and Residents	\$ 23,695	15,287		8,408	
4. Employee Travel	\$ 7,843	5,060		2,783	
5. Education Expenses Related to Seminars and Conventions	\$ 18,997	12,256		6,741	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 2,192	1,414		778	
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 22,103	14,260		7,843	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 32,519	20,980		11,539	
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	\$ 4,379	2,825		1,554	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 17,997	11,612		6,385	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,570	1,013		557	
9. Subscriptions	\$ 4,218	2,721		1,497	
10. Contributions*** See Attached Schedule	\$ 194,167	125,271		68,896	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 144,500	93,227		51,273	
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 208,268	134,368		73,900	
C-14 Total Administrative & General Expenditures	\$ 3,242,501	2,530,379		712,122	

* 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
Marketing - Therapy - disallowed on p. 28	\$ 158	\$ -	\$ 87
Marketing - Admissions - disallowed on p. 28	\$ 20,822		\$ 11,452
Total Other Advertising	\$ 20,980	\$ -	\$ 11,539

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
AICPA - disallowed p. 28 (Attachment)	\$ 199		\$ 109
ALTCFM	\$ 55		\$ 30
CAHCF	\$ 3,528		\$ 1,940
CTCPA - disallowed p. 28 (Attachment)	\$ 94		\$ 51
Leading Age	\$ 6,655		\$ 3,660
SHRM	\$ 181		\$ 99
SignUpGenius	\$ 174		\$ 96
The American Occupational Therapy Association - disallowed p. 28 (Attachment)	\$ 145		\$ 80
American Healthcare Association	\$ 581		\$ 320
Total Dues	\$ 11,612	\$ -	\$ 6,385

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Cheshire, CT Police & Fire Department Donations	\$ 125,271	\$ -	\$ 68,896
Total Contributions	\$ 125,271	\$ -	\$ 68,896

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Purchased Services Nursing Admin	\$ 5,110		\$ 2,810
Supplies - Christian Ministries	\$ 571		\$ 314
Employee Physicals & Other - Pre Placement Physicals (disallowed on p. 28)	\$ 874		\$ 480
Volunteer Recognition - disallowed p. 28 (Attachment)	\$ 574		\$ 315
Professional Fees	\$ 21,814		\$ 11,998
Tuition Reimbursement - disallowed p. 28	\$ 8,175		\$ 4,496
Licenses	\$ 2,587		\$ 1,423
Miscellaneous - Finance	\$ 110		\$ 60
Bank & Credit Card Fees - payment processing, check orders, stop payment	\$ 16,002		\$ 8,800
Miscellaneous - Administration (Disallow)	\$ 31,859		\$ 17,522
Miscellaneous - IT	\$ 30		\$ 17
Penalties	\$ 3,948		\$ 2,172
Alliance-CALTC - disallowed p. 28 (Attachment)	\$ 645		\$ 355
Insurance Directors & Officers	\$ 13,196		\$ 7,258
Other - Nursing	\$ 1,348		\$ 741
Other - Christian Ministries	\$ 53		\$ 29
Purchased Services - Admissions - disallowed p. 28 (Attachment)	\$ 4,636		\$ 2,549
Telephone (Internet Services)	\$ 6,618		\$ 3,639
Other - Admissions - Reprax & Vendormate - disallowed p. 28 (Attachment)	\$ 106		\$ 59
Discounts Taken	\$ (8,705)		\$ (4,787)
Purchased Services - Administration	\$ 2,930		\$ 1,612
Purchased Services - Finance	\$ 15,524		\$ 8,538
Purchased Services - Volunteer	\$ 44		\$ 24
Purchased Services - IT	\$ 271		\$ 149
Employee Background Check	\$ 5,683		\$ 3,126
Miscellaneous - HR	\$ 365		\$ 201
Total Other Administrative and General	\$ 134,368	\$ -	\$ 73,900

Schedule C-1 - Management Services*

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	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 #
Sodexo, P.O. Box 360170, Pittsburgh, PA 15251-6170	384,418	Dietary Staff Management, Support, Training, Food Purchase, Quality Assurance, Quantity Discount	Page 18, Line 2b

* 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		License No.	Report for Year Ended		Page	of
Elim Park Baptist Home, Inc.		666c	9/30/2020		18	37
Item	Total	CCNH	RHNS	Residential Care Home		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$ 258,514	166,785				91,729
2. Non-Food Supplies	\$ 36,450	23,516				12,934
3. Other (Specify) _____ Dietary Services To Departments	\$ 14,444	9,319				5,125
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 384,418	248,015				136,403
c. Other (Specify) _____ Support Fees	\$ 66,493	42,899				23,594
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 760,319	490,534				269,785
2E. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home		
F. Resident Meals: Total no. of meals served per day:*	340	219				121
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
J. Is cost of 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.	\$823
K. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			If yes, specify amt.	\$2,058
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						P 30 IV1
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			If yes, specify cost.	\$9,519
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		License No.	Report for Year Ended		Page	of
Elim Park Baptist Home, Inc.		666c	9/30/2020		19	37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*	Lbs.	558,333	506,037			52,296
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$					
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.					
	Amt. \$					
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.					
	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$	8,011	7,261			750
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
c. Other (Specify) Chemicals, Misc. Supplies	\$	36,117	32,734			3,383
3D. Total Laundry Expenditures (3a + b + c)	\$	44,128	39,995			4,133
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	
Elim Park Baptist Home, Inc.	666c	9/30/2020	20	37	
				Residential Care Home	
Item		Total	CCNH	RHNS	
4. Housekeeping	Sq. Ft. Serviced by Personnel	49,191	34,706		14,485
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	68,610	47,717		20,893
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>) Floor Cleaning, Small Equipment, Supplies		\$ 10,100	7,024		3,076
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 78,710	54,741		23,969
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Pharmscript of CT, LLC	\$	401,486	401,486		
b. Medicine Cabinet Drugs	\$	25,718	25,718		
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$	9,212	9,212		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	27,760	27,760		
f. X-rays and Related Radiological Procedures***	\$	28,831	28,831		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	88,957	88,957		
i. Recreation	\$	34,515	22,268		12,247
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	421,441	406,325		15,116
5M. Total Resident Care Expenditures (5a - 5j)	\$	1,037,920	1,010,557		27,363

* 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
Supplies - Short Term	\$ 134,741		
Equipment Rental - Short Term	\$ 7,994		
Equipment Rental - Short Term - wound vac - disallowed p. 29	\$ 1,700		
Equipment Rental - Short Term - Air Mattresses - disallowed p. 29	\$ 1,338		
Supplies - Long Term	\$ 230,669		
Equipment Rental - Long Term - wound vac - disallowed p. 29	\$ 150		
Supplies - RCH - disallowed \$642 p. 29			\$ 5,139
Supplies (Non-Medical)- Nsg	\$ 1,706		\$ 939
Small Equipment Purchased- Nsg	\$ 7,978		\$ 4,387
Purchased Services - Therapy - disallowed p. 29	\$ 10,080		\$ -
Supplies- Therapy - disallowed p. 29	\$ 9,967		\$ 4,651
Rounding	\$ 2		
Total Other Resident Care	\$ 406,325	\$ -	\$ 15,116

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

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c	Report for Year Ended 9/30/2020	Total Cost/Page Ref.***				Page of 21 37
Name of Individual or Company	Address	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
Sodexo	Pittsburgh, PA 15251-6170	None	Dietary Purchased Services	248,023		136,395	18	2b
Netsmart	5100 N. Towne Centre Dr., Ozark, MO 65721	None	Vision Software Support	9,291		5,109	16	1m11
Whalley Computer Associates	Brattleboro, VT 05302-1292	None	Computer Services	23,278		12,801	16	1m11
Kronos Saashr Inc.	PO Box 744724 Atlanta, GA 30374	None	Payroll Services	14,541		7,996	16	1m11
Cox Communications	P.O. Box 182656, Columbus, OH 43218	None	Cable TV	12,847		7,065	20	2i
Intellitec Solutions LLC	Suite 100, Newark, DE 19713	None	Computer Services	9,533		5,243	16	1m13
Point Click Care	PO Box 674802 Detroit, MI, 48267	None	Computer Services	26,741		14,705	16	1m13
Konica Minolta Premier Finance	Philadelphia, PA 19176-0239	None	Repair & Maintenance Of Copiers	12,528		6,890	22	6e
Procaire, LLC	P. O. Box 801 Tolland, CT 06084	None	Oxygen Rental	30,949			20	5.e.2
NOA Diagnostic OF NY LLC	150 Syosset, NY 11791-4462	None	X Ray Services	26,365			20	5f
Griffin Hospital	130 Division St., Derby, CT 06418	None	Laboratory Services	78,667			20	5h
Revco	PO Box 105, Trumbull, CT 06611	None	Computer Services	7,632		4,197	16	1m13
CWPM, LLC	415, Plainville, CT 06062	None	Trash Removal	9,452		4,142	22	6a
		None						

* 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
Elim Park Baptist Home, Inc.	666c	9/30/2020			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 211,365	146,575				64,790
b. Heat	\$ 40,028	33,530				6,498
c. Light & Power	\$ 138,670	120,189				18,481
d. Water	\$ 53,794	47,234				6,560
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 29,179	18,826				10,353
f. Other (<i>itemize</i>)	\$ 16,519	11,427				5,092
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 489,555	377,781				111,774
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 15,805	10,992				4,813
b. Building & Building Improvements	\$ 325,925	231,996				93,929
c. Non-Movable Equipment	\$ 103,002	71,636				31,366
d. Movable Equipment	\$ 138,418	102,186				36,232
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 583,150	416,810				166,340
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 6,655	4,294				2,361
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 6,655	4,294				2,361
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)	\$ 589,805	421,104				168,701

* 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
Bio-Medical Purchased Services - Maint	\$ 2,452		\$ 1,073
Purchased Services - Grounds- Maint	\$ 6,944		\$ 3,040
Purchased Services-Grounds-Snowplowing	\$ 671		\$ 294
Equipment Repair & Maintenance- Nsg	\$ 251		\$ 110
Equipment Repair & Maintenance- Housekeeping	\$ 313		\$ 137
Purchased Services-HCC Recreation	\$ 796		\$ 438
Total Other Repairs and Maintenance	\$ 11,427	\$ -	\$ 5,092

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended					Page	of
Elim Park Baptist Home, Inc.		666c		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		
								Yes	No	
A. Land Improvements										
1. Acquired prior to this report period	653,928		653,928	541,159		4-20 yrs	14,894			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	19,842						911			
A-4. Subtotal									15,805	
B. Building and Building Improvements										
1. Acquired prior to this report period	13,847,212		13,847,212	11,141,936		5-25 yrs	322,321			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	76,108					5-15 yrs	3,604			
B-4. Subtotal									325,925	
C. Non-Movable Equipment										
1. Acquired prior to this report period	1,435,130		1,435,130	804,295		5-25 yrs	102,144			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	30,462					5-15 yrs	858			
C-4. Subtotal									103,002	
D. Movable Equipment										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a. See Attached Schedule										
b.	Various	Various	158,306	83,746	S/L	4-10 yrs	26,220			
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period										
b. Disposals (attach schedule)	Various	Various	4,338,868	3,622,650	S/L	3-20 yrs	102,017			
c. Acquired during this report period (attach schedule)				(19,800)						
D-3. Subtotal			180,970			5-15 yrs	10,181			
E. Total Depreciation										
									138,418	
									583,150	

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/21/2020	COURTYARD RENOVATIONS - STONE FOR RCH PATIO/DUCK POND	\$ 4,748	10	\$ 237
7/21/2020	COURTYARD RENOVATIONS - ASTROTURF DUCK AREA	\$ 1,663	10	\$ 83
8/1/2020	COURTYARD RENOVATIONS - DUCK PATIO, BLUE TUBING	\$ 285	10	\$ 14
8/1/2020	COURTYARD RENOVATIONS - DUCKS, PIPE, CEMENT	\$ 304	10	\$ 15
8/1/2020	COURTYARD RENOVATIONS -TRAP ROCK	\$ 124	10	\$ 6
8/1/2020	COURTYARD RENOVATIONS - CHICKEN/DUCK STONE	\$ 150	10	\$ 8
8/4/2020	COURTYARD RENOVATIONS - ANIMAL PROJ, BRASS PLUG	\$ 130	10	\$ 7
8/4/2020	COURTYARD RENOVATIONS - CHICKEN/DUCK, STONE	\$ 150	10	\$ 8
8/6/2020	COURTYARD RENOVATIONS - BOBCAT RENTAL	\$ 2,954	10	\$ 148
8/12/2020	COURTYARD RENOVATIONS - PROCESSED STONE	\$ 71	10	\$ 4
8/15/2020	COURTYARD RENOVATIONS - BRASS ADAPTER	\$ 97	10	\$ 5
8/15/2020	COURTYARD RENOVATIONS - SOUTHWINGTON RUSTIC FENCE	\$ 1,058	10	\$ 53
8/15/2020	COURTYARD RENOVATIONS - CHESHIRE STONE	\$ 760	10	\$ 38
8/15/2020	COURTYARD RENOVATIONS - PLANTER'S CHOICE	\$ 508	10	\$ 25
8/15/2020	COURTYARD RENOVATIONS - SITEONE LANDSCAPING	\$ 249	10	\$ 12
8/19/2020	COURTYARD RENOVATIONS - DECORATIVE STONE	\$ 120	10	\$ 6
8/25/2020	COURTYARD - RIVERROUNDS	\$ 217	10	\$ 11
8/27/2020	COURTYARD RENOVATIONS - DECORATIVE STONE	\$ 99	10	\$ 5
8/27/2020	COURTYARD RENOVATIONS - DECORATIVE STONE	\$ 148	10	\$ 7
8/31/2020	COURTYARD RENOVATIONS - HEMLOCK MULCH	\$ 212	10	\$ 11
9/1/2020	RB INSTALL STORM DRAIN	\$ 2,885	15	\$ 96
9/1/2020	COURTYARD RENOVATIONS - MINI EXCAVATOR CAB RENTAL	\$ 1,987	15	\$ 66
9/30/2020	COURTYARD RENOVATIONS - SITESTONE LANDSCAPING	\$ 25	10	\$ 1
9/30/2020	COURTYARD RENOVATIONS - BUSHES, PLANTINGS	\$ 898	10	\$ 45
Total additions for Land Improvements		\$ 19,842		\$ 911 *
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:				
1/13/2020	RCH #241 FIR CDX/ROYAL SHEET	\$ 159	10	\$ 8
2/1/2020	#237 NEW WINDOW	\$ 559	10	\$ 28
2/17/2020	RCH #237/241 CARPET	\$ 1,316	5	\$ 132
7/22/2020	#219, CEILING TILE	\$ 1,000	10	\$ 1,000
9/1/2020	HEALTHCARE RENOVATIONS	\$ 66,386	15	\$ 2,213
9/1/2020	6 BAY GARAGE RENOVATIONS	\$ 6,721	15	\$ 224
	MISCELLANEOUS RECONCILING ADJUSTMENT TO DETAIL	\$ (34)		
Total additions for Building Improvements		\$ 76,108		\$ 3,604 *
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:				
11/1/2019	HC BOILER RM/BOILER PUMP	\$ 2,477	10	\$ 124
2/27/2020	BACKFLOW PREVENTER	\$ 4,200	10	\$ 210
7/1/2020	DOOR, EAST WING	\$ 3,775	10	\$ 189
7/27/2020	(8) UV LAMPS	\$ 4,050	10	
8/1/2020	HC RMSHEAT PUMP	\$ 3,742	10	\$ 187
8/31/2020	PINES MED RM, OAK DOOR	\$ 1,146	10	\$ 57
9/8/2020	DUCKS, MINI EXCAVATOR CAB	\$ 101	15	\$ 3
9/11/2020	NURSE STATION, QUARTZ TOP	\$ 2,640	15	\$ 88
9/17/2020	(16) UV LAMPS	\$ 8,331	10	
Total additions for Non-Movable Equipment		\$ 30,462		\$ 858 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/14/2019	KITCHEN WORKTABLE	\$ 524	10	\$ 74
10/21/2019	HOT WATER SOFTENER/DISH WASHER	\$ 1,501	10	\$ 26
10/23/2019	MAIN KITCHEN/DOUBLE OVENS/STEA	\$ 14,508	10	\$ 75
11/14/2019	SIX RADIOS FOR NSG/CHARGER	\$ 1,608	10	\$ 725
11/30/2019	NSG SUPPLY SHELVEING	\$ 1,687	10	\$ 80
12/15/2019	HC RECLINERS (2)/CONTROL BOXES	\$ 1,241	10	\$ 84
1/1/2020	HC WIRING CHARTING/TVS	\$ 6,867	10	\$ 62
1/8/2020	REPLACE HC NO DOOR ALARM LOCK	\$ 2,125	10	\$ 343
1/9/2020	HC AIR MATTRESSES (2)	\$ 2,225	10	\$ 106
2/4/2020	BED/GEO-MATTRESS	\$ 1,890	5	\$ 111
2/5/2020	VENTRAC TURBINE BLOWER	\$ 988	10	\$ 189
2/12/2020	HC BED	\$ 1,551	5	\$ 49
3/2/2020	HC BEDS/RAILS/MATRESSES/TABLE	\$ 44,561	10	\$ 155
3/14/2020	FIRE 10 TABLE CASES-COVID 19	\$ 1,004	5	\$ 2,228
3/20/2020	INSULATED HOT CARTS FOR FOOD	\$ 16,980	10	\$ 100
3/20/2020	NSG CAPITAL MONITOR/DESKTOP	\$ 1,509	5	\$ 849
3/25/2020	LAPTOPS, COVID EXP.	\$ 2,676	5	\$ 151
5/1/2020	VEWING BOOTH	\$ 2,641	10	\$ 268
5/1/2020	NSG, PROTECTION COVID19	\$ 1,143	10	\$ 132
5/1/2020	HOUSEKEEPING SUPPLIES	\$ 1,282	10	\$ 57
5/1/2020	HC LAUNDRY, GE WASHER	\$ 1,148	10	\$ 64
6/1/2020	HEAD/FOOTBOARD, HC PINES	\$ 3,441	10	\$ 57
6/1/2020	HM KALVIN CLOCK, EAST RM RENO	\$ 733	10	\$ 172
7/21/2020	(2) SCREENFLEX 5 PANEL ROOM DIVIDER	\$ 1,395	10	\$ 37
8/3/2020	#219A, TWIN KING KOIL	\$ 326	5	\$ 70
8/7/2020	DUCKS, WATER PUMP	\$ 166	15	\$ 33
8/15/2020	WHEELCHAIR SCALE	\$ 2,266	15	\$ 6
8/15/2020	SCANNER, BLADDER	\$ 6,305	15	\$ 76
8/15/2020	LIFT, PATIENT	\$ 2,455	15	\$ 210
8/16/2020	PINES, BEDSIDE CABINET	\$ 4,072	5	\$ 82
9/1/2020	RCH AMPLIFIER	\$ 4,700	15	\$ 407
9/1/2020	GROUNDKEEPING EQUIPMENT	\$ 6,732	15	\$ 157
9/8/2020	HCC, MICROSOFT OFFICE LICENSE	\$ 1,025	5	\$ 224
9/30/2020	VOLVO L20HS WHEEL LOADER	\$ 10,001	10	\$ 102
9/30/2020	SLINGS	\$ 21,204	5	\$ 500
9/30/2020	MATTRESS	\$ 6,489	5	\$ 2,120
	MISCELLANEOUS RECONCILING ADJUSTMENT TO DETAIL	1		
Total additions for Movable Equipment		\$ 180,970		\$ 10,181 *
Deletions:				
9/30/2020	DISPOSAL OF KUBOTA TRACTOR	\$ (19,800)		\$ -
Total deletions for Movable Equipment		\$ (19,800)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c		Report for Year Ended 9/30/2020		Page 24	of 37
	Date of Acquisition		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
Item	Month	Year			Length of Amortization	Cost to Be Amortized
A. Organization Expense						
1.						
2.						
3.						
A-4. Subtotal						
B. Mortgage Expense						
1. Key Bank-C.O.I. - Tax Exempt	12	2012	10 Years	66,556	A	10.0%
2.						
3.						
B-4. Subtotal						6,655
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						6,655

* 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.

Elim Park Baptist Home, Inc.
 LIC #- 666C - 113RH - 1500HA
 Supporting Detail for Cost Report Page 24, line B1 & B2; Page 26, line 12; Page 29, line 39
 FYE 9/30/2020

Refinanced 1990 Bonds with 1998 Series - Allocation of Interest Expense

Allocation of COI and related Amortization Expense

Interest Expense Disallowance Calculation for the 1990 Series Bonds

1990 Series Bonds

Bond	14,435,000
Percentage Allocated to Nursing Home	70%
Allocated to Nursing Home	10,104,500
 Total Fair Rental Additions Allowed	 7,142,877
Difference (10,104,500-7,142,877)	2,961,623
Divided By Amount Allocated to Nursing Home	10,104,500
Percentage of Bond Interest Disallowed	29.31%

Total 1990 Series COI	476,425
70%	333,492
30%	142,933
 1990 Bonds	
FYE 1998 Expense	14,565.31
70%	10,190.71
30%	4,374.60

Original 1990 Series Bonds

Bonds	% of Interest		Maturity
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1,500,000	8.00	FYE 9/30/95	12/94	Repaid Total Allocation to Independent Living
1,500,000	8.10	FYE 9/30/97	12/96	Repaid Total Allocation to Independent Living
2,915,000	8.75	FYE 9/30/09	12/08	(requirement of original Bonds, \$3,000,000
8,520,000	9.00	FYE9/30/21	12/20	in Life Use Fees Collected to be repaid 12/94 - 12/96)
14,435,000				

(3,000,000) Repayment of Principal
 11,435,000 Bond Principal Remaining at Refinance Date
\$10,104,500 Allocated to NH
\$ 4,330,500 Allocated to Independent Living

Allocation of the remaining 1990 Series Bonds

Elim Park Baptist Home	10,104,500	88%
Elim Park Place	1,330,500	12%
	<u>11,435,000</u>	100%

1998 Series Bonds

1998 Series Bonds

1,890,000	Serial Bonds - 1998-2003		
1,770,000	Term Bonds - 20007		
1,025,000	Serial Bonds - 2008-2009	11,164,876	88%
5,950,000	Term Bonds - 2018	-104003	Discount
2,000,000	3 yr. Adjustable Rate Bonds 2020	11,060,873	
12,635,000		<u>1,470,124</u>	12%
(104,003)	Discount	12,530,997	Total Debt
12,530,997	Total Debt		

Total 1998 Series COI	409,813
EPBH - 88%	360,635.80
EPP - 12%	49,177.61
 1998 Bonds	
FYE 2013 COI Expense	3,104.66
EPBH - 88%	2,732.10
EPP - 12%	372.56
 EPBH - Write-Of NBV of COI	128,408.22
EPP - Write-Of NBV of COI	5,978.82
Total EPBH-1998 Bonds COI	131,140.32
Total EPP-1998 Bonds COI	6,351.38

Refinancing Of 1998 Series Bonds With First Niagara Bank on Dec. 21, 2012

2012A Series Bonds (Tax-Exempt)

2012A Series Bonds (Tax-Exempt)

17,714,000		Allocation New Bonds	
	Elim Park Baptist Home	3,182,080	18%
	Elim Park Place	14,531,920	82%
<u>17,714,000</u>		<u>17,714,000</u>	100%

Total 2012A Series COI	370,506.48
EPBH - 18%	66,556.47
EPP - 82%	303,950.02
 2012A Series Bonds	
FYE 2017 COI Expense	37,050.72
EPBH - 18% (see NOTE below)	6,655.68
EPP - 82% (see NOTE below)	30,395.04

First Niagara Bank Loan (Taxable)

Key Bank Loan (Taxable)

2,620,828		Allocation New Bonds	
	Elim Park Baptist Home	2,306,329	88%
	Elim Park Place	314,499	12%
<u>2,620,828</u>		<u>2,620,828</u>	100%

Total Key Bank Loan COI	0.00
EPBH - 88% (see NOTE below)	-
EPP - 12% (see NOTE below)	-
 Key Bank Loan	
FYE 2019 COI Expense	0.00
EPBH - 88% (see NOTE below)	-
EPP - 12% (see NOTE below)	-

Elim Park Baptist Home, Inc.
 LIC #- 666C - 113RH - 1500HA
 Supporting Detail for Cost Report Page 24, line B1 & B2; Page 26, line 12; Page 29, line 39
 FYE 9/30/2020

Calculation of Interest Expense Allowed

Consolidated Interest Expense on 2012A Series Bonds (Tax-Exempt)	416,657.80
Percentage Allocated to Home	18%
Interest Expense on FNB Bond Debt for FYE 2019 Per General Ledger	<u>\$ 74,998.40</u>
Consolidated Interest Expense on First Niagara Bank Loan (Taxable)	3,075.68 *
Percentage Allocated to Home	88%
Interest Expense on FNB Loan Debt for FYE 2019 Per General Ledger	<u>\$ 2,706.60</u>
* Key Bank Taxable loan was paid off in November 2018.	
Grand Total Interest Expense for FYE 2019 Allocated To Home	77,705.00
Percentage Disallowed	29.31%
Amount Disallowed	<u>22,775.34</u>
TOTAL ALLOWABLE	<u>54,929.67</u>
Total Interest Expense Allowed	54,929.67
Interest Expense Reported in General Ledger	<u>69,954.54</u>
Interest Expense Disallowance	<u>(15,024.87)</u>

Calculation of COI Expense Allowed

<u>2012A Series Bonds (Tax-Exempt)</u>	6,655.68
<u>First Niagara Bank Loan (Taxable)</u>	-
Total COI Expense-FYE 2019	<u><u>6,655.68</u></u>

NOTE: The Key Bank Taxable loan was liquidated during November 2018, hence, the unamortized balance of COI, totalling \$34,716.64 (\$30,550.82 for EPBH and \$4,165.82 for EPP) was written off to Misc. Expense in G & A at September 30, 2019.

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

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2020	Page 25	of 37
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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	Various (1957-1986)			
2. Date Structure Completed	Various (1957-2002)			
3. If NOT Original Owner, Date of Purchase	N/A			
4. Date of Initial Licensure	07/01/76			
5. Total Licensed Bed Capacity	132			
6. Square Footage	42,220			
7. Acquisition Cost				
a. Land	37,500			
b. Building	633,575			

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

**Elim Park Baptist Home, Inc.
Medicaid Provider #6668 & 1500H
FYE 9/30/20**

Part B -- Lines 1(g) through 1(l)

On December 21, 2012, Elim Park Baptist Home refinanced its Connecticut Development Authority (CDA) 1998A and 2003 Series bonds through Connecticut Innovations, Inc. (CII) 2012A Series bonds. The new bonds have a variable interest rate that is fixed at 3.070% through the use of an interest rate swap instrument with First Niagara Bank, N.A., which was subsequently acquired by Key Bank during fiscal 2017. The bonds are due in 10 years with a balloon maturity and will be amortized over a 20-year schedule.

Additionally, the Corporation refinanced its CDA 1998B Series bonds through First Niagara (which was subsequently acquired by Key Bank) with a variable rate term note that is fixed at 3.580% through the use of an interest rate swap instrument with Key Bank (formerly First Niagara Bank). The note was being amortized over a 7 year schedule.

The new CII 2012A Series bond debt is "tax-exempt" debt, which totals \$17,714,000. It was allocated in the ratio of approx. 82% to Elim Park Place (the Independent Living) service line of Elim Park, and 18% to Elim Park Baptist Home (the Skilled Nursing Facility) service line of Elim Park. The Key Bank loan is "taxable" debt, which totals \$2,620,828. It was allocated in the ratio of 12% to Elim Park Place (the Independent Living) service line of Elim Park, and 82% to Elim Park Baptist Home (the Skilled Nursing Facility) service line of Elim Park. Please note that the Key Bank loan "taxable" debt was liquidated during December 2018; therefore, all principal loan payments ceased subsequent to that month.

Hence, the information shown below, as required pursuant to Pg 25, Part B, Lines 1(a) through 1(f), reflects only the portion of the total "tax-exempt" and "taxable" debt that has been separately allocated to Elim Park Baptist Home; i.e. the Skilled Nursing facility.

	CII Bond Debt Tax-Exempt	Key Bank Loan Taxable	TOTAL CII & FNB Debt
Line 1(a) Type of Financing (e.g., fixed, variable)	Fixed	Fixed	--
Line 1(b) Date of Mortgage	Dec. 21, 2012	Dec. 21, 2012	--
Line 1(c) Interest Rate	3.070%	3.580%	--
Line 1(d) Term of Mortgage (number of years)	10 Years	7 Years	--
Line 1(e) Amount of Principal Borrowed	\$3,182,080	\$2,306,328	\$5,488,408
Line 1(f) Principal Outstanding	\$2,195,879	-0-	\$2,195,879

NOTE: "Principal Outstanding" amounts obtained from Long-Term Debt spreadsheet located at: "Users/FinShare/Audit 2020/Long-Term Debt Account Analysis FYE 2020" (which were then agreed to "Trial Balance" in CROSSREFERENCE file).

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

Name of Facility		License No.	Report for Year Ended		Page	of
Elim Park Baptist Home, Inc.		666c	9/30/2020		26	37
Item			Total	CCNH	RHNS	Residential Care Home
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 69,955	45,133		24,822
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)			\$ 69,955	45,133		24,822

(Carry Subtotals forward to next page)

Annual Report of Long-Term Care Facility

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

Name of Facility		License No.		Report for Year Ended			Page	of
Elim Park Baptist Home, Inc.		666c		9/30/2020			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				69,955	45,133		24,822	
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)				\$	69,955	45,133		24,822
14. Insurance								
a. Insurance on Property (buildings only)				\$	64,599	44,927		19,672
b. Insurance on Automobiles				\$	7,445	5,076		2,369
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)				\$	72,044	50,003		22,041
15. Total All Expenditures (A-13 thru C-14)				\$	15,233,881	12,506,078		2,727,803

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Elim Park Baptist Home, Inc.			666c	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.	10	A12g	Occupational Therapy	\$ 525,854	525,854		
4.			Other - See attached Schedule	\$ 93,202	36,427		56,774
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 20,926	20,711		215
Pages 15 & 16 - Administrative and General							
8.	15	1.a.6	Discriminatory Benefits	\$ 2,017	1,698		319
9.	15	1c	Bad Debts	\$ 181,004	116,778		64,226
10.			Accounting	\$			
10a.			Legal	\$ 35,993	23,221		12,772
11.	30	IV3	Telephone	\$ 1,086	701		385
12.	15	1h2	Cellular Telephone	\$ 10,566	6,817		3,749
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	114	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 12,671	8,175		4,496
16.	16	1m13	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 3,062	1,975		1,087
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	1m2&	Unallowable Advertising *	\$ 32,519	20,980		11,539
19.			Income Tax / Corporate Business Tax	\$			
20.	16	1m10	Fund Raising / Contributions	\$ 194,167	125,271		68,896
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 177,914	128,106		49,808
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 9,519	6,141		3,378
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)				\$ 1,300,500	1,022,856		277,644

* 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
10	A12a,b1,b2	To adjust Wages - RN RCH, rate above Aides			\$ 8,326
10	A12c1	To adjust Wages - LPN RCH, rate above Aides			\$ 28,401
10	A12n	To adjust Wages - Admissions counselors for time spent marketing faci	\$ 14,440		\$ 7,947
10	A12O	Disallow Pastoral Wages	\$ 20,890		\$ 11,498
	A.12.d, b.1,d,b.2.e,0.m.A				
10	.5.c.a.A.4	Employee Wellness Incentive (disallowed on p. 28 Attachment)	\$ 1,097		\$ 603
Total Other Salaries Adjustment			\$ 36,427	\$ -	\$ 56,774

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B12	Purchased Services Management Therapy - HealthPro Management	\$ 20,321		N/A- No Therapy
13	B8a	Medical Director Fees - Nursing Admin - excess over \$164.96 per hour - N/A			
13	12	Purchased Services- Christian Ministries	\$ 390		\$ 215
Total Other Fees Adjustments			\$ 20,711	\$ -	\$ 215

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a	Employee Benefits Attributable to Occupational Therapists	\$ 40,229		
15	1a	Employee Benefits Attributable to RCH RNs above Aides			\$ 637
15	1a	Employee Benefits Attributable to RCH LPNs above Aides			\$ 2,173
15	1a	Employee Benefits Attributable to Admissions & Marketing Coordinators	\$ 1,442		\$ 271
16	1L2	Gifts to Staff and Residents	\$ 15,287		\$ 8,408
16	1L3	Gifts to employees, discriminatory in nature	\$ 604		\$ 332
16	1L4	Employee travel - Admissions - travel for the purpose of marketing the	\$ 837		\$ 461
16	1L5	Education - Therapy	\$ 1,421		\$ 782
16	1m8	AICPA - disallowed p. 28 (Attachment)	\$ 194		\$ 107
16	1m8	CTCPA - disallowed p. 28 (Attachment)	\$ 92		\$ 50
16	1m8	CTCPA - disallowed p. 28 (Attachment)	\$ 142		\$ 78
16	1m8a	Cheshire and Hamden Chambers of Commerce Dues	\$ 1,013		\$ 557
16	1m13	Employee Physicals & Other - pre placement physicals - disallowed p. 28	\$ 854		\$ 470
16	1m13	Purchased Services - Admissions - disallowed p. 28 (Attachment)	\$ 4,534		\$ 2,496
16	1m13	Bank & Credit Card Fees - payment processing, check orders, stop pay	\$ 15,651		\$ 8,614
16	5.i.	Employee Background Check - Therapy - disallowed p. 28 (Attachment)	\$ 155		\$ 85
16	1m13	Other - Admissions - Reprax & Vendormate - disallowed p. 28 (Attachment)	\$ 104		\$ 57
16	1m13	Miscellaneous - Administration (Disallow)	\$ 31,859		\$ 17,522
16	1m13	Other Nursing - Refund Missing Items	\$ 977		\$ 538
Various Pages		Outpatient Therapy Disallowance Related To Property And Overhead	\$ 7,589		\$ 3,353
16	1m13	Misc HR	\$ 365		\$ 201
16	1m13	Volunteer Purchased Services	\$ 43		\$ 24
16	1m13	Penalties	\$ 3,948		\$ 2,172
16	1m13	Supplies Christian Ministries	\$ 571		\$ 314
16	1m13	Miscellaneous- Finance	\$ 110		\$ 60
16	1m13	Miscellaneous - IT	\$ 30		\$ 17
16	1m13	Other Christian Ministries	\$ 53		\$ 29
16	a	Rounding from p. 16a			
Total Other A&G Adjustments			\$ 128,106	\$ -	\$ 49,808

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

Name of Facility				License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.				666c	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				\$ 1,300,500	1,022,856		277,644
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 401,486	401,486		
28.	20	5d	Ambulance/Limousine	\$ 9,212	9,212		
29.	20	5f	X-rays, etc	\$ 28,831	28,831		
30.	20	5h	Laboratory	\$ 88,957	88,957		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 27,760	27,760		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 60,460	48,147		12,314
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 975	679		296
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 217,199	140,535		76,664
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 16,967	11,042		5,925
49. Total Amount of Decrease (Items 1 - 48)				\$ 2,152,347	1,779,504		372,843

*** 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.

Elim Park Baptist Home, Inc.
LIC # - 666C - 113RH - 1500HA
Supporting Detail for Cost Report Page 24, line B1 & B2; Page 26, line 12; Page 29, line 39
FYE 9/30/2020

Refinanced 1990 Bonds with 1998 Series - Allocation of Interest Expense

Allocation of COI and related Amortization Expense

Interest Expense Disallowance Calculation for the 1990 Series Bonds

Bond	14,435,000
Percentage Allocated to Nursing Home	70%
Allocated to Nursing Home	10,104,500
 Total Fair Rental Additions Allowed	 <u>7,142,877</u>
Difference (10,104,500-7,142,877)	2,961,623
Divided By Amount Allocated to Nursing Home	10,104,500
Percentage of Bond Interest Disallowed	29.31%

1990 Series Bonds

Total 1990 Series COI	<u>476,425</u>
70%	<u>333,492</u>
30%	142,933
 1990 Bonds	
FYE 1998 Expense	<u>14,565.31</u>
70%	<u>10,190.71</u>
30%	4,374.60

Original 1990 Series Bonds

Bonds	% of Interest		Maturity
-------	---------------	--	----------

1,500,000	8.00	FYE 9/30/95	12/94	Repaid Total Allocation to Independent Living
1,500,000	8.10	FYE 9/30/97	12/96	Repaid Total Allocation to Independent Living
2,915,000	8.75	FYE 9/30/09	12/08	(requirement of original Bonds, \$3,000,000
<u>8,520,000</u>	9.00	FYE9/30/21	12/20	in Life Use Fees Collected to be repaid 12/94 - 12/96)
14,435,000				

(3,000,000) Repayment of Principal
11,435,000 Bond Principal Remaining at Refinance Date
\$10,104,500 Allocated to NH
\$ 4,330,500 Allocated to Independent Living

Allocation of the remaining 1990 Series Bonds

Elim Park Baptist Home	<u>10,104,500</u>	88%
Elim Park Place	<u>1,330,500</u>	12%
	<u>11,435,000</u>	100%

1998 Series Bonds

1,890,000	Serial Bonds - 1998-2003		
1,770,000	Term Bonds - 20007		
1,025,000	Serial Bonds - 2008-2009	11,164,876	88%
5,950,000	Term Bonds - 2018	-104003	Discount
<u>2,000,000</u>	3 yr. Adjustable Rate Bonds 2020	<u>11,060,873</u>	
12,635,000		<u>1,470,124</u>	12%
(104,003) Discount		<u>12,530,997</u>	Total Debt
<u>12,530,997</u>	Total Debt		

1998 Series Bonds

Total 1998 Series COI	<u>409,813</u>
EPBH - 88%	<u>360,635.80</u>
EPP - 12%	49,177.61
 1998 Bonds	
FYE 2013 COI Expense	<u>3,104.66</u>
EPBH - 88%	<u>2,732.10</u>
EPP - 12%	372.56
 EPBH - Write-Of NBV of COI	<u>128,408.22</u>
EPP - Write-Of NBV of COI	<u>5,978.82</u>
Total EPBH-1998 Bonds COI	<u>131,140.32</u>
Total EPP-1998 Bonds COI	6,351.38

Refinancing Of 1998 Series Bonds With First Niagara Bank on Dec. 21, 2012**2012A Series Bonds (Tax-Exempt)**

17,714,000			
		<u>3,182,080</u>	18%
	Elim Park Baptist Home	<u>14,531,920</u>	82%
<u>17,714,000</u>	Elim Park Place	<u>17,714,000</u>	100%

2012A Series Bonds (Tax-Exempt)

Total 2012A Series COI	<u>370,506.48</u>
EPBH - 18%	<u>66,556.47</u>
EPP - 82%	303,950.02
 2012A Series Bonds	
FYE 2017 COI Expense	<u>37,050.72</u>
EPBH - 18% (see NOTE below)	<u>6,655.68</u>
EPP - 82% (see NOTE below)	30,395.04

First Niagara Bank Loan (Taxable)

2,620,828			
		<u>2,306,329</u>	88%
	Elim Park Baptist Home	<u>314,499</u>	12%
<u>2,620,828</u>	Elim Park Place	<u>2,620,828</u>	100%

Key Bank Loan (Taxable)

Total Key Bank Loan COI	<u>0.00</u>
EPBH - 88% (see NOTE below)	-
EPP - 12% (see NOTE below)	-
 Key Bank Loan	
FYE 2019 COI Expense	<u>0.00</u>
EPBH - 88% (see NOTE below)	-
EPP - 12% (see NOTE below)	-

Elim Park Baptist Home, Inc.
 LIC #- 666C - 113RH - 1500HA
 Supporting Detail for Cost Report Page 24, line B1 & B2; Page 26, line 12; Page 29, line 39
 FYE 9/30/2020

Calculation of Interest Expense Allowed

Consolidated Interest Expense on 2012A Series Bonds (Tax-Exempt)	416,657.80
Percentage Allocated to Home	18%
Interest Expense on FNB Bond Debt for FYE 2019 Per General Ledger	<u>\$ 74,998.40</u>
Consolidated Interest Expense on First Niagara Bank Loan (Taxable)	3,075.68 *
Percentage Allocated to Home	88%
Interest Expense on FNB Loan Debt for FYE 2019 Per General Ledger	<u>\$ 2,706.60</u>
* Key Bank Taxable loan was paid off in November 2018.	
Grand Total Interest Expense for FYE 2019 Allocated To Home	77,705.00
Percentage Disallowed	29.31%
Amount Disallowed	<u>22,775.34</u>
TOTAL ALLOWABLE	<u>54,929.67</u>
Total Interest Expense Allowed	54,929.67
Interest Expense Reported in General Ledger	<u>69,954.54</u>
Interest Expense Disallowance	<u>(15,024.87)</u>

Calculation of COI Expense Allowed

<u>2012A Series Bonds (Tax-Exempt)</u>	6,655.68
<u>First Niagara Bank Loan (Taxable)</u>	-
Total COI Expense-FYE 2019	<u>6,655.68</u>

NOTE: The Key Bank Taxable loan was liquidated during November 2018, hence, the unamortized balance of COI, totalling \$34,716.64 (\$30,550.82 for EPBH and \$4,165.82 for EPP) was written off to Misc. Expense in G & A at September 30, 2019.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5l	Equipment Rental - Short Term - wound vac - disallowed p. 29	\$ 1,700		
20	5l	Equipment Rental - Short Term - Air Mattresses - disallowed p. 29	\$ 1,338		
20	5l	Equipment Rental - Long Term - wound vac - disallowed p. 29	\$ 150		
20	5l	Supplies (Non-Medical) Short Term Related to Med A	\$ 21,117		
20	5l	Rental (Non-Medical) Short Term Related to Med A	\$ 1,253		
20	5l	Purchased Services - Therapy - disallowed p. 29	\$ 56		
20	5l	Supplies- Therapy - disallowed p. 29	\$ 9,967		\$ 4,651
20	5b	Supplies (Non-Medical) RCH - Estimated Unallowable RCH Supplies			\$ 747
20	2i	Cable TV - disallowed p. 28 (Attachment)	\$ 12,566		\$ 6,916
Total Other Ancillary Costs			\$ 48,147	\$ -	\$ 12,314

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7d	Depreciation - In Kind Donation Power Scooter for Therapy - Year 9 of 15	\$ 111		\$ 49
22	7d	Depreciation - Televisions SNF #8a,b, South Lounge, SNF #1a, #1b, #2, #3	\$ 61		\$ 26
22	7d	Depreciation - 8 Televisions SNF Year 4 of 15	\$ 42		\$ 18
22	7d	Depreciation Disallowance Re Four New I-Pad Computers Year 4 of 15	\$ 21		\$ 9
22	7d	Depreciation Disallowance Motorized Wheelchair (Therapy) Year 4 of 15	\$ 444		\$ 194
Total Excess Movable Equipment Depreciation			\$ 679	\$ -	\$ 296

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV8	Mary Melby Donations	\$ 3,581		\$ 1,969
30	IV8	Miscellaneous Income - disallowed p. 29	\$ 91,397		\$ 50,267
30	IV8	Telephone Income	\$ 701		\$ 385
30	IV8	Cable TV Income	\$ 1,533		\$ 843
30	IV8	EPP Laundry Linen Expense	\$ 21,805		\$ 11,993
30	IV8	Realized Gain/Loss Mary Melby Fund	\$ 16,820		\$ 9,250
24	B1	Key Bank-Costs of Issuance (Tax Exempt Debt)-Amortization Expense	\$ 4,698		\$ 1,957
Total Other Adjustments			\$ 140,535	\$ -	\$ 76,664

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7d	Depreciation - Resident Supported Standing Table for Therapy -Year	\$ 181		\$ 79
22	7c	Depreciation - Disallowance Re: "Lighting Retrofit Project"	\$ 652		\$ 285
22	7c	Depreciation - Disallowance Re: "Wander Guard Management System"	\$ 518		\$ 227
26	12	Interest Expense - First Niagara Bank Loan	\$ 9,691		\$ 5,334
Total Unallowable Building Interest			\$ 11,042	\$ -	\$ 5,925

F. Statement of Revenue

Name of Facility Elim Park Baptist Home, Inc.		License No. 666c		Report for Year Ended 9/30/2020		Page of 30 37	
Item				Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (<i>CT only</i>)				\$ 9,508,638	5,680,252		3,828,386
b. Medicaid Room and Board Contractual Allowance **				\$ (4,087,523)	(3,546,167)		(541,356)
2. a. Medicaid (<i>All other states</i>)				\$			
b. Other States Room and Board Contractual Allowance **				\$			
3. a. Medicare Residents (<i>all inclusive</i>)				\$ 3,622,142	3,622,142		
b. Medicare Room and Board Contractual Allowance **				\$ 432,164	432,164		
4. a. Private-Pay Residents and Other				\$ 4,278,648	4,226,968		51,680
b. Private-Pay Room and Board Contractual Allowance **				\$ (730,668)	(735,870)		5,202
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare				\$ 190,342	190,342		
b. Prescription Drugs - Medicare Contractual Allowance **				\$ (194,793)	(194,793)		
c. Prescription Drugs - Non-Medicare				\$ 29,030	29,030		
d. Prescription Drugs - Non-Medicare Contractual Allowance **				\$ (23,325)	(23,325)		
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				\$ 766,916	766,916		
b. Physical Therapy - Medicare Contractual Allowance **				\$ (510,903)	(510,903)		
c. Physical Therapy - Non-Medicare				\$ 200,137	200,137		
d. Physical Therapy - Non-Medicare Contractual Allowance **				\$ (120,433)	(120,433)		
4. a. Speech Therapy - Medicare				\$ 113,400	113,400		
b. Speech Therapy - Medicare Contractual Allowance **				\$ (87,016)	(87,016)		
c. Speech Therapy - Non-Medicare				\$ 20,715	20,715		
d. Speech Therapy - Non-Medicare Contractual Allowance **				\$ (19,095)	(19,095)		
5. a. Occupational Therapy - Medicare				\$ 633,832	633,832		
b. Occupational Therapy - Medicare Contractual Allowance **				\$ (535,662)	(535,662)		
c. Occupational Therapy - Non-Medicare				\$ 130,017	130,017		
d. Occupational Therapy - Non-Medicare Contractual Allowance **				\$ (123,204)	(123,204)		
6. a. Other (<i>Specify</i>) - Medicare				\$ 3,139	3,139		
b. Other (<i>Specify</i>) - Non-Medicare				\$ 402	402		
III. Total Resident Revenue (Section I. thru Section II.)				\$ 13,496,900	10,152,988		3,343,912
IV. Other Revenue*							
1. Meals sold to guests, employees & others				\$ 2,058	1,328		730
2. Rental of rooms to non-residents				\$			
3. Telephone				\$ 1,086	701		385
4. Rental of Television and Cable Services				\$ 2,376	1,533		843
5. Interest Income (<i>Specify</i>)				\$ 18,909	12,200		6,709
6. Private Duty Nurses' Fees				\$			
7. Barber, Coffee, Beauty and Gift shops				\$			
8. Other (<i>Specify</i>)				\$ 212,202	136,907		75,295
V. Total Other Revenue (1 thru 8)				\$ 236,631	152,669		83,962
VI. Total All Revenue (III + V)				\$ 13,733,531	10,305,657		3,427,874

* 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 6a	Other Resident Revenue - Medicare (incl. Oxygen, IV Therapy, Lab, Radiology)	\$ 3,139	\$ -	\$ -
Total Other Resident Revenue - Medicare		\$ 3,139	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 6b	Other Non-Medicare Resident Revenue (incl. Lab, Radiology)	\$ 402	\$ -	\$ -
Total Other Resident Revenue		\$ 402	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30 IV5	Interest Income General Fund		\$ 12,200	\$ -	\$ 6,709
30 IV5	Interest Income Mary Melby Fund				
Total Interest Income			\$ 12,200	\$ -	\$ 6,709

\$ 12,200 \$ - \$ 6,709

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 IV8	Loss/Gain on disposal of Equipment	\$ 329	\$ -	\$ 181
30 IV8	Other Therapy Revenue - disallowed p. 29	\$ 5,689		\$ 3,129
30 IV8	Miscellaneous Income - disallowed p. 29	\$ 91,397		\$ 50,267
30 IV8	Temporarily Restricted Donations	\$ (195)		\$ (108)
30 IV8	Mary Melby Donations - disallowed p. 29	\$ 3,581		\$ 1,969
30 IV8	Gift Annuity Donations	\$ (17,718)		\$ (9,745)
30 IV8	EPBH Parking Fees	\$ 1,725		\$ 948
30 IV8	Realized Gain/Loss Mary Melby Fund	\$ 6,144		\$ 3,379
30 IV8	Realized Gain/Loss Gift Annuity	\$ 16,820		\$ 9,250
30 IV8	Unrealized Gain/Loss Mary Melby Fund	\$ 7,479		\$ 4,114
30 IV8	Unrealized Loss/Gain Gift Annuity	\$ 13,491		\$ 7,420
30 IV8	Unrealized Gain/Loss-SWAP Value	\$ (23,609)		\$ (12,984)
30 IV8	Rental Income	\$ 9,969		\$ 5,482
30 IV8	Laundry Linen Revenue (from services provided to Independent Living).	\$ 21,805		\$ 11,993
Total Other Revenue		\$ 136,907	\$ -	\$ 75,295

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,112,675
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,320,537
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	968,121
4 Inventories			\$	
5. Prepaid Expenses			\$	170,513
a. _____				
b. _____				
c. _____				
d. See Schedule		170,513		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,571,846
B. Fixed Assets				
1. Land			\$	123,173
2. Land Improvements	*Historical Cost	673,770		
	Accum. Depreciation	556,964	Net	116,806
3. Buildings	*Historical Cost	13,923,320		
	Accum. Depreciation	11,467,861	Net	2,455,459
4. Leasehold Improvements	*Historical Cost			
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	1,465,592		
	Accum. Depreciation	907,297	Net	558,295
6. Movable Equipment	*Historical Cost	4,500,038		
	Accum. Depreciation	3,734,848	Net	765,190
7. Motor Vehicles	*Historical Cost	158,306		
	Accum. Depreciation	109,966	Net	48,340
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	94,736

See Schedule		94,736		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,161,999

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	\$ 105,266
31	A5	Prepaid Dues	\$ 3,813
31	A5	Prepaid Services	\$ 58,354
31	A5	Prepaid Water/Sewer	\$ 3,080
Total Prepaid Expenses			\$ 170,513

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	Construction In Process	\$ 83,454
31	B9	Clearing Account - Fixed Assets	\$ 11,282
Total Other Other Fixed Assets (Itemize)			\$ 94,736

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Restricted Gift Annuities	\$ 19,184
32	D7	Deposit	\$ 16,000
Total Other Assets			\$ 35,184

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

33	12	Advanced Billing	1.0000.1586	82,470
33	12	Payroll Withholding Liability - Life Insurance	1.0000.2030	14,096
33	12	Payroll Withholding Liability - 401K Plan	1.0000.2035	27,356
33	12	Payroll Withholding Liability - Garnishment	1.0000.2040	9,172
33	12	Payroll Withholding Liability - Pension Loan	1.0000.2045	5,898
33	12	Payroll Withholding Liability - Other	1.0000.2050	12,711
33	12	Payroll Withholding Liability - Employee Contributions	1.0000.2051	3,601
33	12	Pharmacy Clearing Account	1.0000.2056	206
33	12	Accrued Accounting Fees	1.0000.2060	17,080
33	12	A/R Refunds	1.0000.2070	(6,117)
33	12	Resident Fund Liability	1.0000.2090	91,021
33	12	Other Current Liabilities	1.0000.2180	15,083
33	12	Accrued Bond Interest	1.0000.2200	2,911
33	12	Due To Third Party Reimbursement Agencies	1.0000.2500	451,678
33	12	Third Party Reserve - Medicare	1.0000.2910	120,726
33	12	Intercompany Payable - Elim Park Place	1.0000.2990	8,904,796
33	12	Offsetting adjustment required pursuant to adjustment to reconcile fixed assets to GL & supporting detail. Was discussed with and approved by Sarah Calvanese, Myers and Stauffer on Feb. 2, 2021.	1.0000.2180	(20,209)
33	12	Rounding		
Total Other Current Liabilities (Itemize)				\$ 9,732,479

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

Page Ref Line Ref Description

34	B4	Annuities Payable		46,709
34	B4	Deferred Liabilities		7,921
34	B4	Other Non-Current Liabilities -COVID 19-related Assistance Funding from Federal CARES Act (PPP Loan)		3,388,000
34	B4	Other Non-Current Liabilities -COVID 19-related Assistance Funding from Federal H.H.S.		1,015,481
34	B4	Other Non-Current Liabilities -IBNR Reserve re Self-Insurance		392,188
Total Other Current Liabilities (Itemize)				\$ 4,850,299

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.	666c	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$	7,733,845
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	66,556		
	Accum. Depreciation	51,778	Net	\$ 14,778
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>)				
\$ 35,184				

See Schedule		35,184		
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 49,962				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 7,783,807				

* 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
Elim Park Baptist Home, Inc.		666c	9/30/2020	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,303,298
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
_____		_____	_____	_____	
_____		_____	_____	_____	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	817,802
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	165,862
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	147,466
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	9,732,479

See Schedule				9,732,479	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	12,166,907

* 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 Elim Park Baptist Home, Inc.	License No. 666c	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				12,166,907
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 2,105,651
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>)				\$ 4,850,299
_____ _____ _____ See Schedule				4,850,299
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 6,955,950
C. Total All Liabilities (Lines A-13 + B-5)				\$ 19,122,857

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

Name of Facility	License No.	Report for Year Ended	Page	of
Elim Park Baptist Home, Inc.	666c	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			\$	(9,838,701)
6. Gain or Loss for Period			\$	(1,500,349)
	10/1/2019	thru	9/30/2020	
7. Total Net Worth			\$	(11,339,050)
C. Total Reserves and Net Worth			\$	(11,339,050)
D. Total Liabilities, Reserves, and Net Worth			\$	7,783,807

Elim Park Baptist Home, Inc.
Medicaid Provider #6668 & 1500H
FYE 9/30/20

Page 35, Line 7 "Net Worth"

***** AUDITED FINANCIALS *****						COST REPORT	
***** Unrestricted *****		***** Temporarily Restricted *****			Permanently Restricted	Cost Report Reclasses	TOTAL
Elim Park Baptist Home Fund	Endowment Fund (Transferred To Foundation)	Elim Park Baptist Home Fund	Endowment Fund (Transferred To Foundation)	Mary Melby Fund	Endowment Fund (Transferred To Foundation)		
Total Revenues	13,701,732	25,767		15,590			13,743,089 ^a
Total Expenses	(15,255,818)	0		0		16,466	(15,239,352)
Income(Loss)-Operations	(1,554,086)	25,767	0	15,590	0	16,466	(1,496,263)
Unrealized Gain (Loss)	(36,593)	20,911		11,593			(4,089) ^a
Change In Net Assets	(1,590,679)	46,678	0	27,183	0	16,466	(1,500,352)
Net Assets-Beginning	(10,387,948)	189,910	0	359,336	0	4	(9,838,698)
Net Assets-Ending	(11,978,627)	236,588	0	386,519	0	16,470	(11,339,050)
							(11,339,050)
							0

NOTE: Source of this schedule is the Audited Financial Statements for the year ended September 30, 2019.

NOTE: Source of Cost Report Reclasses is as follows:

	2020
1) See below	16,466
2) See below	4
Total Reclasses	16,470

1) Reduction in depreciation expense in the cost report from what was in the audited financials, as follows:

Item in Building Improvements was reclassified to Independent Living. The associated depreciation expense of \$16,466 was subtracted from net earnings.

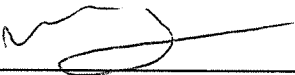
2) Miscellaneous rounding adjustment.

a. Page 36 Line B. Total Revenue \$13,733,531 (consisting of Operating Revenue of \$13,737,620 less Unrealized Loss of \$4,089).

H. Changes in Total Net Worth

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	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			\$	(9,838,700)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	13,733,531
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	15,233,881
D. Net Income or Deficit			\$	(1,500,350)
E. Balance			\$	(11,339,050)
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			\$	(11,339,050)

I. Preparer's/Reviewer's Certification

Name of Facility Elim Park Baptist Home, Inc.	License No. 666c	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 type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Senior Staff Accountant	Date Signed 2/12/2021		
Printed Name of Preparer James J Papierz				
Address Address 140 Cook Hill Road, Cheshire CT 06410		Phone Number (203) 272 3547 ext 361		
Contacted Person Regarding Additional Information Needed Regarding This Report James J Papierz		Phone Number (203) 272 3547 ext 361		
Contact Email Address jpapierz@elimpark.org				