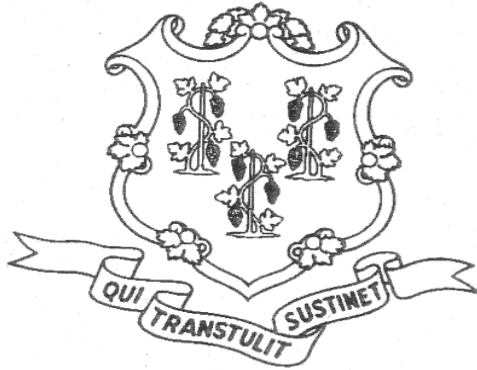


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Leeway, Inc.	
Address (No. & Street, City, State, Zip Code) 40 Albert St., New Haven, Ct.	
Type of Facility	
<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	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2167-C	RHNS	Residential Care Home 1891-RCH	Medicare Provider 07-5408
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Medicaid Provider Numbers:	CCNH 42169	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

General Information

Name of Facility (as licensed) Leeway, Inc.	License No. 2167-C	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 Leeway, Inc. [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Jay Katz			Printed Name (Owner) William Dyson, Chairman		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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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 Leeway, Inc.		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 40 Albert St., New Haven, Ct.				
Report Prepared By Robert Morgan, CPA		Phone Number 941 303-3958	Date 2/15/2021	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

		Phone No. of Facility 203 865-0068	Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Leeway, Inc.		Address (No. & Street, City, State, Zip) 40 Albert St., New Haven, Ct.			
License Numbers:	CCNH 2167-C	RHNS	Residential Care Home 1891-RCH	Medicare Provider No. 07-5408	
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="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," explain fully.	
Administrator					
Name of Administrator Jay Katz			Nursing Home Administrator's License No.:	002085	
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 Leeway, Inc.	License No. 2167-C	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		
Leeway, Inc	40 Albert St., New Haven, Ct	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
William Dyson, Chairman				
Patricia Comer, Vice Chairperson				
Russell Barbour, PhD				
Stuart Sidle, PhD				
Kathryn, Sylvester, Esq.				
Names of Stockholders Owning at Least 10% of Shares				
Frederick Streets, PhD				
Jeffrey Busk				
Elaine Anderson				
Robert Morgan, CPA				
Michael Dunn, Esq.				

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Leeway, Inc.	License No. 2167-C	Report for Year Ended 9/30/2020	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Robert Morgan, CPA		<input type="radio"/>	<input checked="" type="radio"/>		Reimbursement Consultant	10	27,495	27,495
Leeway-Putnam Housing Corp		<input type="radio"/>	<input checked="" type="radio"/>		Rental of Grant Program Office Space			
Leeway-Welton Housing Corp		<input type="radio"/>	<input checked="" type="radio"/>		Rental of Grant Program Office Space			
Leeway Scattered Site Housing Corp		<input type="radio"/>	<input checked="" type="radio"/>		None			
Michael Dunn, Esq., Greentree Risk Management		<input checked="" type="radio"/>	<input type="radio"/>	98%	Labor relations risk management	15	3,000	3,000
		<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"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Leeway, Inc.	License No. 2167-C	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<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? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 Costs associated with management oversight of housing and grants has been eliminated from the cost report along with direct costs associated with each grant program. The details are included on the general ledger cross reference schedule included with the cost report submission.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)
 Yes No If "No," explain fully why such allocation was not made.

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 Leeway, Inc.			License No. 2167-C	Report for Year Ended 9/30/2020			Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed	
	Yes	No							
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter		72 Months	785		785	
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***	785

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

General Information and Questionnaire
Accounting Basis

Name of Facility Leeway, Inc.	License No. 2167-C	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Audited Financial Statements, Single Audit, and Form 990	\$ 32,131
2 Note: Costs associated with Consolidation are paid proportionately by each entity.	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 32,131

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

- Yes No Page 15

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Greentree Risk Management 2 Wiggins & Dana 3 4 5	Telephone Number
--	------------------

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

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 Labor Risk Management	\$ 3,000
2 Legal Fees- DPH Issues	\$ 2,815
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 5,815

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

- Yes No Page 15

Schedule of Resident Statistics

Name of Facility Leeway, Inc.			License No. 2167-C		Report for Year Ended 9/30/2020				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	60	30		30	60	30		30					
B. On last day of THIS report period	60	30		30					60	30			30
2. Number of Residents													
A. As of midnight of PREVIOUS report period	56	27		29	56	27		29					
B. As of midnight of THIS report period	59	29		30					59	29			30
3. Total Number of Days Care Provided During Period													
A. Medicare	909	909			615	615			294	294			
B. Medicaid (Conn.)	9,570	9,570			7,312	7,312			2,258	2,258			
C. Medicaid (other states)													
D. Private Pay	381	15		366	289	15		274	92				92
E. State SSI for RCH	10,349			10,349	7,697			7,697	2,652				2,652
F. Other (Specify) Medicare Replace	99	99			31	31			68	68			
G. Total Care Days During Period (3A thru F)	21,308	10,593		10,715	15,944	7,973		7,971	5,364	2,620			2,744
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)	21,308	10,593		10,715	15,944	7,973		7,971	5,364	2,620			2,744

Schedule of Resident Statistics (Cont'd)

Name of Facility Leeway, Inc.	License No. 2167-C	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 (1)	RHNS (2)	Residential Care Home (3)	Lost			Gained			CCNH	RHNS	Residential Care Home	
				(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	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	6	23				1	29	
Per Diem Rate								
a. One bed rm.	Various	424.86		450.00		170.00	152.07	
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	333	333		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	304	304		
C. Other	614	614		
D. Total Physical Therapy Treatments	1,251	1,251		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	59	59		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	340	340		
C. Other	188	188		
D. Total Speech Therapy Treatments	587	587		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	372	372		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	156	156		
C. Other	610	610		
D. Total Occupational Therapy Treatments	1,138	1,138		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Leeway, Inc.	2167-C	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)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	112,098	1,479			30,025	396
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	84,011	2,768			15,027	450
5. Dietary Service						
a. Head Dietitian	699	17			707	18
b. Food Service Supervisor						
c. Dietary Workers	16,501	750			16,691	759
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	67,143	1,144			50,934	868
b. Other Maintenance Workers	26,862	591			20,377	449
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services	142,220	7,476			107,887	5,672
11. Accounting Services						
a. Head Accountant	92,116	1,400			24,673	375
b. Other Accountants	192,004	6,147			51,426	1,646
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	111,138	2,080				
b. RN						
1. Direct Care	468,508	10,896				
2. Administrative**	119,821	2,345				
c. LPN						
1. Direct Care	156,585	4,896				
2. Administrative**						
d. Aides and Attendants	541,000	24,270			312,002	15,555
e. Physical Therapists	57,786	1,652				
f. Speech Therapists	24,564	614				
g. Occupational Therapists	1,199	30				
h. Recreation Workers	58,767	2,443			19,589	815
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	169,542	5,194			1,229	64
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,442,564	76,192			650,567	27,067

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

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

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

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

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

**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
Leeway, Inc.				2167-C	9/30/2020				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Leeway, Inc.				2167-C	9/30/2020			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Jay Katz	112,098		30,025	Standard Employee Pkg	CEO	1,875	A.2	Housing & Grants	205	15,502
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		
Leeway, Inc.	2167-C	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						
3. Pharmacist	2,791	48				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	43,844	765				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	196				
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)	13,832	96				
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	7,362	113				
b. Other						
10. Occupational Therapist						
a. Resident Care	34,359	529				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	57,152	958				
2. Administrative***	1,650	40				
b. LPN						
1. Direct Care	7,193	172				
2. Administrative***						
c. Aides	19,365	608				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	223,548	3,525				

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

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

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

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

Name of Facility Leeway, Inc.		License No. 2167-C	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		
Procure LTC of Ct	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Annuuddha Walallyadda, MD	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Yale University School of Medicine	Staff Training /HIV AIDS Program Oversight	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental Group	Dental	<input type="radio"/>	<input checked="" type="radio"/>		
Foremost Rehab	Rehab Services	<input type="radio"/>	<input checked="" type="radio"/>		
Lisa Meadows	MDS	<input type="radio"/>	<input checked="" type="radio"/>		
AAA Nursing Care	RN & LPN Agency staff	<input type="radio"/>	<input checked="" type="radio"/>		
Everything Staffing Solutions	RN & LPN Agency staff	<input type="radio"/>	<input checked="" type="radio"/>		
All American Healthcare Services	RN & LPN Agency staff	<input type="radio"/>	<input checked="" type="radio"/>		
Towne	CAN Agency staff	<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.
 ** 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
Leeway, Inc.	2167-C	9/30/2020		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 76,624	60,508			16,116
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 11,143	8,799			2,344
4. Social Security (F.I.C.A.)	\$ 223,350	176,374			46,976
5. Health Insurance	\$ 258,334	204,000			54,334
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 63,331	50,011			13,320
8. Uniform Allowance	\$ 3,362	2,655			707
9. Other (<i>Specify</i>) See Attached Schedule	\$ (7,748)	(6,118)			(1,630)
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 45,000	34,544			10,456
d. Accounting and Auditing	\$ 32,131	25,343			6,788
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,815	4,587			1,228
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 9,906	7,813			2,093
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 28,122	22,180			5,942
2. Cellular Phones	\$ 4,327	3,413			914
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	\$ 201,162	201,162			
Subtotal	\$ 954,859	795,271			159,588

* 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
Allocation of Benefits to Housing & Grants	\$ (6,765)		\$ (1,802)
Employee Assistance	\$ 647		\$ 172
Total	\$ (6,118)	\$ -	\$ (1,630)

Schedule of Other Taxes

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

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

Name of Facility Leeway, Inc.	License No. 2167-C	Report for Year Ended 9/30/2020	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
<i>Subtotals Brought Forward:</i>	954,859	795,271		159,588
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 5,291	4,173		1,118
3. Gifts to Staff and Residents	\$ 4,190	3,305		885
4. Employee Travel	\$ 2,352	1,855		497
5. Education Expenses Related to Seminars and Conventions	\$ 4,366	3,444		922
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 3,072	2,423		649
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 5,543	4,372		1,171
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$			
4. Fund-Raising***	\$ 6,399	5,047		1,352
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 5,841	4,607		1,234
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,158	7,223		1,935
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 1,216	959		257
10. Contributions*** See Attached Schedule	\$ 250	124		126
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 199,455	157,317		42,138
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 165,332	124,896		40,436
<i>C-14 Total Administrative & General Expenditures</i>	\$ 1,367,324	1,115,016		252,308

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age	\$ 6,141		\$ 1,645
ALTCFM	\$ 67		\$ 18
CARCH	\$ 394		\$ 106
ACHCA	\$ 162		\$ 43
AADNS	\$ 163		\$ 44
CAHCF	\$ 276		\$ 74
BJ	\$ 20		\$ 5
Total Dues	\$ 7,223	\$ -	\$ 1,935

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Police Benev	\$ 124		\$ 126
Total Contributions	\$ 124	\$ -	\$ 126

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
New Hire - Dietary	\$ 1,156		\$ 310
New Employee Hire	\$ (259)		\$ (70)
Licenses & Fees	\$ 1,996		\$ 534
Bank Charges	\$ 4,525		\$ 1,212
Employee Service Awards	\$ 181		\$ 49
Health & Drug Screening	\$ 2,840		\$ 761
Employee Background Checks	\$ 1,100		\$ 294
Nursing Home Week Celebration	\$ 2,177		\$ 583
Office Supplies - Dietary	\$ 622		\$ 167
Computer Supplies & Minor Equ	\$ 1,141		\$ 306
Cable TV - Allowable	\$ 1,800		\$ 1,800
Board of Directors Expense	\$ 118		\$ 32
Self Disallowances:			
Cable TV	\$ 7,735		\$ 7,736
Penalties And Late Fees	\$ 1,702		\$ 456
Lobbying Expenses	\$ 9,465		\$ 2,535
Barber & Beauty	\$ 315		\$ 85
Credit Card Fees	\$ 394		\$ 106
Resident Personal Items	\$ 1,079		\$ 289
Swap Expense	\$ 88,095		\$ 23,596
Chaplin Fee Prior Year Credit	\$ (1,286)		\$ (345)
Total Other Administrative and General	\$ 124,896	\$ -	\$ 40,436

Schedule C-1 - Management Services*

Name of Facility Leeway, Inc.	License No. 2167-C	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 #

*** 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 Leeway, Inc.		License No. 2167-C	Report for Year Ended 9/30/2020		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 183,281	91,116			92,165
2.	Non-Food Supplies	\$ 26,318	13,084			13,234
3.	Other (<i>Specify</i>) _____	\$ _____				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$ 474,431	235,857			238,574
c. Other (<i>Specify</i>) _____		\$ _____				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 684,030	340,057			343,973
2E. Dietary Questionnaire						
F.	Resident Meals: Total no. of meals served per day:*	175	87			88
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
H.	Did you receive revenue from employees?	<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify amt.	\$2,726	
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					30
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.		
K.	Is any revenue collected from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility	License No.	Report for Year Ended		Page	of
Leeway, Inc.	2167-C	9/30/2020		19	37
Item	Total	CCNH	RHNS	Residential Care Home	
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,542	2,321		221
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	27,964	25,132		2,832
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	30,506	27,453		3,053
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	
Leeway, Inc.	2167-C	9/30/2020	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	25,548	21,186		4,362
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. \$	261,912	177,502		84,410
c. Other (<i>Specify</i>) Minor Furnishings		\$ 7,742	4,402		3,340
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 295,202	203,090		92,112
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procure LTC of CT	\$	175,422	175,422		
b. Medicine Cabinet Drugs	\$	11,628	11,628		
c. Medical and Therapeutic Supplies	\$	94,831	94,831		
d. Ambulance/Limousine***	\$	1,109	1,109		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	4,610	4,610		
f. X-rays and Related Radiological Procedures***	\$	7,289	7,289		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	3,260	3,260		
h. Laboratory***	\$	14,340	14,340		
i. Recreation	\$	5,385	4,039		1,346
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	13,604	11,150		2,454
5M. Total Resident Care Expenditures (5a - 5j)		\$ 331,478	327,678		3,800

* 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
Medical Equip - Title 19	\$ 3,869		
Medical Equip - Title 19	\$ 229		
IV - T-19	\$ 4,985		
Minor Equip & Furniture - Nursing	\$ 2,067		
RCH SUPPLIES	\$ -		\$ 2,454
Total Other Resident Care	\$ 11,150	\$ -	\$ 2,454

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

Name of Facility Leeway, Inc.			License No. 2167-C	Report for Year Ended 9/30/2020	Page 21	of 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Glendale		<input type="radio"/>	<input checked="" type="radio"/>		Dietary	233,337		236,024	18	
Unitex Laundry Services		<input type="radio"/>	<input checked="" type="radio"/>		Laundry	25,132		2,832	19	
Diversified Building Services		<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	177,502		84,410	20	
Controlled Air		<input type="radio"/>	<input checked="" type="radio"/>		HVAC	6,054		4,592	22	
All Around Home Improvements		<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	13,647		10,353	22	
John's Refuse & Recycling		<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	5,775		4,381	22	
Connecticut Business Systems		<input type="radio"/>	<input checked="" type="radio"/>		Office Equip Maintenance	10,190		7,730	22	
Point Click Care		<input type="radio"/>	<input checked="" type="radio"/>		Maintenance & License Fee	19,674		5,270	16	
EBM		<input type="radio"/>	<input checked="" type="radio"/>		Computer Server & System Maintenance	42,566		11,401	16	
Creative Financial Staffing		<input type="radio"/>	<input checked="" type="radio"/>		Temp Bookkeeping & Accounting Services	74,598		19,981	16	
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility Leeway, Inc.	License No. 2167-C	Report for Year Ended 9/30/2020			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 13,914	7,912			6,002	
b. Heat	\$ 27,579	15,682			11,897	
c. Light & Power	\$ 109,070	62,021			47,049	
d. Water	\$ 19,123	10,874			8,249	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 785	446			339	
f. Other (<i>itemize</i>)	\$ 132,109	77,883			54,226	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 302,580	174,818			127,762	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 20,394	11,597			8,797	
b. Building & Building Improvements	\$ 293,459	166,872			126,587	
c. Non-Movable Equipment	\$ 20,565	11,694			8,871	
d. Movable Equipment	\$ 73,924	42,036			31,888	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 408,342	232,199			176,143	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 7,947	4,519			3,428	
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 7,947	4,519			3,428	
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	\$ 96	55			41	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 416,385	236,773			179,612	

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Purchased Service - Plumber	\$ 1,693		\$ 1,285
Purch Service - HVAC	\$ 6,054		\$ 4,592
Purchased Services - Electric	\$ 2,010		\$ 1,525
Purch Serv - Exterminator	\$ 1,191		\$ 904
Purchased Serv - Alarm Service	\$ 179		\$ 136
Purch Service - Fire Protecti	\$ 3,838		\$ 2,911
Purch Serv - Sec camera Main	\$ 2,557		\$ 1,939
Purch Service - Ridgefield As	\$ 4,777		\$ 3,623
Purch Service - Elevator	\$ 2,375		\$ 1,801
Purchased Service - Fire Cont	\$ 1,348		\$ 1,022
Purch Service - Telephone Rep	\$ 2,545		\$ 1,930
Purch Serv - Nurse Call System	\$ 632		\$ 480
Purchased Service - Shredding	\$ 4,320		\$ -
Purchased Service - Generator	\$ 2,501		\$ 1,898
Purch Serv - Snow Removal	\$ 13,647		\$ 10,353
Purch Service - Med Equip Ins	\$ 1,160		\$ 880
Purch Services - Legionella Rist Ass	\$ 1,188		\$ 901
Trash Removal- Maint	\$ 5,775		\$ 4,381
Medical Waste Removal	\$ 2,080		\$ -
Landscaping	\$ 7,823		\$ 5,935
Office Equip Maint Agreements	\$ 10,190		\$ 7,730
Total Other Repairs and Maintenance	\$ 77,883	\$ -	\$ 54,226

Depreciation Schedule

Name of Facility Leeway, Inc.		License No. 2167-C			Report for Year Ended 9/30/2020			Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		305,769		305,769	88,547	S/L	Var	20,394					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									20,394				
B. Building and Building Improvements													
1. Acquired prior to this report period		8,066,002		8,066,002	3,793,548	S/L	Var	292,372					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		32,746		32,746		S/L	Var	1,087					
B-4. Subtotal									293,459				
C. Non-Movable Equipment													
1. Acquired prior to this report period		335,081		335,081	159,428	S/L	Var	20,523					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		1,265		1,265		S/L	15	42					
C-4. Subtotal									20,565				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 2005 Mazda		x		4	2007	14,983		14,983	14,983	S/L	5		
b. 2017Ford Bus		x		8	2017	68,717		68,717	35,312	S/L	6	11,453	
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						659,436		659,436	388,040	S/L	Var	55,597	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						50,406		50,406		S/L	Var	6,874	
D-3. Subtotal													73,924
E. Total Depreciation													408,342

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/22/2019	Awning - New Haven Awning	\$ 10,611	15	\$ 354
12/9/2019	Heater Exchange - Controlled Air	\$ 12,536	15	\$ 413
3/5/2020	Flooring Reception & Soc. Serv - Wm. Fisher	\$ 1,515	20	\$ 38
2/17/2020	Flooring Reception & Soc. Serv - Home Depot	\$ 827	20	\$ 21
12/10/2019	Carpet / Flooring - Sullivan & Son	\$ 3,921	20	\$ 98
11/19/2019	Conf. Room Intercom System - Mace Company	\$ 3,100	10	\$ 155
10/17/2019	Conf. Room Paint - Goody's Hardware	\$ 236	15	\$ 8
Total additions for Building Improvement		\$ 32,746		\$ 1,087 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/7/2020	Hot Water Heater - Coastline Mechanical Services	\$ 1,265	15	\$ 42
Total additions for Non-Movable Equipment		\$ 1,265		\$ 42 *
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:				
10/23/2019	Computers - EBM IT	\$ 37,369	3	\$ 6,228
11/21/2019	Office Furniture - United Office Furniture	\$ 8,780	20	\$ 220
6/3/2020	Drug Shredder - Ultimate Products	\$ 3,120	5	312
1/31/2020	Teleconferencing Television - Best Buy	\$ 1,137	5	114
Total additions for Movable Equipmen		\$ 50,406		\$ 6,874 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Leeway, Inc.			License No. 2167-C		Report for Year Ended 9/30/2020			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Financing Costs - Key Bank Mortg #	12	2014	15	20,361	9,671	S/L		2,036	
2. Financing Costs - Key Bank Mortg #	12	2014	20	59,107	22,166	S/L		5,911	
3.									
B-4. Subtotal									7,947
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									7,947

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Leeway, Inc.	License No. 2167-C	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*			<input type="radio"/> Yes <input checked="" type="radio"/> No		
			If "Yes," complete Part B. If "No," complete Part C.		
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		09/01/96			
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		60			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Variable	Fixed		
b. Date Mortgage Obtained		12/30/14	12/30/14		
c. Interest Rate for the Cost Year		Variable	500.00%		
d. Term of Mortgage (number of years)		15	20		
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of <u>9/30/2020</u>		397,401	2,642,063		
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility Leeway, Inc.		License No. 2167-C	Report for Year Ended 9/30/2020		Page 26	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$ 18933	10,766			8,167
Name of Lender Key Bank		Rate Var				
Address of Lender						
2. Second Mortgage		\$ 140,318	79,790			60,528
Name of Lender Key Bank		Rate 5.00%				
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)		\$ 159,251	90,556			68,695

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Leeway, Inc.		2167-C		9/30/2020			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				159,251	90,556		68,695	
12. C. Movable Equipment								
1. Automotive Equipment				\$ 998	567		431	
A. Item		Rate	Amount					
2017 Ford Bus / Van								
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)				\$ 998	567		431	
12. D. Other Interest Expense (Specify) Working Capital				\$ 698	397		301	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 160,947	91,520		69,427	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 19,807	9,847		9,960	
b. Insurance on Automobiles				\$ 11,816	5,874		5,942	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 23,401	18,479		4,922	
2. Fire and Extended Coverage				\$				
3. Other (Specify) Fid. Bond,Cyber,D&O,Crime				\$ 22,338	17,640		4,698	
14d. Total Insurance Expenditures (14a + b + c)				\$ 77,362	51,840		25,522	
15. Total All Expenditures (A-13 thru C-14)				\$ 6,982,493	5,234,357		1,748,136	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Leeway, Inc.			2167-C	9/30/2020	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10		Occupational Therapy	\$ 1,199	1,199		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13		Occupational Therapy	\$ 34,359	34,359		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15		Bad Debts	\$ 45,000	34,544		10,456
10.			Accounting	\$			
10a.			Legal	\$			
11.	30		Telephone	\$ 2,677			2,677
12.	15		Cellular Telephone	\$ 3,607	1,793		1,814
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.	16		Fund Raising / Contributions	\$ 6,649	5,244		1,405
21.			Unallowable Management Fees	\$			
22.	16		Barber and Beauty	\$ 400	315		85
23.			Other - See attached Schedule	\$ 140,971	112,735		28,236
Page 18 - Dietary Expenditures							
24.	30		Meals to employees, guests and others who are not residents	\$ 2,726	1,355		1,371
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)				\$ 237,588	191,544		46,044

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16		Cable TV	\$ 7,315		\$ -
16		Penalties And Late Fees	\$ 1,702		\$ 456
16		Lobbying Expenses	\$ 9,465		\$ 2,535
16		Credit Card Fees	\$ 394		\$ 106
16		Resident Personal Items	\$ 1,079		\$ 289
16		Swap Expense	\$ 88,095		\$ 23,596
16		Purch Services - Chaplain	\$ (1,286)		\$ (345)
16		2002 Ford Insurance, gas & repair	2594		695
16		2007 Mazda Insurance, gas & repair	3377		904
		Note: Additional RCH Cable Tv Revenue disallowed			
Total Other A&G Adjustments			\$ 112,735	\$ -	\$ 28,236

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Leeway, Inc.			2167-C	9/30/2020	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 237,588	191,544		46,044
Page 20 - Resident Care Supplies***							
27.	20		Prescription Drugs	\$ 175,229	175,229		
28.	20		Ambulance/Limousine	\$ 1,109	1,109		
29.	20		X-rays, etc	\$ 7,289	7,289		
30.	20		Laboratory	\$ 11,353	11,353		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 440	219		221
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 12,766	2,292		10,474
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 445,774	389,035		56,739

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Total Unallowable Building Interest	\$ -	\$ -	\$ -
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F. Statement of Revenue

Name of Facility Leeway, Inc.	License No. 2167-C	Report for Year Ended 9/30/2020			Page 30	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,132,577	4,370,750		1,761,827		
b. Medicaid Room and Board Contractual Allowance **	\$ (336,230)	(171,730)		(164,500)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 683,563	683,563				
b. Medicare Room and Board Contractual Allowance **	\$ 508,153	508,153				
4. a. Private-Pay Residents and Other	\$ 68,970	6,750		62,220		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 168,965	168,965				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (168,965)	(168,965)				
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 94,739	94,739				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (72,200)	(72,200)				
c. Physical Therapy - Non-Medicare	\$ 30,390	30,390				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (30,390)	(30,390)				
4. a. Speech Therapy - Medicare	\$ 69,532	69,532				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (52,589)	(52,589)				
c. Speech Therapy - Non-Medicare	\$ 34,018	34,018				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (34,018)	(34,018)				
5. a. Occupational Therapy - Medicare	\$ 98,193	98,193				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (66,738)	(66,738)				
c. Occupational Therapy - Non-Medicare	\$ 15,600	15,600				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (15,600)	(15,600)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 14,403	14,403				
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,142,373	5,482,826		1,659,547		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 2,726	1,355		1,371		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 2,677			2,677		
4. Rental of Television and Cable Services	\$ 8,155			8,155		
5. Interest Income (<i>Specify</i>)	\$ 1,854	922		932		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 31,823	18,143		13,680		
V. Total Other Revenue (1 thru 8)	\$ 47,235	20,420		26,815		
VI. Total All Revenue (III +V)	\$ 7,189,608	5,503,246		1,686,362		

* 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
	Radiology-Medicare	\$ 4,586		
	Lab- Medicare	\$ 11,754		
	Lab Revenue Medicare Replacement	\$ 211		
	Net Contractual Allowances	\$ (2,148)		
	Total Other Resident Revenue - Medicare	\$ 14,403	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
	Key Bank		\$ 922		\$ 932
	Total Interest Income		\$ 922	\$ -	\$ 932

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Misc. Revenue	\$ 1,001		\$ 1,013
	Restricted Donations - Rec De	\$ 219		\$ 221
	Fund Raiser-Annual Appeal	\$ 4,651		\$ 4,704
	Donations - Unrestricted	\$ 6,890		\$ 2,297
	Donations - United Way	\$ 107		\$ 109
	Grant - WC Facility Capital Improvement	\$ 5,275		\$ 5,336
	Total Other Revenue	\$ 18,143	\$ -	\$ 13,680

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc.	2167-C	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,016,036
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	640,126
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	16,723
4. Inventories			\$	
5. Prepaid Expenses			\$	39,574
a. _____				
b. _____				
c. _____				
d. See Schedule		39,574		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	628,905

See Schedule		628,905		
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,341,364
B. Fixed Assets				
1. Land			\$	581,784
2. Land Improvements	*Historical Cost	305,769		
	Accum. Depreciation	108,941		
	Net		\$	196,828
3. Buildings	*Historical Cost	8,098,748		
	Accum. Depreciation	4,087,007		
	Net		\$	4,011,741
4. Leasehold Improvements	*Historical Cost	_____		
	Accum. Depreciation	_____		
	Net		\$	
5. Non-Movable Equipment	*Historical Cost	336,346		
	Accum. Depreciation	179,993		
	Net		\$	156,353
6. Movable Equipment	*Historical Cost	709,842		
	Accum. Depreciation	450,511		
	Net		\$	259,331
7. Motor Vehicles	*Historical Cost	83,700		
	Accum. Depreciation	61,748		
	Net		\$	21,952
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	2,309,367

See Schedule		2,309,367		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	7,537,356

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		Prepaid Insurance	\$ 21,822
		Prepaid Dues	\$ 564
		Prepaid Marketing	\$ 15,000
		Prepaid Maintenance	\$ 1,295
		Prepaid Relias	\$ 893
		Total Prepaid Expenses	\$ 39,574

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

Page Ref	Line Ref	Description	
		PPP SBA Loan Reserve	\$ 628,905
		Total Other Current Assets (Itemize)	\$ 628,905

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

Page Ref	Line Ref	Description	
		Non-Reimbursable Assets - Net of Depreciation	\$ 2,307,907
		CIP - Elevator	\$ 1,460
		Total Other Fixed Assets (Itemize)	\$ 2,309,367

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Board Designated Fund	\$ 301,967
		Deferred Financing - Key Bank - First Mortgage	\$ 20,361
		Deferred Financing - Key Bank - Second Mortgage	\$ 59,107
		Accum Amortz - Key Bank - First Mortgage	\$ (11,707)
		Accum Amortz - Key Bank - Second Mortgage	\$ (28,076)
		Total Other Assets	\$ 341,652

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Note Payable - UI	\$ 8,898
		Note Payable - PPP Care Program	\$ 628,905
		Total Notes Payable	\$ 637,803

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

Page Ref	Line Ref	Description	
		Resident Trust	\$ 11,072
		Accrued Provider Tax	\$ 47,463
		Deferred Revenue - GNHCF Grant	\$ 50,000
		Deferred Revenue - HHS Stimulus	\$ 80,926
		Deferred Revenue - DSS Grant	\$ 255,781
		Deferred Revenue - HOPWA	\$ (3,836)
		Deferred Revenue DMHAS	\$ 21,339
		Total Other Current Liabilities (Itemize)	\$ 462,745

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

Page Ref	Line Ref	Description	
		DSS Bond Advances Less Amortization	\$ 1,575,000
		Mortgage SWAP Liability	\$ 9,473
		Construction Mortgage SWAP Liability	\$ 263,483
		Total Other Current Liabilities (Itemize)	\$ 1,847,956

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc.	2167-C	9/30/2020	32	37
Account			Amount	
Total Brought Forward:			\$ 9,878,720	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____		Net		
Accum. Depreciation _____			\$	
3. Buildings			\$	
*Historical Cost _____		Net		
Accum. Depreciation _____			\$	
4. Non-Movable Equipment			\$	
*Historical Cost _____		Net		
Accum. Depreciation _____			\$	
5. Movable Equipment			\$	
*Historical Cost _____		Net		
Accum. Depreciation _____			\$	
6. Motor Vehicles			\$	
*Historical Cost _____		Net		
Accum. Depreciation _____			\$	
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 _____		Net		
Accum. Depreciation _____			\$	
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>)			\$ 341,652	

See Schedule			341,652	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 341,652	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 10,220,372	

* 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 Leeway, Inc.		License No. 2167-C	Report for Year Ended 9/30/2020	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	384,829
2. Notes Payable (<i>itemize</i>)				\$	637,803

See Schedule					637,803
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>)				\$	105,670
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	13,772
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	462,745

See Schedule					462,745
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,604,819

* 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 Leeway, Inc.	License No. 2167-C	Report for Year Ended 9/30/2020	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,604,819	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
			\$	10,628
Name of Lender	Purpose	Amount	Date Due	
	Van / Bus	10,628		
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 3,039,464
Name and Address of Lender	Amount	Loan Date		
Key Bank	397,401	12/1/14		
Key Bank	2,642,063			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 1,847,956

See Schedule				1,847,956
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,898,048
C. Total All Liabilities (Lines A-13 + B-5)				\$ 6,502,867

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

Name of Facility	License No.	Report for Year Ended	Page	of
Leeway, Inc.	2167-C	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<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			\$	3,346,995
6. Gain or Loss for Period	10/1/2019	thru 9/30/2020	\$	370,510
7. Total Net Worth			\$	3,717,505
C. Total Reserves and Net Worth			\$	3,717,505
D. Total Liabilities, Reserves, and Net Worth			\$	10,220,372

H. Changes in Total Net Worth

Name of Facility Leeway, Inc.	License No. 2167-C	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			\$	3,346,995
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	7,189,608
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	6,982,493
D. Net Income or Deficit			\$	207,115
E. Balance			\$	3,554,110
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Grant, Housing and Non-Reimbursable Revenue	722,792			
Grant, Housing and Non-Reimbursable Expense	(559,397)			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	163,395
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. <i>Balance at End of Period</i>			\$	3,717,505
				09/30/20

I. Preparer's/Reviewer's Certification

Name of Facility Leeway, Inc.	License No. 2167-C	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		Date Signed
Printed Name of Preparer				
Robert Morgan, CPA				
Address Address			Phone Number	
40 Albert St., New Haven, CT			941-303-3958	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Robert Morgan, CPA			941-303-3958	
Contact Email Address				
rmorgan@leeway.net				