

813 Coopers Court • Lancaster, PA 17601-1477 • Tel: 717.371.6547 • Fax: 717.427.1713 • website: TLGconsultants.com

Bishop Wicke Health & Rehab Ctr

Medicaid Cost Report

CRYE: 09/30/2021

Prepared by:

The Lancaster Group, L.L.C.

• Serving a Distinctive Healthcare Clientele •

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed)							
Bishop Wicke Health & Rehab Ctr.							
Address (No. & Street, City, State, Zip Code)							
584 Long Hill Avenue Shelton, Connecticut 06484							
Type of Facility							
☑ Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)					
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021						

License Numbers: CCNH RHNS (Specify)	Medicare Provider
812-C	07-5163

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	8128		

For Department Use Only

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

Name of Facility (as licensed) Bishop Wicke Health & Rehab Ctr.	License N 812-C	Io. Report for 9/30/2021	Year Ended Page of 1 3
· · · · · · · · · · · · · · · · · · ·		vner's Certification	
MISREPRESENTATION OR FA COST REPORT MAY BE PUNIS FEDERAL LAW.	LSIFICATION OF	ANY INFORMATION CON	
I HEREBY CERTIFY that I have Cost Report and supporting sched for the cost report period beginnin of my knowledge and belief, it is records of the provider(s) in accor	lules prepared for Bing October 1, 2020 a a true, correct, and c	ishop Wicke Health & Rehab and ending September 30, 202 complete statement prepared f	Ctr. [facility name], 21, and that to the best
I hereby certify that I have directed t Schedule of Resident Statistics, Stat Balance Sheet of this Facility in accor- year ended as specified above.	ements of Reported E	xpenditures, Statements of Reve	enues and the related
I have read this Report and hereb my knowledge under the penalty presented in this Report as a basis residents were incurred to provide recorded have been retained as re request.	of perjury. I also cers s for securing reimbre e resident care in thi	rtify that all salary and non-sa ursement for Title XIX and/o s Facility. All supporting rec	alary expenses r other State assisted cords for the expenses
Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Debra Samorajczyk		Printed Name (Owner) Zvonimir I. Jukic (Direc	tor/Treasurer)
Subscribed and Sworn State of to before me:	Date	Signed (Notary Public)	Comm. Expires
to before me.			/ /

General Information

(Notary Seal)

Table of Contents

Gen	eral Information - Administrator's/Owner's Certification	1
Gen	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gen	eral Information and Questionnaire - Type of Facility - Organization Structure	2
Gen	eral Information and Questionnaire - Partners/Members	3
Gen	eral Information and Questionnaire - Corporate Owners	3A
Gen	eral Information and Questionnaire - Individual Proprietorship	3B
Gen	eral Information and Questionnaire - Related Parties	4
Gen	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gen	eral Information and Questionnaire - Leases	6
Gen	eral Information and Questionnaire - Accounting Basis	7
Sch	edule of Resident Statistics	8
Sch	edule 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
В.	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
С.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
С.	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

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of		
			1A	37
Name of Facility	Period Cov	ered:	From	То
Bishop Wicke Health & Rehab Ctr.			10/1/2020	9/30/2021
Address of Facility				
584 Long Hill Avenue Shelton, Connecticut 06484	1		1	
Report Prepared By	Phone Num	ıber	Date	
The Lancaster Group, LLC	504-605-82	228	2/10/2022	
Item	Total	CCNH	RHNS	(Specify)
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

			ne No. of Fac 624-3303	ility	Report for Yes 9/30/2021	ar Ended	Page 2		of 37
Name of Facility (as shown on license)		205		8	Street, City, Sta	ite 7in)	2		51
Bishop Wicke Health & Rehab Ctr.					venue Shelton,	· •	cut 06484		
CCNH	[RHNS		(Specify)		Medicare I	Provid	er No.
License Numbers: 812-C							07-5163		
Type of Facility (Check appropriate box(es))									
Chronic and Convalescent Nursing Home only (CCNH)			Home with I ervision only			(Specify))		
Type of Ownership (Check appropriate box)	Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O Partnership)	0	Profit Corp.	•	Non-Profit Cor	p. O	Government	0	Trust
If this facility opened or closed during report year pro	ovide:			Date	e Opened	Date Clo	sed		
Has there been any change in ownership									
or operation during this report year?		0	Yes	\odot	No	If "Yes,"	explain full	y.	
Administrator									
Name of Administrator					Nursing Ho				
Debra Samorajczyk					Administrate		1885		
		(0.11	· ·		License N	No.:			
Other Operators/Owners who are assistant administra	ators ((full	or part time) of t	his facility. License N	T			
Name Not Applicable					License N	NO.:			

State of Connecticut Annual Report of Long-Term Care Facility CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	Page	of	
Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2021			37
Legal Name of Partnersh	vin/LLC	Business	Address	State(s) and Which I	/or Town() Registered	
Not Applicable	up/LLC	Dusiness	Address	vv men i	registered	
Name of Partners/Members	Business Ac	ldress		Title	% Ow	ned

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Page	of		
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021		3Ă	37
If this facility is owned or operated as a corp	ooration, provide the	he following informat	ion:		
Legal Name of Corporation	Busir	ness Address	State(s) in Whi	ch Incorp	orated
Bishop Wicke Health and	584 Long Hill, J	Avenue, Shelton CT	Connecticut		
Rehabilitation Center, Inc.	06484				
Name of Directors, Officers	Busir	ness Address	Title	No. Sh Held by	
David M. Lawlor	580 Long Hill F 06484	Road, Shelton, CT	resident/Chairma	Not App	olicable
Victoria Dompierre	580 Long Hill F 06484	Road, Shelton, CT	Secretary	Not App	olicable
Zvonimir Jukic	580 Long Hill F 06484	Road, Shelton, CT	Director/Treasure	Not App	olicable
Faith Wajdowicz	580 Long Hill F 06484	Road, Shelton, CT	Director	Not App	olicable
Debra Samorajczyk	580 Long Hill F 06484	Road, Shelton, CT	Director	Not App	olicable
Names of Stockholders Owning at Least 10% of Shares					
Not Applicable					

State of Connecticut Annual Report of Long-Term Care Facility CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of					
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021	3B 37					
If this facility is owned or operated as an individual	proprietorship, pro	ovide the following information	1:					
Owner(s) of Facility								
Not Applicable								

General Information and Questionnaire Related Parties*

Name of Facility		License	No.		Report for Year Ended		Page	of			
Bishop Wicke Health &	Rehab Ctr.		812-C		9/30/2021		4	37			
Are any individuals rece	iving compensation from the fac	ility rela	ated thro	ough		If "Yes," provide the	e Name/Add	ress and			
marriage, ability to control, ownership, family or business association? O Yes O No complete the information of								ge 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 as	ssociation, common ownership, c	control,	or busin	ess	⊙ Yes ⊖ No						
association to any of the	owners, operators, or officials o	f this fa	cility?			If "Yes," provide the	e following i	nformation:			
	÷					· •					
		Als	o Provic	les		Indicate Where					
Name of Related	Business	Good	s/Servic	es to	Description of Goods/Services	Costs are Included	Cost	Actual Cost to the			
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party			
United Methodist Home of		0	\odot								
CT, Inc	580 Long Hill Avenue, Shelton, CT	0	0		Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Lr	78,296	78,296			
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	0	\odot		Corporate Office Allocation Direct Benefits	D 16 M 12 & D 28 L	19,574	19,574			
United Methodist Home of	580 Long Thi Avenue, Shenon, CT				Corporate Office Anocation Direct Benefits	P. 10 WI.12 & P. 28, LI	19,574	19,374			
CT, Inc	580 Long Hill Avenue, Shelton, CT	0	۲		Corporate Office Alloc Direct Taxes	P. 16 M.12 & P. 28, Lr	5,990	5,990			
United Methodist Home of		0	۲								
CT, Inc	580 Long Hill Avenue, Shelton, CT	0	0		Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Lr	248,078	248,078			
United Methodist Home of CT, Inc	580 Long Hill Avenue, Shelton, CT	0	\odot		Corporate Office Allocation Indirect Benefits	P 16 M 12 & P 28 I m	62,020	62,020			
United Methodist Home of		-	-		corporate office raiocation inducer benefits	1. 10 M.12 & 1. 20, Li	02,020	02,020			
CT, Inc	580 Long Hill Avenue, Shelton, CT	0	۲		Corporate Office Alloc Ind Taxes	P. 16 M.12 & P. 28, Lr	17,037	17,037			
		0	۲		Note above is actual cost to related party before						
		0	۲								
		0	۲								

* 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	License No.		Report for Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C		9/30/2021	5	37
If the facility is licensed as CDH and/or RCH or				-	
must be allocated to CCNH and RHNS as follows			i vices with special weatened fut		
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping		Number of	square feet serviced		
		Number of	hours of routine care provided by	y EACH	[
Nursing		employee cl	assification, i.e., Director (or Ch	narge Nu	rse),
		Registered	Nurses, Licensed Practical Nurse	es, Aides	s and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provided b	by EACH	Η
		specialist (See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar	ies		
Management services		<u> </u>	e cost center involved		
All other General Administrative expenses		Total of Di	rect and Allocated Costs		
The preparer of this report must answer the follow	wing question	ns applicabl	e to the cost information provide	ed.	
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why such	allocatio	on was
costs allocated as required?	0 165		not made.		
Yes					
2. Explain the allocation of related company exp					
Related party costs include the Provider's allocate	-				
Methodist Homes corporate office. The facility is				-	ent and
assisted living. United Methodist Homes provide					
documenting the allocation are included in this fil	•	•	a participant in a common pensi	ion plan	with
other related entities. Schedules will be provided	•	-			
3. Did the Facility appropriately allocate and self			e	cost cent	ers?
(e.g., Assisted Living, Home Health, Outpatier	nt Services, A	Adult Day C	Care Services, etc.)		
	• Yes	O No	If "No," explain fully why such not made.	allocatio	on was

State of Connecticut Annual Report of Long-Term Care Facility CSP-6 Rev. 9/2002

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 Y	ear Ended		Page	of
Bishop Wicke Health & Rehab Ctr.			812-C	9/30/2021			6	37
		ed * to						
	Owr							
	Opera					Annual		
		cers		Date of	Term of	Amount		ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	imed
Leafe/Prism	0	۲	Copier	03/11/19	60 Months	4,644	4,644	
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
	0	۲						
Is a Mileage Log Book Maintained for All	Leased Ve	hicles '	• Ves	. 0	No	Total ***	4,644	

* 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 License No.	Report for Year Ended	Page of
Bishop Wicke Health & Rehab Ctr. 812-C	9/30/2021	7 37
The records of this facility for the period covered by this report	were maintained on the following basis:	
Accrual O Cash O Modified Cash		
Is the accounting basis for this		
period the same as for the • Yes	If "No," explain.	
previous period? O No		
Independent Accounting Firm		
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)	
1 PKF O'Connor Davies, LLP	100 Great Meadow Road, Suite 401, Weth	persfield_CT_06109-2355
2 THE LANCASTER GROUP, LLC	813 Coopers Court, Lancaster, PA 17601-	
3	ors coopers court, Lancaster, 177 17001-	1 7 / /
4		
Services Provided by This Firm (describe fully)		
1 Audit		\$ 23,895
2 Medicare & Medicaid Cost Reports		\$ 8,750
3		\$
4		\$
		Charge for Services Provided
	Y	
Are These Charges Reflected in the Expenditure Portion of This Report? If Y	es Specify Expense Classification and Line No.	\$ 32,645
 O Yes O No Page 15, Line 1.d 	es, speeny Expense classification and Enterto.	
Legal Services Information		
Name of Legal Firm or Independent Attorney	,	Telephone Number
1		
2		
3		
4		
5		
Address (No. & Street, City, State, Zip Code)		
1		
2		
3		
4		
5 Services Provided by This Firm (<i>describe fully</i>)		
1		\$
2		\$
3		\$
4		\$
5		\$
		Charge for Services Provided
		\$
Are These Charges Reflected in the Expenditure Portion of This Report? If Y	es, Specify Expense Classification and Line No.	
• Yes O No Page 15, Line 1.e		

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility	•						Report fo	r Year Ende	ed		Page	of
Bishop Wicke Health & Rehab Ctr.		812-C				9/30/2021					37	
						Period 10/	1 Thru 6/	'30		Period 7/	1 Thru 9/3	30
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
 Certified Bed Capacity A. On last day of PREVIOUS report period 	120	120			120	120						
B. On last day of THIS report period 2. Number of Residents	120	120							120	120		
A. As of midnight of PREVIOUS report period	114	114			114	114						
B. As of midnight of THIS report period	88	88							88	88		
 Total Number of Days Care Provided During Period A. Medicare 	3,544	3,544			2,777	2,777			767	767		
B. Medicaid (Conn.)	17,140	17,140			12,511	12,511			4,629	4,629		
C. Medicaid (other states)												
D. Private Pay	7,052	7,052			5,272	5,272			1,780	1,780		
E. State SSI for RCH												
F. Other (Specify) Contracts, HMO, Insurance	2,649	2,649			1,950	1,950			699	699		
G. Total Care Days During Period (3A thru F)	30,385	30,385			22,510	22,510			7,875	7,875		
 Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved Beds 												
A. Medicaid Bed Reserve Days B. Other Bed Reserve Days	92 85	92 85			52 46	52 46			40 39	40 39		
5. Total Resident Days (3G + 4A + 4B)	85 30,562	85 30,562			46 22,608	46 22,608			39 7,954	39 7,954		

State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

Nume of Facility License No Report for Year Ended Page of 8 lichop Wicke Health & Rehah Cr. 812-0 9:30:2021 9 37 4. Were there any changes in the certified bed capacity during the report year? 0 Yes 0 No 1 1 1 1 1 1 0 9 37 0. Date of CNM RHNS (Specify) Lost Canaet Cupucity After Change 0 No 1 </th <th></th> <th></th> <th></th> <th>Scl</th> <th>ned</th> <th>ule of</th> <th>Re</th> <th>sideı</th> <th>nt S</th> <th>tatis</th> <th>tics ((</th> <th>Cont'd</th> <th>)</th> <th></th> <th></th>				Scl	ned	ule of	Re	sideı	nt S	tatis	tics ((Cont'd)			
4. Were there any changes in the certified bed capacity during the report year? O Yes Ø No If "YES", provide the following information: Place of Canage Change in Beds Capacity After Change Reason for Change 0.11 (1) (2) (3) (1) (2) (2) (2)<	Name of Facil	ity			Licer	nse No.				Report	for Year	Ended		Page	of	
If "YES", provide the following information: Place of Change Change Cast Canuality After Change Date of CNH RHNS (Specify) Change Colspan="2">Cast Canuality After Change Note of Resident Const Canuality After Change Note of Resident Const Canuality After Change Sequence Const CCNH RHNS (Specify) Sequence Const CCNH RHNS CSpecify) Sequence Const CCNH RHNS CCNH RHNS CSPECify) Additange Other State Assisted Medicare Medicare <th colsp<="" td=""><td>Bishop Wicke</td><td>Health</td><td>& Reha</td><td>b Ctr.</td><td>8</td><td>312-C</td><td></td><td></td><td></td><td></td><td>9/30/202</td><td>1</td><td></td><td>9</td><td>37</td></th>	<td>Bishop Wicke</td> <td>Health</td> <td>& Reha</td> <td>b Ctr.</td> <td>8</td> <td>312-C</td> <td></td> <td></td> <td></td> <td></td> <td>9/30/202</td> <td>1</td> <td></td> <td>9</td> <td>37</td>	Bishop Wicke	Health	& Reha	b Ctr.	8	312-C					9/30/202	1		9	37
Date of Change (1)(1)(2)(3)(1)(2)(3)(1)(2)(3)(1)(2)(3)(1)(2)(3)(1)(2)(3)(2)(3)(3)CCNHRHNS(Specify)Reason for ChangeNor optical RESIDENT DAYS for 90 days following the change.II		-	-			pacity dur	ring th	ne repo	rt year	?	0	Yes	۲	No		
Date of Change (1)(1)(2)(3)(1)(2)(3)(1)(2)(3)(1)(2)(3)(1)(2)(3)(1)(2)(3)(2)(3)(3)CCNHRHNS(Specify)Reason for ChangeNor optical RESIDENT DAYS for 90 days following the change.II			Place of	f Change		Cł	nange	in Bed	s		Ca	pacity Afte	er Change			
11 (1) (2) (3) (1) (2) (3) (2) (2) (3) (2) (3) (2) (3) (2) (3) (2) (3	Date of	CCNH	RHNS	(Specify)						d						
Nor application Image: Construction of the provided of the number of RESIDENT DAYS for 90 days following the change. Change in Resident Days CCNH RHNS (Specify) 1st change Change in Resident Days CCNH RHNS (Specify) 1st change Change in Resident Days CCNH RHNS (Specify) 3rd change Ist change Ist change Ist change Ist change 4th change Medicate Medicatid Self-Pay Other State Assisted Item CCNH CCNH RHNS (Specify) R.C.H. ICF-MR No. of Residents 11 splexible 19 Ist Construction Ist CP-MR Ist CP-MR No. of Residents 11 splexible 19 Ist CP-MR Ist CP-MR Ist CP-MR No. of Residents 11 splexible 19 Ist CP-MR Is	Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change	
RESIDENT DAYS for 90 days following the change. Change in Resident Days CCNH RHNS (Specify) 1st change -	Not applicab		(2)	(3)	(1)	(2)	(5)	(1)	(2)	(5)	com	Iunio	(Speeng)	reason r	or chunge	
RESIDENT DAYS for 90 days following the change. Change in Resident Days CCNH RHNS (Specify) 1st change -																
RESIDENT DAYS for 90 days following the change. Change in Resident Days CCNH RHNS (Specify) 1st change -																
RESIDENT DAYS for 90 days following the change. Change in Resident Days CCNH RHNS (Specify) 1st change -																
Ist change Nos applicable Image of the second seco		-	-		-		the re	eport ye	ar (as	reporte	ed in item	4 above) j	provide the num	ber of		
Ist change Nos applicable Image of the second seco				Change in D		+ Dava					CC	NILL	DINC	(Spc	voifu)	
2nd change	1st chan	De.		Change III Ke	sider	n Days				No		INT	KHINS	(Spt	(IIY)	
3rd change Image of the sidents and Rates on September 30 of Cost Year Other State Assisted 6. Number of Residents and Rates on September 30 of Cost Year Medicaid Self-Pay Other State Assisted 1 Medicare Medicaid Self-Pay Other State Assisted 1 Self-Pay Other State Assisted ICF-MR 1 Self-Pay Other State Assisted ICF-MR 1 Self-Pay ICN Residents ICF-MR 1 Self-Pay ICS ICF-MR ICF-MR 1 Self-Pay ICS ICF-MR ICF-MR 1 Self-Pay ICS ICF-MR ICF-MR 1 Self-Pay Self-Pay ICF-MR ICF-MR 1 Self-Pay Self-Pay ICF-MR ICF-MR 1 Other State Assisted Self-Pay ICF-MR ICF-MR <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>110</td> <td>, applicable</td> <td></td> <td></td> <td></td> <td></td>										110	, applicable					
6. Number of Residents and Rates on September 30 of Cost Year Other State Assisted Medicare Medicaid Self-Pay Other State Assisted Item CCNH CCNH RHNS CCNH RHNS (Specify) R.C.H. ICF-MR No. of Residents 11 50 19 19 19 10 </td <td>3rd chan</td> <td>ge</td> <td></td>	3rd chan	ge														
Medicare Medicaid Self-Pay Other State Assisted Item CCNH CCNH RHNS CCNH RHNS (Specify) R.C.H. ICF-MR No. of Residents 11 50 19 10																
Item CCNH CCNH RHNS CCNH RHNS (Specify) R.C.H. ICF-MR No. of Residents 11 50 19 10 10 10 10 Per Diem Rate 666.73 258.04 513.00 10 10 10 10 a. One bed rm. 666.73 258.04 475.00 10 10 10 10 c. Three or more bed rms. 666.73 258.04 475.00 10 10 10 10 7. Total Number of Physical Therapy Treatments TOTAL CCNH RHNS (Specify) A. Medicare - Part B 2.282 2.282 2.282 10 10 10 1. Maintenance Treatments 11.858 11.858 11.858 11.858 11.858 C. Other 11.858 11.858 11.858 11.858 11.858 D. Total Physical Therapy Treatments 11.858 11.858 11.858 11.858 A. Medicare - Part B 153 153 153 153 B. Medicaid (Exclusive of Part B) 153 153 153 153 1. Maintenance Treatments 2.068 2.068 2.068 1.221 2.221 2. Restorative Treatments <	6. Number	of Resid	lents and		mber			ır	1		C.	If Dave		Other Ste	ha Annintad	
No. of Residents 11 50 19 10 Per Diem Rate 258.04 515.00 66.73 258.04 515.00 66.73 66.73 258.04 7. 7. Total Number of Physical Therapy Treatments 7. 7. Total Number of Physical Therapy Treatments 7. TOTAL CCNH RHNS (Specify) A. Medicare - Part B 2.282 <td></td> <td></td> <td></td> <td>Medicare</td> <td></td> <td>Medi</td> <td>caid</td> <td></td> <td></td> <td></td> <td>56</td> <td>en-Pay</td> <td></td> <td>Other Sta</td> <td>te Assisted</td>				Medicare		Medi	caid				56	en-Pay		Other Sta	te Assisted	
No. of Residents 11 50 19 10 Per Diem Rate 258.04 515.00 66.73 258.04 515.00 66.73 66.73 258.04 7. 7. Total Number of Physical Therapy Treatments 7. 7. Total Number of Physical Therapy Treatments 7. TOTAL CCNH RHNS (Specify) A. Medicare - Part B 2.282 <td></td>																
No. of Residents 11 50 19 Image: Constraint of the second		Item		CCNH	C	CNH	RI	HNS	СС	CNH	RF	INS	(Specify)	R.C.H.	ICF-MR	
a. One bed rm. 66673 258.04 515.00				11		50				19						
b. Two bed rms. 666.73 258.04 475.00 1 c. Three or more bed rms. 1 475.00 1 1 7. Total Number of Physical Therapy Treatments TOTAL CCNH RHNS (Specify) A. Medicare - Part B 2,282 2,282 2 1 1. Maintenance Treatments 2,282 2,282 1 1 2. Restorative Treatments 11,858 11,858 1 1 C. Other 11,858 11,858 1 <td></td>																
c. Three or more bed rms. Image: Constraint of Physical Therapy Treatments TOTAL CCNH RHNS (Specify) 7. Total Number of Physical Therapy Treatments 2,282 2,281 2,282 2,282																
bed rms. TOTAL CCNH RHNS (Specify) 7. Total Number of Physical Therapy Treatments 2.282 2.282 2.282 B. Medicaid (Exclusive of Part B) 2.282 2.282 2.282 1. Maintenance Treatments 1 1 1 2. Restorative Treatments 11.858 11.858 1 C. Other 11.858 11.858 1 B. Medicaid (Exclusive of Part B) 14.140 14.140 14.140 8. Total Number of Speech Therapy Treatments 11.35 153 153 B. Medicaid (Exclusive of Part B) 153 153 153 153 1. Maintenance Treatments 2.068 2.068 164 <				666.73		258.04				475.00						
7. Total Number of Physical Therapy TreatmentsTOTALCCNHRHNS(Specify)A. Medicare - Part B2,2822,282222B. Medicaid (Exclusive of Part B)1. Maintenance Treatments11			\$													
A. Medicare - Part B2,2822,282B. Medicaid (Exclusive of Part B)1. Maintenance Treatments2. Restorative TreatmentsC. Other11,85811,858D. Total Physical Therapy Treatments8. Total Number of Speech Therapy TreatmentsA. Medicare - Part B153153B. Medicaid (Exclusive of Part B)1. Maintenance Treatments2. Restorative Treatments2. Restorative Treatments9. Total Speech Therapy TreatmentsA. Medicare - Part B1,4361,4369. Total Speech Therapy Treatments10. Total Speech Therapy Treatments11. Maintenance Treatments12. Restorative Treatments13. Maintenance Treatments14. Medicare - Part B1,4361,43614. Medicare - Part B1,4361,43615. Medicaid (Exclusive of Part B)11. Maintenance Treatments12. Restorative Treatments13. Maintenance Treatments14. C. Other12,93512,935		1113.														
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1. Maintenance TreatmentsImage: mail of the system of the sys	A.	Medica	re - Part	t B								2,282	2,282			
2. Restorative Treatments11,858C. Other11,858D. Total Physical Therapy Treatments14,1408. Total Number of Speech Therapy Treatments14,140A. Medicare - Part B153B. Medicaid (Exclusive of Part B)1531. Maintenance Treatments1532. Restorative Treatments2068C. Other2,068D. Total Speech Therapy Treatments2,2219. Total Number of Occupational Therapy Treatments1,436A. Medicare - Part B1,4361. Maintenance Treatments1,4362. Restorative of Part B)1, Maintenance Treatments3. Medicaid (Exclusive of Part B)1,4361. Maintenance Treatments1,4362. Restorative Treatments1,4363. Medicaid (Exclusive of Part B)1, Maintenance Treatments2. Restorative Treatments1,4364. Medicaid (Exclusive of Part B)1, Maintenance Treatments5. C. Other12,9356. Other12,935	B.															
C. Other11,85811,858D. Total Physical Therapy Treatments14,14014,1408. Total Number of Speech Therapy Treatments153153A. Medicare - Part B153153153B. Medicaid (Exclusive of Part B)11531531. Maintenance Treatments11142. Restorative Treatments11149. Total Speech Therapy Treatments2,2212,22119. Total Number of Occupational Therapy Treatments1,4361,4361A. Medicare - Part B1,4361,436111. Maintenance Treatments11112. Restorative of Part B)11112. Restorative Treatments11113. Medicaid (Exclusive of Part B)11111. Maintenance Treatments11112. Restorative Treatments11112. Restorative Treatments11112. Restorative Treatments11112. Restorative Treatments11113. C. Other12,93512,93512,9351																
D. Total Physical Therapy Treatments14,14014,1408. Total Number of Speech Therapy Treatments153153A. Medicare - Part B153153B. Medicaid (Exclusive of Part B)1001001. Maintenance Treatments1001002. Restorative Treatments100100C. Other2,0682,068D. Total Speech Therapy Treatments11,4361,4369. Total Number of Occupational Therapy Treatments11,4361,436A. Medicare - Part B1,4361,4361001. Maintenance Treatments11,4361,4361002. Restorative Treatments11,4361,4361003. Medicaid (Exclusive of Part B)11,4361,4361001. Maintenance Treatments11,4361,4361002. Restorative Treatments11,43511,4361002. Restorative Treatments11,43511,4351002. Restorative Treatments11,43511,4351002. Restorative Treatments11,43511,4351003. C. Other11,293511,93511,93511,935	C		lorative	Treatments								11 858	11 858			
8. Total Number of Speech Therapy TreatmentsImage: Constraint of ConstraintsImage: Constraint of Constraints8. Medicaid (Exclusive of Part B)1. Maintenance TreatmentsImage: Constraint of ConstraintsImage: Constraint of Constraints1. Maintenance Treatments2.0682.068Image: Constraint of ConstraintsImage: Constraint of Constraints9. Total Speech Therapy Treatments2.2212.221Image: Constraint of Constraints9. Total Number of Occupational Therapy TreatmentsImage: Constraint of ConstraintsImage: Constraint of Constraints1. Maintenance TreatmentsImage: Constraint of ConstraintsImage: Constraint of ConstraintsImage: Constraint of Constraints1. Maintenance TreatmentsImage: Constraint of ConstraintsImage: Constraint of ConstraintsImage: Constraints2. Restorative TreatmentsImage: Constraint of ConstraintsImage: Constraint of ConstraintsImage: Constraints2. Restorative TreatmentsImage: Constraint of ConstraintsImage: Constraint of ConstraintsImage: ConstraintsC. OtherImage: Constraint of ConstraintsImage: Constraint of ConstraintsImage: Constraint of ConstraintsC. OtherImage: Constraint of ConstraintsImage: Constraint of ConstraintsImage: Constraint of ConstraintsC. OtherImage: Constraint of ConstraintsImage: Const			hysical	Therapy Treatn	ients											
B. Medicaid (Exclusive of Part B) 1. Maintenance TreatmentsImage: Constraint of the second s																
1. Maintenance TreatmentsImage: Constraint of the second seco												153	153			
2. Restorative TreatmentsC. Other2,0682,068D. Total Speech Therapy Treatments2,2212,2219. Total Number of Occupational Therapy TreatmentsA. Medicare - Part B1,4361,436B. Medicaid (Exclusive of Part B) </td <td>B.</td> <td></td> <td></td> <td>,</td> <td></td>	B.			,												
C. Other2,0682,068D. Total Speech Therapy Treatments2,2212,2219. Total Number of Occupational Therapy Treatments1,4361,436A. Medicare - Part B1,4361,436B. Medicaid (Exclusive of Part B)111. Maintenance Treatments112. Restorative Treatments11C. Other12,93512,935																
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9. Total Number of Occupational Therapy Treatments 1,436 1,436 A. Medicare - Part B 1,436 1,436 B. Medicaid (Exclusive of Part B) 1 1 1. Maintenance Treatments 1 1 2. Restorative Treatments 1 12,935 C. Other 12,935 12,935			peech T	herapy Treatme	ents											
B. Medicaid (Exclusive of Part B) Image: C. Other Image: C. Oth						nents										
1. Maintenance TreatmentsImage: Constraint of the second seco												1,436	1,436			
2. Restorative Treatments	B.			· · · · · · · · · · · · · · · · · · ·												
C. Other 12,935 12,935																
	С		lorative	reatments								12 935	12 935			
)ccupati	onal Therapy T	reatm	ents										

State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year		Page	of
Bishop Wicke Health & Rehab Ctr.	812-C		9/30/2021		10	37
Are time records maintained by all individuals receiving com	pensation?	٥	Yes	0	No	
· · ·	-		Total Cost a	and Hours		
			1000100511			
Item	CCNH	Hours	RHNS	Hours	(Specify)	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)	121,888	2,120				
3. Assistant Administrator (Complete also Sec. IV	121,000	2,120				
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	266,875	10,385				
5. Dietary Service						
a. Head Dietitian	200.017	10 501				
b. Food Service Supervisor c. Dietary Workers	320,215 469,391	10,791 32,094				
6. Housekeeping Service	409,591	52,094				
a. Head Housekeeper						
b. Other Housekeeping Workers	252,908	16,194				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	150,948	5,183				
8. Laundry Service a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	115 5 (1	1.005				
b. Other Accountants 12. Professional Care of Residents	117,761	4,305				
a. Directors and Assistant Director of Nurses	293,681	4,270				
b. RN	293,081	4,270				
1. Direct Care	1,133,451	27,966				
2. Administrative**	195,773	6,191				
c. LPN						
1. Direct Care	758,619	22,498				
2. Administrative**	1 964 164	00 042				
d. Aides and Attendants e. Physical Therapists	1,864,164	98,963				
f. Speech Therapists	+ +			1	+	
g. Occupational Therapists				1	1	
h. Recreation Workers	165,199	6,973				
i. Physicians						
1. Medical Director						
2. Utilization Review 3. Resident Care***						
4. Other (Specify)						
. oner (speerly)						
j. Dentists		_				
k. Pharmacists						
1. Podiatrists					ļ	
m. Social Workers/Case Management	139,277	4,352				
n. Marketing o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	6,250,150	252,285			1	

* 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)

	CC	NH	RH	INS	(Specify)		
Position	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -		¢		\$ -		
Total	\$ -	-	\$ -	-	\$ -	-	

Schedule of Other Fees (Page 13)

CC	NH	RH	INS	(Specify)		
\$	Hours	\$	Hours	\$	Hours	
\$ 63,349	290					
\$ 63 349	290	\$ -	_	\$ -	-	
\$ 	\$ 63,349	\$ 63,349 290	\$ Hours \$ \$ 63,349 290	% Hours % Hours \$ 63,349 290	\$ Hours \$ Hours \$ \$ 63,349 290	

Attachment Page 10/13

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Name of Facility				License No.		1	Year Ended		Page	of
Bishop Wicke Health & Rehab Ctr.				812-C		9/30/2021			11	37
		Salary Paic	1	Fringe Benefits						
Name	CCNH	RHNS	(Specify)	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
Section I - Operators/Owners										
Not Applicable										
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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Bishop Wicke Health & Rehab Ctr	•			812-C		9/30/2021			12	37
Name	CCNH	Salary Pai	d (Specify)	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
Section III - Administrators***			(T 1 1 1					r r r r r r r r r r r r r r r r r r r		
Debra Samorajczyk	121,888			Standard Package	COO-Day to Day Operations	2,120	A.2	None		
Section IV - Assistant Administrators										
	<u></u>									

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

** Include <u>all</u> other employment worked during the cost year.

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Page	of
Bishop Wicke Health & Rehab Ctr.	812	-C	9/30/2021		13	37
			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	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	6,480	22				
3. Pharmacist	10,187	148				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	295,553	3,679				
b. Other	1,316	20				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	316				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	1,332	8				
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	104,100	1,156				
b. Other	464	7				
10. Occupational Therapist						
a. Resident Care	271,604	3,706				
b. Other	1,210	18				
11. Nurses and aides and attendants	1,210	10				
a. RN						
1. Direct Care	45,569	376				
2. Administrative***	-15,507	510				
b. LPN						
1. Direct Care	33,999	1.652				
2. Administrative***	55,779	1,052				
c. Aides	28,431	1,796				
d. Other	20,431	1,/90				
12. Other (Specify) See Attached Schedule	63,349	200				
	0.5549	290	I	1		

* 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	License No.	License No. Report for		Year Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C		9/30/2021		14	37
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers No		Relationship	
CT Dental Partners, 240 Pomeroy Ave. Meriden, CT 06450	Dentist	0	• • • • • • • • • • • • • • • • • • •	None		
Omnicare, 6990B Snowdrift RD, Allentown, PA 18106	Pharmacist	0	۲	None		
Symbria Rehab 28100 Torch Parkway Suit 600 Warrenville, IL 60555	PT/OT/ST	0	۲	None		
Daniel Wollman, MD 555 Bridgeport Avenue, Shelton CT	Medical Director	0	۲	None		
Vicarah, LLC, 941 East Main St. Bridgeport, CT 06608	RN/LPN Pool	0	۲	None		
The Nurse Network, LLC, 653 Main St. Plantsville, CT 06479	LPN/AIDE Pool	0	۲	None		
		0	۲			
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* 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 Ye	ear Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation		\$ 141,835	141,835		
2. Disability Insurance		\$			
3. Unemployment Insurance		\$ 41,434	41,434		
4. Social Security (F.I.C.A.)		\$ 454,629	454,629		
5. Health Insurance		\$ 608,691	608,691		
6. Life Insurance (employees only)					
(not-owners and not-operators)		\$ 78,367	78,367		
7. Pensions (Non-Discriminatory)		\$ 170,799	170,799		
(not-owners and not-operators)					
8. Uniform Allowance		\$ 1,655	1,655		
9. Other (<i>Specify</i>)		\$ 21,726	21,726		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and		\$			
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*		\$ 399,996	399,996		
d. Accounting and Auditing		\$ 32,645	32,645		
e. Legal (Services should be fully described)	on Page 7)	\$ 8,223	8,223		
f. Insurance on Lives of Owners and		\$			
Operators (Specify)*					
g. Office Supplies		\$ 49,275	49,275		
h. Telephone and Cellular Phones					
1. Telephone & Pagers		\$ 35,400	35,400		
2. Cellular Phones		\$,	,		
i. Appraisal (Specify purpose and		\$			
attach copy)*					
1.7 /					
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See					
1. Income*	<i>c</i> ,	\$			
2. Other (<i>Specify</i>)		\$			
See Attached Schedule					
3. Resident Day User Fee		\$ 512,005	512,005		
Subtotal		\$ 2,556,680	2,556,680		

* 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

Attachment Page 15

Schedule of Other Employee Benefits

Description	(CCNH	RHNS	(Specify)
EMPLOYEE PHYSICALS	\$	21,726		
OTHER BENEFITS	\$	-		
Total	\$	21,726	\$ -	\$-

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$-	\$-	\$ -

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	<u>.</u>	9/30/2021		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtota	als Brought Forw	ard:	2,556,680	2,556,680		
1. Travel and Entertainment						
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$	22,689	22,689		
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$	567	567		
5. Education Expenses Related to Seminars an	nd Conventions	\$	3,596	3,596		
6. Automobile Expense (not purchase or depr	reciation)	\$				
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	es)	\$				
2. Advertising Telephone Directory (all such a	expenses)***	\$				
3. Advertising Other (<i>Specify</i>)***		\$	6,814	6,814		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	is supplied	\$				
directly and not by contract or fee for servic	ce)***					
7. Postage		\$	3,641	3,641		
* 8. Dues and Membership Fees to Professional		\$	14,740	14,740		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. Subscriptions		\$	6,769	6,769		
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	l Complete	\$	46,936	46,936		
Schedule C-2, Page 21 for each firm or ind	lividual)					
12. Administrative Management Services**		\$	430,994	430,994		
13. Other (<i>Specify</i>)		\$	73,859	73,859		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	3,167,285	3,167,285		

* 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.

Attachment Page 16

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
		-	
Total Other Travel and Entertainment	\$	\$	\$
Total Other Traver and Entertainment	ф -	3 -	ў -

Schedule of Other Advertising

Description	CC	NH	R	HNS	(Speci	ify)
MARKETING & PROMOTION	\$	6,814				
Total Other Advertising	\$	6,814	\$	-	\$	-

Schedule of Dues

Description	CCNH	R	HNS	(Spe	cify)
ALTCFM (Association of Long Term Care)	\$ 40				
Leading Age CT	\$ 13,000				
CALTC (CT Alliance for Long Term Care)	\$ 1,000				
CT Association of Health Care Facilities, Inc1824	\$ 350				
CT Association of Health Care Facilities, Inc1824	\$ 350				
Total Dues	\$ 14,740	\$	-	\$	-

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -
······			

Schedule of Other Administrative and General

Description	CCNH	R	RHNS	(Sp	ecify)
LICENSE & FEES	\$ 63,141				
LATE FEES & CHARGES	\$ 121				
BANK FEES	\$ 10,597				
Total Other Administrative and General	\$ 73,859	\$	-	\$	-

Name of Facility	License No.	Report for Year Ended	Page of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021	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 #
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	19,574		P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	62,020	Corporate Office Allocation Indirect Benefits	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	23,026	Corporate Office Allocation Direct & Indirect Taxes	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	248,078	Corporate Office Alloc Indirect Sal	P. 16 M.12 & P. 28, Ln
United Methodist Homes, Inc., 580 Long Hill Ave Shelton, CT 06484	78,296	Corporate Allocation Direct Salary	P. 16 M.12 & P. 28, Ln

* 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

Item Item 2. Dietary a. In-House Preparation & Se 1. Raw Food 2. Non-Food Supplies 3. Other (Specify) b. Purchased Services (by conthan through Management (Complete Schedule C-2 a) c. Other (Specify) 2D. Total Dietary Expenditures 2E. Dietary Questionnaire F. Resident Meals: Total no. of f G. Is cost of employee meals inc H. Did you receive revenue from I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than mesinacks at monthly staff meeti			<u> </u>	812-C Total	9/30/2021 CCNH	RHNS	18 18 19 (Specify	37
 Dietary a. In-House Preparation & Se <u>Raw Food</u> <u>Non-Food Supplies</u> <u>Other (Specify)</u> b. Purchased Services (by conthan through Management (Complete Schedule C-2 are) c. Other (Specify) 2D. Total Dietary Expenditures (Complete Schedule C-2 are) 2E. Dietary Questionnaire F. Resident Meals: Total no. of 100000000000000000000000000000000000	ervice			Total	CCNH	RHNS	(Specify	
 Dietary a. In-House Preparation & Se <u>Raw Food</u> <u>Non-Food Supplies</u> <u>Other (Specify)</u> b. Purchased Services (by conthan through Management (Complete Schedule C-2 are) c. Other (Specify) 2D. Total Dietary Expenditures (Complete Schedule C-2 are) 2E. Dietary Questionnaire F. Resident Meals: Total no. of 100000000000000000000000000000000000	ervice		§	Total		КПІЛЬ		· · ·
 a. In-House Preparation & Second Supplies 1. Raw Food 2. Non-Food Supplies 3. Other (Specify) b. Purchased Services (by conthan through Management (Complete Schedule C-2 and c. Other (Specify) 2D. Total Dietary Expenditures of the context o	ervice		Ş				(Spech	<i>y)</i>
1. Raw Food 2. Non-Food Supplies 3. Other (Specify)			\$					
 Non-Food Supplies Other (Specify) Other (Specify) Purchased Services (by conthan through Management (Complete Schedule C-2 and c. Other (Specify) 2D. Total Dietary Expenditures 2E. Dietary Questionnaire F. Resident Meals: Total no. of a G. Is cost of employee meals inc H. Did you receive revenue from Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from Where is the revenue received Is cost of food (other than memory) 			1	200 5 4 1	290 541			
 Other (Specify) b. Purchased Services (by conthan through Management (Complete Schedule C-2 arc.) C. Other (Specify) 2D. Total Dietary Expenditures (Specify) 2E. Dietary Questionnaire F. Resident Meals: Total no. of Specify (Specify) 2E. Dietary Questionnaire F. Resident Meals: Total no. of Specify (Specify) G. Is cost of employee meals inc H. Did you receive revenue from I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than metals) 			\$		389,541	+		
 b. Purchased Services (by conthan through Management (Complete Schedule C-2 are) c. Other (Specify) 2D. Total Dietary Expenditures 2E. Dietary Questionnaire F. Resident Meals: Total no. of a generative structure of the structure of			1 9		54,834	+		
than through Management (Complete Schedule C-2 a c. Other (Specify) 2D. Total Dietary Expenditures (2E. Dietary Questionnaire F. Resident Meals: Total no. of f G. Is cost of employee meals inc H. Did you receive revenue from I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me			- 1					
(Complete Schedule C-2 a c. Other (Specify) 2D. Total Dietary Expenditures 2D. Total Dietary Expenditures 2E. Dietary Questionnaire F. Resident Meals: Total no. of 10 G. Is cost of employee meals inc H. Did you receive revenue from I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me	ntract other		Ş					
 c. Other (Specify) 2D. Total Dietary Expenditures 2E. Dietary Questionnaire F. Resident Meals: Total no. of G. Is cost of employee meals inc H. Did you receive revenue from I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me 	t Services)							
 2D. Total Dietary Expenditures 2E. Dietary Questionnaire F. Resident Meals: Total no. of a G. Is cost of employee meals inc H. Did you receive revenue from I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me 	tt. Page 21)							
 2E. Dietary Questionnaire F. Resident Meals: Total no. of a G. Is cost of employee meals inc H. Did you receive revenue from I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me 			. \$					
 2E. Dietary Questionnaire F. Resident Meals: Total no. of a G. Is cost of employee meals inc H. Did you receive revenue from I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me 								
 F. Resident Meals: Total no. of G. Is cost of employee meals inc H. Did you receive revenue from I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me 	(2a+b+c+d)		\$	444,375	444,375			
 F. Resident Meals: Total no. of G. Is cost of employee meals inc H. Did you receive revenue from I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me 								
 G. Is cost of employee meals inc H. Did you receive revenue from I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me 				Total	CCNH	RHNS	(Specify	y)
 H. Did you receive revenue from I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me 	meals served per	day	/:*	251	251			
 I. Where is the revenue received Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me 	luded in 2D?	0	Yes	۲	No			
Is cost of meals provided to p J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me	employees?	0	Yes	\odot	No	If yes, specify amt.		
 J. than employees or residents (Members, Guests) included in K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me 		Cos	t Repor	t? (Page/Line	Item)			
 K. Is any revenue collected from L. Where is the revenue received Is cost of food (other than me 	i.e., Board	0	Yes	⊙	No	If yes, specify cost.		
Is cost of food (other than me		0	Yes	٥	No	If yes, specify amt.		
Is cost of food (other than me	d reported in the (Cos	t Repor	t? (Page/Line	Item)			
M. meetings) provided to employ	als, e.g., ngs, board		Yes	_	No	If yes, specify cost.		
in 2D?								\$3
N. Is any revenue collected from		0	Yes	0	No	If yes, specify amt.		\$3
O. Where is the revenue received	employees?				Itama)		P. 30, IV.1	

* 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

Nan	e of Facility	License	No.	Report for Y	ear Ended	Page of
Bish	op Wicke Health & Rehab Ctr.	8	312-C	9/30/2021	1	19 37
	Item		Total	CCNH	RHNS	(Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs. Amt. \$	36,915	36,915		
	 2. Employee items including uniforms, gowns, etc. washed, ironed and/or 	Lbs.				
	processed.***	Amt. \$				
	 Personal clothing of residents washed, ironed, and/or processed.*** 	Lbs.				
	4. Repair and/or purchase of linens.***	Amt. \$				
		Amt. \$				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	171,853	171,853		
	c. Other (<i>Specify</i>)	\$				
3D.	Total Laundry Expenditures (3a + b + c)	\$	208,768	208,768		
3E. F.	Laundry Questionnaire Is cost of employee laundry included in 3D?	O Yes	۲	No	If yes, specify cost.	
G.	Did you receive revenue from employees?	O Yes	۲	No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost	t Report?		(Page/Line	Item)	
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	O Yes	٥	No	If yes, specify cost.	
J.	5 1 1	O Yes	۲	No	If yes, specify amt.	
К.	Where is the revenue received reported in the Cost	t 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

Name of Facility	License No.	Repo	rt for Year E	nded	Page	of
Bishop Wicke Health & Rehab Ctr.	812-C		9/30/2021		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced		40,000	40,000		
a. In-House Care	by Personnel					
1. Supplies - Cleaning (Mops,	Amt.	\$	38,251	38,251		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a -	+ b + c)	\$	38,251	38,251		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	176,885	176,885		
Omnicare						
b. Medicine Cabinet Drugs		\$	11,332	11,332		
c. Medical and Therapeutic Supplies		\$	293,019	293,019		
d. Ambulance/Limousine***		\$				
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	54,932	54,932		
f. X-rays and Related Radiological		\$	7,054	7,054		
Procedures***						
g. Dental (Not dentists who should be ind	cluded under	\$				
salaries or fees)						
h. Laboratory***		\$	12,685	12,685		
i. Recreation		\$	14,825	14,825		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
1. Other (Specify)****		\$	2,760	2,760		
See Attached Schedule						
5M. Total Resident Care Expenditures (5a -	5j)	\$	573,492	573,492		

* 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	(Specify)
MEDICAL SUPPLIES-NON BILLABLE	\$ 713		
PHYSICAL THERAPY SUPPLIES	\$ 2,047		
SDX Swallowing	\$ -		
Total Other Resident Care	\$ 2,760	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ende	d			Page	of
Bishop Wicke Health & Reha	ıb Ctr.			812-C	9/30/2021				21	37
		Related								
		Owners, O	-							
		Offic	cers				Total Cost	/Page Ref.**	*	1
Name of Individual or				Explanation of	Full Explanation of					
Company	Address	Yes	No	Relationship	Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
	307 White Street,	<u> </u>								
Oak Ridge Hauling	DANBURY, CT 06810	0	۲	None	Rubbish Removal	42,618			22	6F
UNITEX TEXTILE	Street, Hartford, CT 06114	0	۲	None	Laundry - Linens	152,975			19	3B
	100 Turnpike Dr.	_								
Med-Apparel Services Waterbury	Middlebury, CT 06762	0	•	None	Laundry Service	36,915			16	М
	15 Technology Way				Dietary - Laundry					
Crown Uniform & Linen Service	Nashua, NH 03060	0	۲	None	Service	18,877			19	3B
	50 Jeanne Dr.	0	~						10	
Triple A Supplies	Newburgh, NY 12550 PO Box 674802 Detroit,	0	۲	None	Housekeeping - Supplies	27,237			19	3A
PointClickCare Technologies	MI 48267-4802 Detroit,	0	۲	None	Gen&Admin	47,636			20	4A
		0	٥							
		0	۲							
		0	۲							
		0	۲							
		0	٥							
		0	۲							
		0	۲							
		0	۲							

* 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 Ye	ear Ended		Page	of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021			22	37
Item		Total	CCNH	RHNS	(Spe	cify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	54,333	54,333			
b. Heat	\$	43,074	43,074			
c. Light & Power	\$	233,693	233,693			
d. Water	\$	13,981	13,981			
e. Equipment Lease (Provide detail on pa	age 6) \$	5,331	5,331			
f. Other (<i>itemize</i>)	\$	84,489	84,489			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a -	- 6f) \$	434,901	434,901			
7. Depreciation (complete schedule page 23 ³	*)					
a. Land Improvements	\$	14,481	14,481			
b. Building & Building Improvements	\$	210,987	210,987			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	43,946	43,946			
*7e. <i>Total Depreciation Costs</i> (7a + b + c + d) \$	269,414	269,414			
8. Amortization (Complete att. Schedule Pag	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$	6,922	6,922			
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d	1) \$	6,922	6,922			
9. Rental payments on leased real property le	ess					
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	\$	523	523			
11. Total Property Expenses (7e + 8e + 9 + 1	10) \$	276,859	276,859			

* 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	(Specify)
MAINTENANCE SVC/SUPPLIES	\$ 18,45	0	
PEST CONTROL	\$ 4,22	5	
RUBBISH REMOVAL	\$ 42,61	8	
INTERNET SERVICE	\$ 5,42	1	
SNOW REMOVAL			
SATELLITE TV	\$ 4,19	3	
SEWER USAGE	\$ 6,46	9	
MAINTENANCE - UNIFORMS			
Maintenance Expense - Landscaping	\$ 3,11	3	
Total Other Repairs and Maintenance	\$ 84,48	9 \$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

					Deprec	iation Sc	hedule					
Name of Facility					License No.			Report for Year E	nded		Page	of
Bishop Wicke Health & Rehab Ctr.					812-	-C		9/30/2021			23	37
					Historical			Accumulated				
					Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements												
1. Acquired prior to this report period					391,099		391,099	272,969	Straight-Line	Various	14,481	
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	h sched	lule)										
A-4. Subtotal												14,481
B. Building and Building Improvements												
1. Acquired prior to this report period					8,083,805		8,083,805	5,629,643	Straight-Line	Various	210,463	
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	h sched	lule)			6,063		6,063		Straight-Line	Various	524	
B-4. Subtotal												210,987
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	h sched	lule)										
C-4. Subtotal			-					-				
		ileage										
	logb							Accumulated				
	maint	ained?	Date of A	cquisition	Historical Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment												
1. Motor Vehicles (Specify name, model												
and year of each vehicle)												
a.												
b.												
cd.												
2. Movable Equipment												
a. Acquired prior to this report period			VARS	2020	1,418,085		1,418,085	1,353,915	Straight-Line	Various	42,504	
b. Disposals (attach schedule)				2020	1,410,005		1,410,005	1,555,715	Suaight-Lille	v arious	42,304	
c. Acquired during this report period												
(attach schedule)			VARS	2021	20,497						1,441	
D-3. Subtotal			VARS	2021	20,497						1,441	43,945
E. Total Depreciation												269,414
E. Ioun Deprecianon												209,414

Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			-	_
Fotal additions for Land Improve	ements	\$ -		\$ -
Deletions:				
Fotal deletions for Land Improve	ements	\$ -		\$ -

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Schedule of Building	Description of Itam	Cost		Useful	Depreciation	
Acquisition Date Additions:	Description of Item		Cost	Life	Depr	eclation
	booster pump	\$	2,531	5	\$	506
	AC - Chiller	\$	1,102	5	\$	18
9/30/2021	0	\$	2,430	-	\$	-
	Building Improvements	\$	6,063		\$	524
Deletions:						
Fotal deletions for B	Building Improvements	\$	-		\$	-

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
cquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Fotal additions for Non-Movable	Equipment	\$ -		\$ -
Deletions:				
Fatal delations for New Merchle	E articular and	¢		¢
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

	e Equipment required during this report period			
			Useful	
Acquisition Date	Description of Item	 Cost	Life	Depreciation
Additions:				
10/23/2020	Food Processor	\$ 1,064	5	\$ 195
11/24/2020	Double Deck oven	\$ 10,936	10	\$ 911
2/16/2021	Refrigerator	621	5	72.4
7/6/2021	Commercial Food blender	7876	5	262.5333333
Total additions for N	Novable Equipment	\$ 20,497		\$ 1,441
Deletions:				
Total deletions for M	Iovable Equipment	\$ -		\$ -
*Ties to Page 23, I				

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

Schedule of Leasehold Improvements Acquired during this report period

		G (Useful	D
Acquisition Date	Description of Item	Cost	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*

Nam	e of Facility		License No.		Report for Yea	r Ended		Page	of	
Bisho	pp Wicke Health & Rehab Ctr.			812-C		9/30/2021			24	37
			e of sition			Accumulated Amort. to Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
B.	Mortgage Expense									
	1. Deferred Financing	6	2012	30	170,405	115,877	Mortgage Life	3	6,922	
	2.									
	3.									
B-4.	Subtotal									6,922
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									6,922

* 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 Bishop Wicke Health & Rehab Ctr.	License No. 812-C	Report for Year End 9/30/2021	ded		Page of 25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the	Facility		0		If "Yes," complete Part B.
or leased from a Related Party?*	•) Yes	0	No	If "No," complete Part C.
*If any owner or operator of this facil	ity is related by family, ma	arriage, ownership, ability	to control or		
business association to any person or	organization from whom b	buildings are leased, then i	t is considered a		
related party transaction. Description		Total			
1. Date Land Purchased		1968			
2. Date Structure Completed		1900			
3. If NOT Original Owner, Date	of Purchase	1,770			
4. Date of Initial Licensure		05/23/70			
5. Total Licensed Bed Capacity		120			
6. Square Footage		25,363			
7. Acquisition Cost					
a. Land		30,392			
b. Building		944,912		Γ	Γ
Part B - Owner and Related Par	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing	1 11				
a. Type of Financing (e.g., fin	(ed, variable)	Fixed			
b. Date Mortgage Obtained c. Interest Rate for the Cost Y	Zoor	05/06/12 3.44%			
d. Term of Mortgage (numbe		3.44%			
e. Amount of Principal Borro		9,559,400			
f. Principal balance outstand		7,551,076			
Complete if Mortgage was F	*				
During Current Cost Yes					
g. Type of Financing (e.g., fix					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (numbe					
k. Amount of Principal Borro					
1. Principal Outstanding on N					
Part C - Arms-Length Lease				T (1	
Name and Address of Lesson	· Pr	operty Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.		Report for Yea		Page of	
Bishop Wicke Health & Rehab Ctr.	812-C		9/30/2021			26 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvem	ent & Non-Movable					
Equipment						
1. First Mortgage		\$	190367	190,367		
Name of Lender		Rate				
MT & T Realty Corporation		3.44%	-			
Address of Lender	M 1 101001					
25 S. Charles Street, 17th FloorBaltim	ore Maryland 21201	\$				
2. Second Mortgage Name of Lender		ہ Rate				
Name of Lender		Kale				
Address of Lender						
3. Third Mortgage		\$				
Name of Lender		Rate				
			-			
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender		Rate				
		1.000				
Address of Lender						
B. CHEFA Loan Information	l					
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Exper	ise					
12 B7. Total Building Interest Expen		\$	190,367	190,367		
<u> </u>	- /			C 1 4 1 1		

(Carry Subtotals forward to next page)

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

Name of Facility License N			Report for Ye		Page of	
Bishop Wicke Health & Rehab Ctr. 81	2-C		9/30/2021			27 37
Item			Total	CCNH	RHNS	(Specify)
	ototals Bro	ught Forward:	190,367	190,367	RIIII	(Speeny)
12. C. Movable Equipment	cours Dro	<u></u>	190,007	190,007		
1. Automotive Equipment	r	\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (<i>Specify</i>)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender	I					
Address of Lender						
12. C. 3. Total Movable Equipment Intere	est					
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (<i>Specify</i>)		\$	42,572	42,572		
Interest on Refunded Loan						
13. Total All Interest Expense (12B7 + 120	C3 + 12D)	\$	232,939	232,939		
14. Insurance						
a. Insurance on Property (buildings on	ly)	\$	27,677	27,677		
b. Insurance on Automobiles						
c. Insurance other than Property (as sp						
1. Umbrella (Blanket Coverage)						
2. Fire and Extended Coverage		\$ \$				
3. Other (<i>Specify</i>)	162,158	162,158				
See Details Attached						
14d. Total Insurance Expenditures (14a + 1		\$	189,835	189,835		
15. Total All Expenditures (A-13 thru C-1	12,704,449	12,704,449				

D. Adjustments to Statement of Expenditures

Name	e of Fa	cility		Lic	cense No.	Report for Yea	r Ended	Page	of
Bisho	op Wic	ke He	ealth & Rehab Ctr.		812-C	9/30/2021		28	37
					Total				
Item	Page	Line			Amount of				
No.		No.	Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
Page	10 - S	Salari	es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
Page	13 - I	Profes	sional Fees						
5.			Resident Care Physicians **	\$	1,332	1,332			
6.			Occupational Therapy	\$	272,814	272,814			
7.			Other - See attached Schedule	\$	6,480	6,480			
Pages	s 15 &	: 16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$	399,996	399,996			
10.			Accounting	\$					
10a.			Legal	\$					
11.			Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.			Unallowable Advertising *	\$	6,814	6,814			
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$	218,282	218,282			
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	121	121			
Page	18 - I	Dietar	y Expenditures						
24.			Meals to employees, guests and others						
			who are not residents	\$	34	34			
Page	<u> 19 - I</u>	aund	ry Expenditures						
25.			Laundry services to employees, guests						
			and others who are not residents	\$					
Page	20 - I	Iouse	keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	905,873	905,873			

* All except "Help Wanted".

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

⁽Carry Subtotal forward to next page)

Schedule of Other Salaries Adjustment

Image: selection of the	Page Ref	Line Ref	ef Description	CCNH	RHNS	(Specify)
Image: Constraint of the system Image: Consthe system Image: Constrainton <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
Image:						
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Image: Constraint of the second sec						
Total Other Salaries Adjustment\$-\$	Total Othe	r Salaries A	es Adjustment	\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCI	NH	RHNS	(Specify)
13	B.2	Dentist	\$	6,480		
Total Othe	r Fees Adjı	istments	\$	6,480	\$-	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	C	CCNH	RHNS	5	(Specify)
16	13	Late Fee and Charges	\$	121			
Total Othe	r A&G Adj	ustments	\$	121	\$	-	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-29 Rev. 9/2018

			D. Adjustments to Statement	nt	of Expend				
Name	e of Fa	cility		Lic	ense No.	Report for Y	ear Ended	Page	of
Bishc	op Wic	ke He	ealth & Rehab Ctr.		812-C	9/30/2021		29	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Specia	fy)
			Subtotals Brought Forward	\$	905,873	905,873			
Page	20 - K	Reside	nt Care Supplies***						
27.			Prescription Drugs	\$	176,885	176,885			
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$	7,054	7,054			
30.			Laboratory	\$	12,685	12,685			
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$	54,932	54,932			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$					
Page	22 - N	Iainte	enance and Property						
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$	14	14			
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real						
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$	1,350	1,350			
39.			Other - See Attached Schedule	\$	1,934	1,934			
Page	27 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$	125	125			
Other	r - Mis	scella	neous						
42.			Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$	1,568	1,568			
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$					
Not F	For Pr	ofit P	roviders Only						
48.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$	88,727	88,727			
49.	Total	Amo	unt of Decrease (Items 1 - 48)	\$	1,251,146	1,251,146			

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

*** 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	(Specify)
Total Othe	r Ancillary	Costs	\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Depreciation	\$ 14		
Total Exces	ss Movable	Equipment Depreciation	\$ 14	\$ -	\$ -

Schedule of Other Property Adjustments

NS (Specify)
- \$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Adjustme	nts	\$-	\$-	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref Description	CCNH	RHNS	(Specify)
20	4 Housekeeping Outpatient Rehab Adjustment	\$ 1,568		
Total Othe	Total Other Adjustments		\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Adjustme	nts	\$-	\$-	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	C	CNH	RHNS	(Specify)
26	a.1	Mortgage Insurance Premium	\$	38,394		
22	8.b	Limit amortization expense to refunded loan	\$	4,772		
22	9	Fair Rental Outpatient Rehab Adjustment	\$	1,186		
22	7.b	Building Depreciation Outpatient Rehab Adjustment	\$	938		
27	13	Building Outpatient Rehab Adjustment	\$	865		
27	12.d	Interest on Refunded Loan	\$	42,572		
Total Unall	owable Bui	lding Interest	\$	88,727	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

F. Statement of Revenue

F. Statement of Ko				D ^
Name of Facility License No.	Report for Y	ear Ended		Page of
Bishop Wicke Health & Rehab Ctr. 812-C	9/30/2021	<u> </u>		30 37
Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue				
1. a. Medicaid Residents (CT only)	\$ 7,409,947	7,409,947		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,096,379)	(3,096,379)		
2. a. Medicaid (All other states)	\$			
b. Other States Room and Board Contractual Allowance **	\$			
3. a. Medicare Residents (all inclusive)	\$ 1,643,573	1,643,573		
b. Medicare Room and Board Contractual Allowance **	\$ 718,496	718,496		
4. a. Private-Pay Residents and Other	\$ 4,320,473	4,320,473		
b. Private-Pay Room and Board Contractual Allowance **	\$ (39,450)	(39,450)		
II. Other Resident Revenue				
1. a. Prescription Drugs - Medicare	\$ 97,070	97,070		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (97,070)	(97,070)		
c. Prescription Drugs - Non-Medicare	\$ 54,295	54,295		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (54,295)	(54,295)		
2. a. Medical Supplies - Medicare	\$ 6,588	6,588		
b. Medical Supplies - Medicare Contractual Allowance **	\$ (6,588)	(6,588)		
c. Medical Supplies - Non-Medicare	\$ 19,956	19,956		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (5,765)	(5,765)		
3. a. Physical Therapy - Medicare	\$ 389,852	389,852		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (271,087)	(271,087)		
c. Physical Therapy - Non-Medicare	\$ 218,715	218,715		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (199,419)	(199,419)		
4. a. Speech Therapy - Medicare	\$ 117,690	117,690		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (103,927)	(103,927)		
c. Speech Therapy - Non-Medicare	\$ 76,953	76,953		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (76,302)	(76,302)		
5. a. Occupational Therapy - Medicare	\$ 305,175	305,175		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (294,581)	(294,581)		
c. Occupational Therapy - Non-Medicare	\$ 224,265	224,265		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (219,050)	(219,050)		
6. a. Other (Specify) - Medicare	\$			
b. Other (Specify) - Non-Medicare	\$			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,139,135	11,139,135		
IV. Other Revenue*				
1. Meals sold to guests, employees & others	\$ 34	34		
2. Rental of rooms to non-residents	\$			
3. Telephone	\$			
4. Rental of Television and Cable Services	\$			
5. Interest Income (<i>Specify</i>)	\$ 6,376	6,376		
6. Private Duty Nurses' Fees	\$			
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (<i>Specify</i>)	\$ 1,188,803	1,188,803		
V. Total Other Revenue (1 thru 8)	\$ 1,195,213	1,195,213		
· · · · · · · · · · · · · · · · · · ·	, ,	· · · · · -		

* 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	RHN	S	(Specify)
20.5.f	LABORATORY MEDICARE A	\$	4,603			
20.5.f	LAB - C/A ANCILLARIES MEDICARE A	\$	(4,603)			
Total Oth	er Resident Revenue - Medicare	\$	-	\$	-	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	C	CNH	RHNS	(Spe	cify)
20.5.f	LABORATORY MANAGED CARE	\$	1,895			
20.5.f	LABORATORY -C/A MANAGED CARE	\$	(1,895)			
Total Oth	er Resident Revenue	\$	-	\$ -	\$	-

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 26, Ln 1	Dividend & Interest Income	6,376	\$ 6,376		
Total Interest Income			\$ 6,376	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	HHS STIMULUS PAYMENTS	\$ 88,000		
N/A	CONTRACTUAL ALLOWANCE - HHS STIMULUS	\$ (88,000)		
Pg. 16 ln. n	RENTAL - COMM ROOM	\$ 1,350		
N/A	OTHER REVENUE - MISCELLANEOUS	\$ 10,413		
N/A	FEDERAL COVID STIMULUS	\$ 1,106,400		
N/A	CT COVID STIMULUS	\$ 70,640		
Total Othe	er Revenue	\$ 1,188,803	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021	31	37
	Account			Amount
Assets				
A. Current Assets			+	
1. Cash (on hand and in ban			\$	654,560
2. Resident Accounts Receiv	1	/	\$	1,510,667
3. Other Accounts Receivable	e (Excluding Owners of	or Related Parties)	\$	
4 Inventories			\$	21,52
5. Prepaid Expenses			\$	271,307
a. UNEXPIRED INSURA		270,061		
b. PREPAID EXPENSES		1,246		
c				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement			\$	
8. Other Current Assets (<i>iten</i>			\$	1,011,03
RESERVE FOR REPLACE REAL ESTATE TAXES &		<u>963,084</u> 47,951		
	INS - LOCKOW			
See Schedule				
A-9. Total Current Assets (Lines A	A1 thru 8)		\$	3,469,090
B. Fixed Assets				
1. Land			\$	24,213
2. Land Improvements	*Historical Cost	391,099	\$	103,649
	Accum. Deprecia	tion 287,450 Net		
3. Buildings	*Historical Cost	8,106,640	\$	2,266,009
	Accum. Deprecia	tion 5,840,631 Net		
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
6. Movable Equipment	*Historical Cost	1,438,582	\$	40,72
	Accum. Deprecia	tion 1,397,861 Net		
7. Motor Vehicles	*Historical Cost	i	\$	
	Accum. Deprecia	tion Net		
8. Minor Equipment-Not Dep	•		\$	
9. Other Fixed Assets (itemiz	e)		\$	109,45
Cost Report vs. Financi	,	e 109,457		,
See Schedule		,		
B-10. Total Fixed Assets (Lines	$D_{1}(1, 0)$		\$	2,544,049

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

(Carry Total forward to next page)

Attachment Page 31-34

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prep	aid Expens	es	\$ -

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

Page Ref	Line Ref	Description		
Total Othe	Total Other Current Assets (Itemize)			

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

32	7d	Investments - Donor Restricted Funds Held by Affiliate	\$ 911,000
Total Othe	r Assets		\$ 911,000

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Note:	s Payable	\$	-

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

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

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

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

		f Facility	License No.	Report for Year Ended		Page	(of
Bish	Bishop Wicke Health & Rehab Ctr.		812-C	9/30/2021		32	3	37
			Account			Amo	ount	
				Total Brought Forward:	\$		6,013,1	45
C.	Le	asehold or like property recorde	ed 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	\$			
		Minor Equipment-Not Deprec			\$			
C-8		tal Leasehold or Like Properti	ies (C1 thru 7)		\$			
D.	Inv	vestment and Other Assets						
		Deferred Deposits			\$			
	2.	Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	Net	\$			
		Goodwill (Purchased Only)			\$			
	5.	Investments Related to Reside	ent Care (<i>itemize</i>)		\$			
	6	Loons to Owners or Delated D	louting (it an in a)		¢			
	6.	Loans to Owners or Related P	, <i>,</i>	L. D. (\$			_
		Name and Address	Amount	Loan Date				
		United Methodist Homes						
		580 Long Hill Road,						
		Shelton CT 06484		Various				
	7	Other Assets (<i>itemize</i>)		v diloub	\$		1,018,1	61
		Deferred Financing		170,405	*		1,010,1	
		Accum. Amort-Deferred Fi	inancing	(63,244)				
		See Schedule		911,000				
D-8.	D-8. <i>Total Investments and Other Assets</i> (Lines D1 thru 7)				\$		1,018,1	61
		tal All Assets (Lines A9 + B10	· /		\$		7,031,3	

* 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 Fac	ility		License No.	Report for Year I	Ended	Pag	ge	of
Bishop Wick	ke Hea	alth & Rehab Ctr.	812-C	9/30/2021		33		37
Account						Amoun	t	
Liabilities								
А.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable				\$		658,903
	2.	Notes Payable (itemize)			:	\$		
		See Schedule						
	3.	Loans Payable for Equipme) (itemize)	-	\$		
		Name of Lender	Purpose	Amount	Date Due			
	4.	Accrued Payroll (Exclusive	of Owners and/or S	Stockholders only)		\$		386,219
	5.	Accrued Payroll (Owners a	* *			\$ \$		
	6.	Accrued Payroll Taxes Pay		(inty)		\$ \$		29,543
	7.	Medicare Final Settlement				\$ \$		27,818
	8.	Medicare Current Financing	•			\$ \$		
	9.	Mortgage Payable (Current				\$ \$		
		Interest Payable (<i>Exclusive</i>		elated Parties)		\$ \$		
		Accrued Income Taxes*	oj o mior cinta, or ric	() () () () () () () () () () () () () (\$ \$		
		Other Current Liabilities (in	temize)			\$		445,371
		ACCRUED EXPENSES		20 DUE TO RESIDENTS				- ,
		ACCRUED PROVIDER TAX PAY		789 DEFERRED REVENU				
		SECURITY DEPOSITS LIABILIT			, -			
		SECURITY DEPOSITS-ACCR INT		See Schedule				
A-13	. To	tal Current Liabilities (Line				\$	1,	520,036

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

(Carry Total forward to next page)

State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page		of
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021		34		37
	Account				Amount	
		1,5	20,036			
Liabilities (cont'd)						
B. Long-Term Liabilities						
1. Loans Payable-Equipm	ent (<i>itemize</i>)		\$	5		
Name of Lender	Purpose	Amount	Date Due			
2. Mortgages Payable			\$			
3. Loans from Owners or			\$	5		
Name and Address of Lender	Amount	Loan D	ate			
4. Other Long-Term Liab	lities (<i>itemize</i>)	I	\$	 5	13.6	01,283
WICKE LOAN PAYA	· ,	7,551,076	÷		12,0	
DUE FROM AFFILIA		6,050,207				
		5,050,207				
See Schedule						
B-5. Total Long-Term Liabilitie	es (Lines B1 thru 4)		\$		13.6	01,283
C. Total All Liabilities (Lines			\$			21,319

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Bish	op Wicke Health & Rehab Ctr.	812-C	9/30/2021		35	37
		Account			A	mount
A.	Reserves					
	1. Reserve for value of leased l	and			\$	
	2. Reserve for depreciation value to be amortized	ue of leased buildir	ngs and appurtent	ances	\$	
	3. Reserve for depreciation value	ie of leased person	al property (<i>Equ</i>	ity)	\$	
	4. Reserve for leasehold real pr	2		-	\$	
	5. Reserve for funds set aside a	s donor restricted			\$	
	6. Total Reserves				\$	
B.	Net Worth					
	1. Owner's Capital				\$	(7,719,912)
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	
	6. Gain or Loss for Period	10/1/20	020 thru	9/30/2021	\$	(370,101)
	7. Total Net Worth				\$	(8,090,013)
C.	Total Reserves and Net Worth				\$	(8,090,013)
D.	Total Liabilities, Reserves, and	Net Worth			\$	7,031,306

H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	Ended	Page	of
	op Wicke Health & Rehab Ctr.	812-C	9/30/2021		36	37
	T T		Amount			
A.	Balance at End of Prior Period as s	hown on Report of	09/30/2020	5	\$	(7,856,400)
B.	Total Revenue (From Statement of	4			\$	12,334,346
C.	Total Expenditures (From Statement	-			5	12,704,447
D.	Net Income or Deficit				\$	(370,101)
E.	Balance			5	5	(8,226,501)
F.	Additions					
	1. Additional Capital Contributed	(itemize)				
	2. Other (<i>itemize</i>)					
	Current Year Corporate Of	fice Adjustment	(15,043)			
	Current Year Insurance Ad	U	(25,701)			
	Post Closing Adjustment)	172,758			
	Rehab Adjustment		4,475			
			.,			
F-3.	Total Additions			5	\$	136,489
G.	Deductions					
	1. Drawings of Owners/Operators	/Partners (Specify))	9	\$	
	Name and Address (No., City,	State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)		I		5	
-	Purpose Amount					
	3. Total Deductions				1	
TT	3. Total Deductions Balance at End of Period	00/20	/21			(8,000,012)
H.	<i>σαιαπ</i> ίε αι <i>σπ</i> α ο <i>ј</i> Γεποά	09/30	// 2.1		Þ	(8,090,012)

Name of Facility	License No.	Report for Year Ended	Page	of					
Bishop Wicke Health & Rehab Ctr.	812-C	9/30/2021	37	37					
	Check appropriate category								
Chronic and Convalescent Nursing Home only (CCNH)									
Preparer/Reviewer Certification									
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.									
Signature of Preparer	Title	Date Signed							
Printed Name of Preparer									
The Lancaster Group, LLC									
AddresAddress		Phone Number							
813 Coopers Court, Lancaster, PA 17601-1	504-605-8228								
Contacted Person Regarding Additional Info	Phone Number								
Kevin McCall	504-605-8228								
Contact Email Address									
kevin.mccall@tlgconsultants.com									

I. Preparer's/Reviewer's Certification

Provider Name: Bishop Wicke Health & Rehabilitation Center Provider Number: 8128 CRYE: 09/30/2021

2

Trial Balance & Related Workpapers

Bishop Wicke TBMAP CRYE

9/30/2021

		0.00	0.00	0.00
				Current Year Adjusted
Account	Description	Current Year Una	Adjust	Amount
02-10030-110-001	Cash In Banks Non Operating - Webster 7546	23,287.08		23,287.08
02-10010-110-001	Cash In Banks Operating Account	520,184.24		520,184.24
02-10030-130-001 02-13000-310-001	Cash In Banks Non Operating - M&T 6447 (Govt) HUD Reserve For Replacements	- 963,083.64		- 963,083.64
02-13000-510-001	Escrow Deposits	47,950.54		47,950.54
02-10900-110-001	Petty Cash	700.00		700.00
02-13000-710-001	Residents Funds	110,394.22		110,394.22
02-11010-110-001	Accounts Receivable - Private	1,680,450.55		1,680,450.55
02-11010-310-001 02-11010-330-001	Accounts Receivable - Medicare A Accounts Receivable - Medicare B	218,634.75 120,211.57		218,634.75 120,211.57
02-11010-350-001	Accounts Receivable - Medicaid	861,695.56		861,695.56
02-11010-370-001	Accounts Receivable - Managed Care	390,050.51		390,050.51
02-11010-910-001	Allowance For Pending Medicaid	(604,445.72)		(604,445.72)
02-11010-950-001	Allowance For Doubtful Debts	(1,086,595.27)		(1,086,595.27)
02-17010-001-001	Due To/From Affiliates - UMH	(6,050,207.00)		(6,050,207.00)
02-17700-110-001 02-17700-150-001	Clearing Accounts - Misc Clearing Accounts - Intercompany	-		
02-17700-210-001	Clearing Accounts - Payroll	-		-
02-12010-150-001	Prepaid Expenses - Insurance	270,061.48		270,061.48
02-12010-110-001	Prepaid Expenses - Other	1,245.82		1,245.82
02-15000-110-001	Land	24,213.49		24,213.49
02-15000-150-001 02-15000-150-001.1	Land Improvements Prior Owner (Land Improvements)	389,985.00	1,114.18	389,985.00 1,114.18
02-15000-310-001	Buildings	1,778,576.13	1,114.10	1,778,576.13
02-15000-350-001	Building Improvements	5,467,841.24	921,063.56	6,388,904.80
02-15000-350-001.1	Prior Year Cost Report Adj (Accum Depr. Building & Building Impr)	-	(77,612.44)	(77,612.44)
02-15000-370-001	Building Equipment	1,233,578.93		1,233,578.93
02-15000-510-001	Furniture, Fixtures & Equipment	1,159,783.92	(921,064.56)	238,719.36
02-15000-510-001.1	Prior Owner (Movable Equipment) Construction In Progress	- 16,772.00	(33,717.13)	(33,717.13)
02-15000-910-001 02-15500-150-001	Accumulated Depreciation - Land Improvements	(285,497.85)		16,772.00 (285,497.85)
02-15500-150-001.1	Pr. Owner (Accum Depr. Land Impr	-	(1,952.21)	(1,952.21)
02-15500-310-001	Accumulated Depreciation - Buildings	(1,778,576.13)	1,782.00	(1,776,794.13)
02-15500-350-001	Accumulated Depreciation - Building Improvements	(3,199,454.18)	13,111.20	(3,186,342.98)
02-15500-350-001.1	Prior Owner (Accum Depr. Building)	-	52,172.00	52,172.00
02-15500-370-001 02-15500-370-001.1	Accumulated Depreciation - Building Equipment Accumulated Depreciation - FF&E - Current Owner	(1,230,620.52)	300,955.00 (300,954.93)	(929,665.52) (300,954.93)
02-15500-510-001	Accumulated Depreciation - FF&E	(1,032,550.16)	146.00	(1,032,404.16)
02-15500-510-001.1	Prior Owner (Accum Depr. Movable Equipment)	-	(64,501.62)	(64,501.62)
02-15500-510-001.2	Fixed Asset Cost Report Difference	-	109,458.95	109,458.95
02-12500-110-001	Inventory	21,520.88		21,520.88
02-16000-110-001 02-16500-110-001	Deferred Financing Costs Accumulated Amortization - Deferred Financing Costs	170,405.10 (63,244.20)		170,405.10 (63,244.20)
02-10100-510-001	Investments - Donor Restricted Funds Held by Affiliate	911,000.00		911,000.00
02-20010-110-002	Accounts Payable	(658,903.29)		(658,903.29)
02-21010-110-002	Accrued Expenses Payable	(96,419.90)		(96,419.90)
02-21010-150-002	Accrued Expenses Payable - Provider Tax	(135,789.00)		(135,789.00)
02-11010-390-001	Accounts Receivable - Resident Income	(69,335.55)		(69,335.55)
02-21700-110-002 02-25100-190-002	Resident Security Deposits Payable Loan Payable - Mortgage	(13,152.04) (7,551,076.06)		(13,152.04) (7,551,076.06)
02-21010-210-002	Accrued Expenses Payable - Payroll	(82,507.00)		(82,507.00)
02-21010-250-002	Accrued Expenses Payable - ER Payroll Taxes	(29,545.00)		(29,545.00)
02-21010-270-002	Accrued Expenses Payable - PTO	(303,711.54)		(303,711.54)
02-21010-275-002	Accrued Expenses - PTO Other	-		-
02-21010-310-002 02-21010-330-002	Accrued Expenses Payable - Pension Accrued Expenses Payable - 401K and 457 Plans	-		-
02-21010-130-002	Accrued Expenses Payable - Employee Donations	-		-
02-21010-220-002	Accrued Expenses Payable - Payroll Other	-		-
02-21010-230-002	Accrued Expenses Payable - EE Withholding Taxes	-		-
02-21010-190-002	Accrued Expenses Payable - Residents Trust	(112,009.70)		(112,009.70)
02-22010-110-002 02-29300-100-003	Deferred Revenue	(88,000.00) (911,000.50)		(88,000.00)
02-29500-100-003	Permanently Restricted Assets Retained Earnings	8,594,643.78	36,269.01	(911,000.50) 8,630,912.79
02-35100-100-350	Room & Board Revenue - Private	(2,975,125.32)	50,209.01	(2,975,125.32)
02-30200-360-310	Grant - Other	-		-
02-35100-200-355	Room & Board Revenue - Medicare	(1,632,204.92)	-	(1,632,204.92)
02-35100-300-360	Room & Board Revenue - Medicaid	(7,399,847.28)	(112 (00 00)	(7,399,847.28)
02-35100-400-365 02-36100-100-370	Room & Board Revenue - Managed Care Physical Therapy Revenue - Private	(1,230,775.00) (19,295,60)	(113,688.88)	(1,344,463.88)
02-36100-500-370	Physical Therapy Revenue - Private Physical Therapy Revenue - Medicare B	(19,295.60) (122,585.16)	(21,166.14)	(19,295.60) (143,751.30)
02-36100-200-370	Physical Therapy Revenue - Medicare A	(246,100.66)	-	(246,100.66)
02-36100-400-370	Physical Therapy Revenue - Managed Care	(240,142.54)	40,723.28	(199,419.26)
02-36300-100-370	Occupational Therapy Revenue - Private	(5,214.50)	(10 = 1 = 2 =)	(5,214.50)
02-36300-500-370	Occupational Therapy Revenue - Medicare B	(4,826.42)	(18,717.37)	(23,543.79)

		0.00	0.00	0.00
				Current Year Adjusted
Account	Description	Current Year Una	Adjust	Amount
02-36300-200-370	Occupational Therapy Revenue - Medicare A	(281,631.70)	-	(281,631.70)
02-36300-400-370	Occupational Therapy Revenue - Managed Care	(263,782.07)	44,732.07	(219,050.00)
02-36500-100-370	Speech Therapy Revenue - Private	(650.37)	(6.052.05)	(650.37)
02-36500-500-370	Speech Therapy Revenue - Medicare B	(11,260.31)	(6,853.07)	(18,113.38)
02-36500-200-370 02-36500-400-370	Speech Therapy Revenue - Medicare A Speech Therapy Revenue - Managed Care	(99,576.30) (91,884.07)	- 15,581.67	(99,576.30)
02-36600-200-370	Laboratory - Medicare A	(4,602.97)	15,581.07	(76,302.40) (4,602.97)
02-36600-400-370	Laboratory - Managed Care	(2,281.70)	386.93	(1,894.77)
02-36600-200-370.2	RADIOLOGY MEDICARE A	(2,2011/0)	-	-
02-36700-100-370	Medical Supply - Private	(6,542.29)		(6,542.29)
02-36700-200-370	Medical Supply - Medicare A	(6,588.02)		(6,588.02)
02-36700-300-370	Medical Supply - Medicaid	(7,648.27)		(7,648.27)
02-36700-400-370	Medical Supply - Managed Care	(6,942.66)	1,177.33	(5,765.33)
02-36800-100-370	Pharmacy - Private	-		-
02-36800-200-370	Pharmacy - Medicare A	(97,069.57)	-	(97,069.57)
02-36800-400-370	Pharmacy - Managed Care	(65,382.87)	11,087.60	(54,295.27)
02-53010-110-530	Dividend & Interest income	(6,375.77)		(6,375.77)
02-41100-110-425	Miscellaneous Revenue - Private Miscellaneous Rev - Medicaid	(884.06) (10,100.00)		(884.06) (10,100.00)
02-41100-300-425 02-41100-310-425	Miscellaneous Revenue - Medicare A	(11,368.34)		(11,368.34)
02-41100-370-425	Miscellaneous Revenue - Managed Care	(11,500.54)		(11,500.54)
02-41010-190-425	Other Revenue - Guest Meals/Tray Charges	(33.50)		(33.50)
02-42010-110-450	Rental Income	(1,350.00)		(1,350.00)
02-41010-310-425	Other Revenue - Miscellaneous	(10,412.60)		(10,412.60)
02-41010-310-425.1	UNITED HEALTHCARE - DIVIDEND MATRIX	-		-
02-41010-310-425.2	Attorney fees on C. Russel Account	-		-
02-41010-310-425.3	MEDICAL RECORD COPIES	-		-
02-41010-410-425	Other Revenue - Outpatient Therapy	(32,715.61)	32,715.61	-
02-41015-310-425	Other Revenue - Miscellaneous - COVID - FED	(1,106,399.78)		(1,106,399.78)
02-41020-310-425	Other Revenue - Miscellaneous - COVID - CT Contractual Allowance Room & Board - Private	(70,640.00)		(70,640.00)
02-35100-150-350 02-35100-250-355	Contractual Allowance - Room & Board - Medicare	7,747.15 (714,434.95)		7,747.15 (714,434.95)
02-35100-250-355	Contractual Allowance - Room & Board - Managed Care	107,249.57		107,249.57
02-35100-350-360	Contractual Allowance - Room & Board - Medicaid	3,088,730.89		3,088,730.89
02-35900-150-370	Contractual Allowance - Ancillaries - Private	(75,547.20)		(75,547.20)
02-35900-350-370	Contract Allow - Ancillaries - Medicaid	7,648.27		7,648.27
02-35900-550-370	Contractual Allowance - Ancillaries - Medicare B	28,265.15	(28,265.15)	-
02-35900-250-370	Contractual Allowance - Ancillaries - Medicare A	735,569.22	(735,569.22)	-
02-35900-250-370.1	PT-C/A ANCILLARIES MEDICARE A	-	246,100.66	246,100.66
02-35900-250-370.2	OT - C/A ANCILLARIES MEDICARE A	-	281,631.70	281,631.70
02-35900-250-370.3	ST- C/A ANCILLARIES MEDICARE A	-	99,576.30	99,576.30
02-35900-250-370.4	OXYGEN - C/A ANCILLARIES MEDICARE A	-	4 (02 07	-
02-35900-250-370.5 02-35900-250-370.6	LAB - C/A ANCILLARIES MEDICARE A PHARM - C/A ANCILLARIES MEDICARE A	-	4,602.97 97,069.57	4,602.97 97,069.57
02-35900-250-370.0	RADIOLOGY - C/A ANCILLARIES MEDICARE A	-	97,009.37	97,009.37
02-35900-250-370.8	MEDICAL SUPPLIES - C/A ANCILLARIES MEDICARE A	-	6,588.02	6,588.02
02-35900-550-370.1	PT-C/A ANCILLARIES MEDICARE B	-	24,986.23	24,986.23
02-35900-550-370.2	OT - C/A ANCILLARIES MEDICARE B	-	983.76	983.76
02-35900-550-370.3	ST- C/A ANCILLARIES MEDICARE B	-	2,295.16	2,295.16
02-41010-410-425.1	OUTPATIENT THERAPY PROGRAM (PHY THER C/A)	-	6,349.84	6,349.84
02-41010-410-425.2	OUTPATIENT THERAPY PROGRAM (OCC THER C/A)	-	5,615.21	5,615.21
02-41010-410-425.3	OUTPATIENT THERAPY PROGRAM (SPEECH THER C/A)	-	2,055.92	2,055.92
02-35900-450-370	Contractual Allowance - Ancillaries - Managed Care	556,727.03	(556,727.03)	-
02-35900-450-370.1	PT-C/A ANCILLARIES MANAGED CARE	-	199,419.26	199,419.26
02-35900-450-370.2	OT-C/A ANCILLARIES MANAGED CARE	-	219,050.00	219,050.00
02-35900-450-370.3 02-35900-450-370.4	ST-C/A ANCILLARIES MANAGED CARE LAB-C/A ANCILLARIES MANAGED CARE	-	76,302.40 1,894.77	76,302.40 1,894.77
02-35900-450-370.4	MEDICAL SUPPLY-C/A ANCILLARIES MANAGED CARE	-	5,765.33	5,765.33
02-35900-450-370.6	PHARMACY-C/A ANCILLARIES MANAGED CARE	-	54,295.27	54,295.27
02-35950-150-370	Contractual Allowance - Sequester Adj - Private	-	01,270127	-
02-35950-250-370	Contractual Allowance - Sequester Adj - Medicare	(4,060.70)		(4,060.70)
02-35950-350-370	Contractual Allowance - Sequester Adj - Medicaid	-		-
	Other Income (Loss)-(For FY 2017 this is Change in Value of Donor Restricted funds			
02-55010-110-550	held by Affiliated Foundation)	-		-
02-55020-110-425	Stimulus Revenue	-	(88,000.00)	(88,000.00)
02-55030-110-425	Contractual Allowance - Stimulus Revenue	-	88,000.00	88,000.00
02-61150-100-800	Salary Expense - Management & Supervision	293,680.72		293,680.72
02-61200-100-800	Salary Expense - RN	73,259.40		73,259.40
02-61500-100-800	Salary Expense - Staff	122,513.87		122,513.87
02-61200-100-810 02-61290-100-810	Salary Expense - RN Salary Expense - LPN	1,133,450.92 758,619.41		1,133,450.92 758,619.41
02-61300-100-810	Salary Expense - CNA	1,864,163.77		1,864,163.77
02-81010-110-810	Nursing Services - Consulting Fees	66,339.25	(2,990.00)	63,349.25
02-81010-110-810.1	PHYSCIAL THERAPY - ALLIANCE TRAINING	-	1,316.49	1,316.49
				,

0.00

0.00

0.00

9/30/2021

		0.00	0.00	0.00
				Current Year Adjusted
Account	Description	Current Year Una	Adjust	Amount
02-81010-110-810.2 02-81010-110-810.3	OCCUPATIENTAL THERAPY - ALLIANCE TRAINING SPEECH THERAPY - ALLIANCE TRAINING	-	1,209.81 463.70	1,209.81 463.70
02-81010-110-810.4	SDX Swallowing from	-	-	-
02-81010-130-810	Nursing Serv - Drugs	151,661.38		151,661.38
02-81010-210-810	Nursing Serv - Employment Agency - RN	45,393.75	175.00	45,568.75
02-81010-230-810	Nursing Services - Employment Agency Pool - LPN	33,998.75		33,998.75
02-81010-230-810.1	Nursing Services - Employment Agency Pool - RN	-		-
02-81010-250-810 02-81010-350-810	Nursing Serv - Employment Agency - AIDE Nursing Services - Supplies (Gauze, Tape)	28,431.00 318,417.34	(25,398.63)	28,431.00 293,018.71
02-81010-350-810.1	MEDICAL RECORD SUPPLIES (Omnicare)	516,417.54	(23,398.03)	293,018.71
02-81010-350-810.2	Nursing Services - Drugs	-	25,223.63	25,223.63
02-81010-330-810	Nursing Services - Supplies Non-Billable	11,332.44	20,220.00	11,332.44
02-82010-150-820	Ancillary Expense - Laboratory Services	12,684.67		12,684.67
02-82010-250-820	Ancillary Expense - X-Ray	7,053.58		7,053.58
02-82010-110-820	Ancillary Expense - Ambulance	-		-
02-82010-190-820	Ancillary Expense - Oxygen Supplies	19,496.00		19,496.00
02-82010-130-820	Ancillary Expense - Equipment Rental	35,436.18		35,436.18
02-82010-310-820	Ancillary Expense - Contracted MCA	485,540.53	(485,540.53)	-
02-82010-310-820.1	SPEECH THERAPY- PART A	-	56,873.08	56,873.08
02-82010-310-820.2	OCCUPATIONAL THERAPY- PART A	-	118,098.58	118,098.58
02-82010-310-820.3	PHYSICAL THERAPY - PART A	-	124,917.59	124,917.59
02-82010-330-820	Ancillary Expense - Contracted MCB	136,727.95	(136,727.95)	-
02-82010-330-820.1 02-82010-330-820.2	SPEECH THERAPY- PART B OCCUPATIONAL THERAPY- PART B	-	14,360.00	14,360.00 55,979.25
02-82010-330-820.2	PHYSICAL THERAPY - PART B	-	55,979.25 74,257.17	74,257.17
02-82010-350-820.5	Ancillary Expense - Contracted Other Payors	44,513.07	(44,513.07)	-
02-82010-350-820.1	SPEECH THERAPY- OTHER PAYORS		32,866.76	32,866.76
02-82010-350-820.2	OCCUPATIONAL THERAPY- OTHER PAYORS	-	97,526.29	97,526.29
02-82010-350-820.3	PHYSICAL THERAPY - OTHER PAYORS	-	96,377.94	96,377.94
02-82010-170-820	Ancillary Expense - Medical Supplies - Non Billable	712.55	,	712.55
02-82010-210-820	Ancillary Expense - Therapy Supplies	2,046.79		2,046.79
02-82010-210-820.1	PHYSICAL THERAPY SUPPLIES	-		-
02-82010-210-820.2	SPEECH THERAPY SUPPLIES	-		-
02-82010-210-820.3	OCCUPATIONAL THERAPY SUPPLIES	-		-
02-83010-110-830	Medical Services Expense - Medical Director	24,000.00		24,000.00
02-83010-130-830	Medical Services Expense - Pharmacist	10,186.81		10,186.81
02-83010-150-830	Medical Services Expense - Physician	1,332.21		1,332.21
02-83010-170-830	Medical Services Expense - Dentist	6,480.00		6,480.00
02-61500-100-770	Salary Expense - Staff	139,276.52 72,982.00	-	139,276.52 72,982.00
02-61150-100-775 02-61500-100-775	Salary Expense - Management & Supervision Salary Expense - Staff	92,216.68		92,216.68
02-01500-100-775	Recreation Expense - Entertainers	8,800.00		8,800.00
02-77500-210-775	Recreation Expense - Supplies	5,925.35		5,925.35
02-77500-110-775	Recreation Expense - Activities	100.00		100.00
02-61150-100-730	Salary Expense - Management & Supervision	320,214.84		320,214.84
02-61500-100-730	Salary Expense - Staff	469,390.74		469,390.74
02-73010-310-730	Dietary Expenses - Uniforms	907.60		907.60
02-73010-150-730	Dietary Expenses - Laundry Services	18,877.43		18,877.43
02-73010-250-730	Dietary Expenses - Raw Food & Beverage	362,291.06		362,291.06
02-73010-210-730	Dietary Expenses - Nutritional Supplements	27,249.63		27,249.63
02-73010-130-730	Dietary Expenses - Dietary Supplies	54,834.22		54,834.22
02-72010-210-720	Marketing Expense - Promotions	193.70		193.70
02-72010-102-720	Marketing Expense - Bishop Wicke	6,620.12		6,620.12
02-61100-100-700	Salary Expense - Executives Salary Expense - Management & Supervision	121,888.24		121,888.24
02-61150-100-700 02-61500-100-700	Salary Expense - Management & Supervision Salary Expense - Staff	384,636.20	(117,761.01)	266,875.19
02-61500-100-700.2	Other Accountants' Salary	584,050.20	117,761.01	117,761.01
02-65500-110-650	Payroll Tax Expense - FICA	454,629.47	117,701.01	454,629.47
02-67500-290-675	Employee Benefit Expense - Workers' Comp	141,834.75		141,834.75
02-67500-270-675	Employee Benefit Expense - Unemployment Taxes	41,434.08		41,434.08
02-67500-190-675	Employee Benefit Expense - Health Insurance	608,691.45		608,691.45
02-67500-130-675	Employee Benefit Expense - Employee Physicals	21,725.89		21,725.89
02-67500-210-675	Employee Benefit Expense - Life Insurance	78,367.33		78,367.33
02-67500-250-675	Employee Benefit Expense - Pension Expense	-		-
02-67500-110-675	Employee Benefit Expense - 401K Match	170,799.02		170,799.02
02-67500-150-675	Employee Benefit Expense - Employee Relations	22,689.36		22,689.36
02-67500-230-675	Employee Benefit Expense - Other Benefits	-		-
02-70010-110-700	General & Administrative Expense - Accounting Fees	32,645.00		32,645.00
02-70010-290-700	General & Administrative Expense - Legal Fees	8,222.90 446.037.00	(446 027 00)	8,222.90
02-91010-110-910 02-91010-110-910.1	Management Fees OTHER CORPORATE OFFICE INDIRECT SALARIES	446,037.00	(446,037.00)	- 248,078.36
02-91010-110-910.1	OTHER CORPORATE OFFICE INDIRECT BEN	-	248,078.36 62,019.59	62,019.59
02-91010-110-910.2	OTHER CORPORATE OFFICE INDIRECT TAXES	-	17,036.51	17,036.51
02-91010-110-910.5	FINANCE DEPT. BENEFITS PAID THRU UMH	-	17,194.09	17,030.51
			, . ,	1,,12,139

0.00

0.00

0.00

9/30/2021

		0.00	0.00	0.00
				Current Year Adjusted
Account	Description	Current Year Una	Adjust	Amount
02-91010-110-910.5	FINANCE DEPT. TAXES PAID THRU UMH	-	5,261.39	5,261.39
02-91010-110-910.6	FINANCE DEPARTMENT SALARY PAID THRU UMH	-	68,776.38	68,776.38
02-91010-110-910.7	Accounting Manager Salary paid through UMH	-	9,519.27	9,519.27
02-91010-110-910.8	Acct. Mngr. BENEFITS PAID THRU UMH	-	2,379.82	2,379.82
02-91010-110-910.9	Acct. Mngr TAXES PAID THRU UMH	-	728.22	728.22
02-70010-170-700	General & Administrative Expense - Consulting Fees	9,918.75		9,918.75
02-70010-250-700	General & Administrative Expense - Help Wanted Ads	-		-
02-70010-270-700	General & Administrative Expense - Internet Services	5,420.72		5,420.72
02-70010-210-700	General & Administrative Expense - Equipment Rental General & Administrative Expense - Satellite TV	5,330.64	-	5,330.64
02-70010-470-700 02-70010-390-700	General & Administrative Expense - Satellite 1 V General & Administrative Expense - Office Supplies	4,193.46 49,275.37		4,193.46 49,275.37
02-70010-430-700	General & Administrative Expense - Postage	3,640.89	-	3,640.89
02-70010-510-700	General & Administrative Expense - Tostage	35,399.85	-	35,399.85
02-70010-310-700	General & Administrative Expense - License & Fees	63,141.06		63,141.06
02-70010-350-700	General & Administrative Expense - Membership Dues	14,740.00		14,740.00
02-70010-330-700	General & Administrative Expense - Meetings Seminars	3,595.95		3,595.95
02-70010-490-700	General & Administrative Expense - Subscriptions	6,769.48		6,769.48
02-70010-130-700	General & Administrative Expense - Business Travel	567.20		567.20
02-70010-410-700	General & Administrative Expense - Payroll Services	37,017.00		37,017.00
02-70010-120-700	General & Administrative Expense - Bank Fees	10,597.08		10,597.08
02-70010-190-700	General & Administrative Expense - Donations/Contributions	-		-
02-70010-230-700	General & Administrative Expense - General Insurance	215,535.90	(215,535.90)	-
02-70010-230-700.1	PROPERTY INSURANCE	-	27,677.22	27,677.22
02-70010-230-700.2	AUTO INSURANCE	-		-
02-70010-230-700.3	OPERATING INSURANCE	-	162,157.93	162,157.93
02-61150-100-745	Salary Expense - Management & Supervision			-
02-61500-100-745	Salary Expense - Staff	252,907.66		252,907.66
02-74510-150-745	Housekeeping Expense - Uniform Expense	747.45		747.45
02-74510-110-745	Housekeeping Expense - Supplies	38,251.00		38,251.00
02-74010-110-740	Laundry Expense - General	152,975.18		152,975.18
02-74010-150-740 02-61500-100-750	Laundry Expense - Patients Salary Expense - Staff	36,915.20		36,915.20
02-70010-550-700	Gen & Admin - Late Fees & Charges	150,947.88 120.65		150,947.88 120.65
02-75010-110-750	Maintenance Expense - Building Repair Service Contracts	18,953.74		18,953.74
02-75010-310-750	Maintenance Expense - Benaing Repair Service Contracts	35,379.65		35,379.65
02-75010-150-750	Maintenance Expense - Equipment Rental	-		-
02-75010-290-750	Maintenance Expense - Pest Control	4,225.00		4,225.00
02-75010-350-750	Maintenance Expense - Rubbish Removal	42,618.14		42,618.14
02-75010-210-750	Maintenance Expense - Landscaping	3,112.69		3,112.69
02-75010-390-750	Maintenance Expense - Snow Removal	-		-
02-75010-410-750	Maintenance Expense - Supplies	18,450.08		18,450.08
02-75010-450-750	Maintenance - Uniforms	-		-
02-85010-110-850	Utility Expense - Electric	233,693.21		233,693.21
02-85010-190-850	Utility Expense - Oil	1,486.71		1,486.71
02-85010-150-850	Utility Expense - Gas	41,587.19		41,587.19
02-85010-210-850	Utility Expense - Water	13,980.96		13,980.96
02-87010-110-870	Bad Debt Expense	399,996.00	(2(0,414,20))	399,996.00
02-93010-150-930 02-93010-150-930.1	Depreciation & Amortization Expense - Depreciation DEPRECIATION EXPENSE-LAND IMPROVEMENTS	269,414.20	(269,414.20) 14,481.20	14,481.20
02-93010-150-930.1	DEPRECIATION EXPENSE-LAND IMPROVEMENTS DEPRECIATION EXPENSE-BUILDING	-	209,406.99	209,406.99
02-93010-150-930.2	DEPRECIATION EXPENSE-BUILDING DEPRECIATION EXPENSE-NONMOVABLE EQUIP	-	1,580.41	1,580.41
02-93010-150-930.4	DEPRECIATION EXPENSE-MOVABLE EQUIP		43,945.60	43,945.60
02-93010-110-930	Depreciation & Amortization Expense - Amortization	6,921.82	43,745.00	6,921.82
02-89010-150-890	Tax Expense - Real Estate & Property	6,992.01	(6,468.66)	523.35
02-89010-150-890.1	Sewer Usage	-	6,468.66	6,468.66
02-89010-110-890	Tax Expense - Provider Tax	512,005.00	.,	512,005.00
02-92010-130-920	Interest Expense - Loans & Notes	194,544.39	(42,571.63)	151,972.76
02-92010-130-920.1	Interest Expense - Refunded Loan	-	42,571.63	42,571.63
02-92510-110-925	Mortgage Insurance Premium	38,393.90		38,393.90
02-92010-170-920	Interest Expense - Penalties & Late Fees	-		-
		-		-
		-		-
	Total	0.00	0.00	0.00

0.00

0.00

0.00

Bishop Wicke Ancillary Revenue Adjustment CRYE 9/30/2021

Part A Ancillary Adjustment		a/ 70		
Account # Account Description	Unadjusted TB	% To Total	Adjustment	Revised TB
02-35100-200-355 ROOM AND BOARD MEDICARE A	(1,632,204.92)		-	(1,632,204.92)
02-36100-200-370 PHYSICAL THERAPY MEDICARE A	(246,100.66)	33%	-	(246,100.66)
02-36300-200-370 OCCUPATIONAL THERAPY MEDICARE A	(281,631.70)	38%	-	(281,631.70)
02-36500-200-370 SPEECH THERAPY MEDICARE A	(99,576.30)	14%	-	(99,576.30)
02-36600-200-370 LABORATORY MEDICARE A	(4,602.97)	1%	-	(4,602.97)
02-36800-200-370 PHARMACY MEDICARE A	(97,069.57)	13%	-	(97,069.57)
02-36600-200-370.2 RADIOLOGY MEDICARE A	-	0%	-	-
02-36700-200-370 MEDICAL SUPPLY MEDICARE A	(6,588.02)	1%	-	(6,588.02)
Subtotal	(735,569.22)	100%	-	(735,569.22)
02-35900-250-370 Contractual Allowance - Ancillaries - Medicare A	735,569.22		(735,569.22)	-
02-35900-250-370.1 PT-C/A ANCILLARIES MEDICARE A	-		246,100.66	246,100.66
02-35900-250-370.2 OT - C/A ANCILLARIES MEDICARE A	-		281,631.70	281,631.70
02-35900-250-370.3 ST- C/A ANCILLARIES MEDICARE A	-		99,576.30	99,576.30
02-35900-250-370.5 LAB - C/A ANCILLARIES MEDICARE A	-		4,602.97	4,602.97
02-35900-250-370.6 PHARM - C/A ANCILLARIES MEDICARE A	-		97,069.57	97,069.57
02-35900-250-370.7 RADIOLOGY - C/A ANCILLARIES MEDICARE A	-		-	-
02-35900-250-370.8 MEDICAL SUPPLIES - C/A ANCILLARIES MEDICARE A	-		6,588.02	6,588.02
Subtotal	735,569.22		0.00	(735,569.22)
Total	-		0.00	-

Part B Ancillary Adjustment % To Unadjusted TB Total Adjustment Revised TB Account # Account Description (122,585.16) 02-36100-500-370 PHYSICAL THERAPY MEDICARE B 88% (122,584.28) (4,826.39) (11,260.23) 02-36300-500-370 OCCUPATIONAL THERAPY MEDICARE B (4,826.42) 3% (11,260.31) 02-36500-500-370 SPEECH THERAPY MEDICARE B 8% (138,670.89) (138,671.89) 02-35900-550-370 C/A ANCILLARIES MEDICARE B 02-35900-550-370.1 PT-C/A ANCILLARIES MEDICARE B 02-35900-550-370.2 OT - C/A ANCILLARIES MEDICARE B (28,265.15) 24,986.23 983.76 28,265.15 -24,986.23 983.76 2,295.16 28,265.15 02-35900-550-370.3 ST- C/A ANCILLARIES MEDICARE B 2,295.16 28,265.15 (0.00)

Managed Care Ancillary Adjustment		% To		
Account # Account Description	Unadjusted TB	% 10 Total	Adjustment	Revised TB
02-35100-400-365 Room & Board Revenue - Managed Care	(1,230,775.00)		(113,688.88)	(1,344,463.88
02-36100-400-370 Physical Therapy Revenue - Managed Care	(240,142.54)	36%	40,723.28	(199,419
02-36300-400-370 Occupational Therapy Revenue - Managed Care	(263,782.07)	39%	44,732.07	(219,050
02-36500-400-370 Speech Therapy Revenue - Managed Care	(91,884.07)	14%	15,581.67	(76,302
02-36600-400-370 Laboratory - Managed Care	(2,281.70)	0%	386.93	(1,895
02-36700-400-370 Medical Supply - Managed Care	(6,942.66)	1%	1,177.33	(5,765
02-36800-400-370 Pharmacy - Managed Care	(65,382.87)	10%	11,087.60	(54,295
Subtotal	(670,415.91)	100%	0.00	(556,727.03
02-35900-450-370 C/A ANCILLARIES MANAGED CARE	556,727.03		(556,727.03)	-
02-35900-450-370.1 PT-C/A ANCILLARIES MANAGED CARE	-		199,419.26	199,419.26
02-35900-450-370.2 OT-C/A ANCILLARIES MANAGED CARE	-		219,050.00	219,050.00
02-35900-450-370.3 ST-C/A ANCILLARIES MANAGED CARE	-		76,302.40	76,302.40
02-35900-450-370.4 LAB-C/A ANCILLARIES MANAGED CARE	-		1,894.77	1,894.77
02-35900-450-370.5 MEDICAL SUPPLY-C/A ANCILLARIES MANAGED CARE	-		5,765.33	5,765.33
02-35900-450-370.6 PHARMACY-C/A ANCILLARIES MANAGED CARE	-		54,295.27	54,295.27
Subtotal	556,727.03		0.00	556,727.03
Total	(113,688.88)		0.00	-

Purpose: To allocate outpatient therapy charges on the basis of identifiable therapy by discipline since client was unable to detail.

				NET			
				ALLOCATION	CONTRACTUAL	NET	Medicare
	Therapy	Amount	% to Total	70%	ALLOWANCE	ALLOCATION	Cost Ct.
	Physical Therapy	(628,124)	45%	(21,166)	6,350	(14,816)	44
	Occupationa Therapy	(555,455)	40%	(18,717)	,	(13,102)	45
	Speech Therapy	(203,371)	15%	(6,853)	,	(4,797)	46
		(1,386,950)	100%	(46,737)	14,021	(32,716) Per TB, 02-	
						41010-410-425	
		Current Year					
Account	Description	Unadjusted					
02-36100-100-370	Physical Therapy Revenue - Private	(19,296)					
02-36100-500-370	Physical Therapy Revenue - Medicare B	(122,585)					
02-36100-200-370	Physical Therapy Revenue - Medicare A	(246,101)					
02-36100-400-370	Physical Therapy Revenue - Managed Care	(240,143)					
	TOTAL	(628,124)					
02 20200 400 270	Occurrentianel Therapy Devenue Drivete	(5.215)					
	Occupational Therapy Revenue - Private	(5,215)					
	Occupational Therapy Revenue - Medicare B	(4,826)					
	Occupational Therapy Revenue - Medicare A	(281,632)					
02-36300-400-370	Occupational Therapy Revenue - Managed Care	(263,782)					
	TOTAL	(555,455)					
02-36500-100-370	Speech Therapy Revenue - Private	(650)					
02-36500-500-370	Speech Therapy Revenue - Medicare B	(11,260)					
02-36500-200-370	Speech Therapy Revenue - Medicare A	(99,576)					
02-36500-400-370	Speech Therapy Revenue - Managed Care	(91,884)					
	TOTAL	(203,371)					
02-41010-410-425	OUTPATIENT THERAPY PROGRAM	(32,716)					
52 +1010-+10-423		(52,710)					

Bishop Wicke MISCELLANEOUS REVENUE 02-41010-310-425 9/30/2021

COVID New Mexico Training	(6,000.00)
United Healthcare Quarly Dividend	(2,489.17)
Estate of Isabel Roberts	(1,773.81)
Other	(149.60)

BALANCE AT 9/30/2021

(10,413)

Bishop Wicke OMNICARE Included in Account No. 02-81010-350-810 CRYE: 9/30/2021 Nursing Services - Supplies (Gauze, Tape)

	OTC		RX	IV	SUPPLY	Med Rec	RN	PUMP	TOTAL	RN Hrs
Oct-20		\$	3,501.38	\$ 1,913.92				\$ 208.00	\$ 3,180.45	0.00
Nov-20		\$	(18.57)	\$ 668.57				\$ 208.00	\$ 6,061.12	0.00
Dec-20		\$	1,081.55	\$ 368.50	\$ 305.70			\$ 120.00	\$ 3,015.61	0.00
Jan-21		\$	90.01	\$ 384.62	\$ 257.70			\$ 72.00	\$ 3,260.19	0.00
Feb-21		\$	405.13	\$ -					\$ 4,955.77	0.00
Mar-21		\$	1,932.89	\$ 15.00	\$ 21.86				\$ 5,433.80	0.00
Apr-21		\$	1,731.54	\$ 101.76			\$ 175.00		\$ 2,504.71	1.00
May-21		\$	1,571.45	\$ 603.84	\$ 152.00				\$ 4,221.03	0.00
Jun-21		\$	2,063.17	\$ -	\$ 185.70				\$ 4,340.38	0.00
Jul-21		\$	6,926.58	\$ -	\$ 8.91				\$ 3,460.97	0.00
Aug-21		\$	78.83	\$ 615.39	\$ 136.00				\$ 8,029.60	0.00
Sep-21		\$	1,146.87	\$ 41.20	\$ 315.00				\$ 6,008.32	0.00
-	\$ -	\$	20,510.83	\$ 4,712.80	\$ 1,382.87	\$ -	\$ 175.00	\$ 608.00	\$ 27,389.50	1.00
-			R/C to	R/C to	No R/C	R/C to	R/C to	No R/C		
			010-350-810.2 GS-RX	010-350-810.2 GS-RX		02-81010-350-810.1 MEDICAL RECORD SUPPLIES (Omnicare)	010-230-810.1 RN Pool			
		RX		\$ 20,510.83						
		IV		\$ 4,712.80						
		RN		\$ 175.00						
				\$ 25,398.63						

Vendor	Decription	Hrs	A	MOUNT	
SDX Swallowing	Assessment		\$	-	
MDS Rescue	Nursing Service - Consulting	290	\$	63,349.00	
Symbria Rehab	Training	45 45	\$ \$	2,990.00 2,990.00	
			\$	66,339.00	
Reclass Alliance Tr	aining/Symbria Expense				
	R/C from Nursing Consulting Expense therapy	(4	5)\$	(2,990.00)	
				ste Twining Dollow, Allocate, H	** 1

	Therapy Expense per pg. 13 (Resident Care)	% to Total	Allocat	te Training Dollars	Allocate Hours	Hr	ly Rt
Physical Therapy	295,553	44.03%	\$	1,316.49	20	\$	66.44
Occupational Theapy	271,604	40.46%	\$	1,209.81	18	\$	66.44
Speech Therapy	104,100	15.51%	\$	463.70	7	\$	66.44
	671,257	100.00%	\$	2,990.00			
		Hours		45			
		Hrly Rt	\$	66.44			
		Hrly Rt	\$	00.44			

BISHOP WICKE HEALTH INTEREST/ LOANS & NOTES PAYABLE

September 30, 2021

	FYE 9/30/2021	FYE 9/30/2021	Allocate 2021 MT	С&Т	
		% allocations	Loan Interest	MIP	Total
New Loan	181,965	78.1%	151,973	38,394	190,367
Refunded Loan	50,973	21.9%	42,572		42,572
	232,938	100.0%	194,544	38,394	232,938

Pg. 29, line 29.50

Bishop Wicke Gen & Admin - Equipment Rental 02-70010-210-700 9/30/2021

Vendor	Description	Amount
Pitney Bowes Global Financial Services LLC	Meter Equipment	686.64
Prism/ Leaf	Copier	4,644.00

5,330.64

PHYSICAL THERAPY

-		TIME			# TR	EATMENTS (UNITS)	TOTAL
Minutes Hours	MEDICARE 91,012 1,517	MED B 34,380 573	Other 95,368 1,589	220,760 3,679	MEDICARE 5,839	MED B 2,282	Other 6,019	14,140
		OCCUPATI	ONAL THERAP	Υ				
		TIME			# TR	EATMENTS (UNITS)	TOTAL
	MEDICARE	MED B	Other		MEDICARE	MED B	Other	
Minutes	105,725	21,265	95,368	222,358	6,658	1,436	6,277	14,371
Hours	1,762	354 SPEECH T	1,589 HERAPY	3,706				
		TIME			# TR	EATMENTS (UNITS)	TOTAL
	MEDICARE	MED B	Other		MEDICARE	MED B	Other	
Minutes Hours	33,125 552	5,200 87	31,025 517	69,350 1,156	1,117	153	951	2,221
						PT	OT	ST
					e Treatments are Revenue	PT 8,121 389,852	OT 8,094 305,175	ST 1,270 117,690
						8,121	8,094	1,270
Mee	dicaid Revenue (N	o therapy id	entified on TB	Medic	are Revenue	8,121 389,852	8,094 305,175	1,270 117,690

PHYSICAL THERAPY

\$	DOLLARS					
02-82010-310-820.3 02-82010-330-820.3				02-82	2010-350-820.3	
I	MEDICARE	MED B		отн	ER	TOTAL
\$	124,917.59	\$	74,257.17	\$	96,377.94	\$ 295,552.70

OCCUPATIONAL THERAPY

\$ DOLLARS

N	IEDICARE		MED B	ОТН	IER		TOTAL
02-8	2010-310-820.2	10-310-820.2 02-82010-330-820		02-82010-350-820.2			
\$	118,098.58	\$	55,979.25	\$	97,526.29	\$	271,604.12

SPEECH THERAPY

\$ DOLLARS

I	MEDICARE MED B			ОТН	IER	TOTAL
02-8	32010-310-820.1	02-8	2010-330-820.1	02-8	2010-350-820.1	
\$	56,873.08	\$	14,360.00	\$	32,866.76	\$ 104,099.84

		MEDICARE		MED B		OTHER		al	
TOTAL	\$	299,889.25	\$	144,596.42	\$	226,770.99	\$	671,256.66	
G/L BAL Before Adj	\$	485,540.53	\$	136,727.95	\$	44,513.07	\$	666,781.55	
Variance	\$	(185,651.28)	28) \$ 7,868.47		\$	\$ 182,257.92		\$ 4,475.1	
G/L ACCT G/L BAL Before Adj		2-82010-310-820 485.540.53	02- \$	-82010-330-820 136.727.95	02 \$	-82010-350-820 44.513.07		666,782	

BISHOP WICKE HEALTH CENTER ADMINISTRATIVE SALARIES PG. 10 FISCAL YEAR SEPTEMBER 30, 2021

NAME	TOTAL HRS.	SALARY	ACCOUNT NO.
ADMINISTRATOR		0/12/111	
DEBRA SAMORAJCZYK			
	2,120	121,888	
	2,120	121,888	02-61100-100-700
BOOKEEPERS			
Bish, Charlanda	2,063	52,214	
Moyher, Barbara J	2,242	65,547	_
R/C to Accounting Salaries	4,305	117,761	02-61500-100-700
<u>SECRETARY</u>			
Bergers, Kendra M	44	657	
Keleman, Mary Ellen	2,242	65,764	
	2,286	66,421	02-61500-100-700
RECEPTIONIST			
Pettway, Mittie M.	263	4,957	
Leibovitch, Debra A.	61	2,011	
Rehling, Joyce A.	5	99	
Chhoeun, Sreynin	14	684	
Flores, Mia Lisa	131	2,392	
Clifford, Mary	703	9,843	
Moran, Debra	753	19,440	
Sanza, Ann	1,613	25,453	
Rose, Peggy-Ann	171	2,912	
	3,712	67,792	02-61500-100-700
ADMISSIONS	2 2 2 2	12 664	
Gaites, Angela L.	2,228	43,664	
Herrick, Glenda L.	2,160	98,168	02 61500 100 700
	4,388	141,831	02-61500-100-700
	14 000	202.005	02 61500 100 700
TOTAL FOR	14,690	393,805	02-61500-100-700 =

UMH of Bishop Wicke Page 16 (Item m12) FOR YEAR ENDED SEPTEMBER 2021

ENTIRE SCHEDULE IS CELL REFERENCED

Reported on Page 16 in compliance with 9/30/2013 Medicaid management letter comment.

Corporate Allocation

			С	omputed						
DIRECT ALLOCATION	HRS	SALARY	BENEFITS	TAXES ****	Sal & Ben	Taxes	Total			
Head Accountant Page 10, Item 11a.	520	\$9,519	2,380	\$728						
Other Accountants Page 10, Item 11b.	1,898	\$68,776	17,194	\$5,261						
	2,418	\$78,296	\$19,574	\$5,990	\$97,870	\$5,990	\$103,859			
	HRS	SALARY	BENEFITS	TAXES	Sal & Ben	Taxes	Total			
Corporate Office Indirect Salaries & Benefits		\$672,857	\$168,214	\$46,208		. and c	10101			
Corporate Allocation to Bishop Wicke based on Revenues 9	6	37%	37%	37%						
Corporate Indirect Allocation to Bishop Wicke	4,601	\$248,078	\$62,020	\$17,037	\$310,098	\$17,037	\$327,134			

								Patient Days	Costs	s per Day
	HRS	SALARY	BENEFITS	TAXES				-		
DIRECT ALLOCATION TO Bishop Wicke	2,418	\$78,296	\$19,574	\$5,990	\$97,870	\$5,990	\$103,859	30,562		3.40
INDIRECT ALLOCATION TO Bishop Wicke	4,601	\$248,078	\$62,020	\$17,037	\$310,098	\$17,037	\$327,134	30,562	\$	10.70
TOTAL CORPORATE ALLOCATION	7,019	\$326,374	\$81,594	\$23,026	\$407,968	\$23,026	\$430,994	1	\$	14.10
					\$407,968					
					F	Patient Days	30,562			
					Managem	ent Fee Ilmit	\$6.96	_		
							\$212,712			
				1	Management Fee	· · _	\$430,994	_		
					P. 28, Ln 21	Adjustment	(\$218,282)	=		
	Salaries & B	Taxes	Total							
Direct	. ,	\$5,990	\$103,859							
Indirect	+	\$17,037	\$327,134							
Total Personnel	\$407,968	\$23,026	\$430,994							

Bishop Wicke INSURANCE FOR YEAR ENDED 9/30/2021

Insurance on Property (buildings only) Other (Liability, D & O) (See Attached Sch)	Total \$27,677 <u>\$162,158</u> \$189,835	% to Total 15% 85% 100%	Allocate trial balance \$31,424 \$184,112 \$215,536	To TBMAP Adj to agree to support (3,747) (21,954) (25,701)
Per R Per Trial Balance, Acc	econciliation ct. 72009300	189,835 215,536 (25,701)	02-70010-230	-700

Bishop Wicke INSURANCE FOR YEAR ENDED 9/30/21

ТҮРЕ	POLICY HOLDER	TOTAL PREMIUM	%	FACILITY PORTION	Policy Period TERM	EXPENSE @ 9/30/21	End date	Start Date	
PROPERTY	ONE BEACON-HARTFORD ONE BEACON-HARTFORD	119,625 124,923	22.94% 22.94%	\$27,447 \$28,663	07/23/20 TO 07/23/21 07/23/21 TO 07/23/22	22,259 5,418 \$27,677	7/23/2021 9/30/2021	10/1/2020 7/24/2021	296 69 365
LONG TERM CARE LIAB EXCESS L/T CARE LIAB COMMERCIAL CRIME FIDUCIARY LIAB	MERIT-BEACON MERIT-BEACON HARTFORD - MERIT HARTFORD - MERIT				07/23/20 TO 07/23/21 07/23/20 TO 07/23/21 07/23/20 TO 07/23/21 07/23/20 TO 07/23/21				
LTC GENERAL & PROF LIAB EXCESS LIABILITY COMMERCIAL CRIME BOND - PENSION & 401 K		\$ 445,265	37.33%	166,195	07/23/21 TO 07/23/22 07/23/21 TO 07/23/22 07/23/21 TO 07/23/22 07/23/21 TO 07/23/22	\$134,778	7/23/2021	10/1/2020	296
		\$ 390,000	31.42%	122,519	_	\$23,161	9/30/2021	7/24/2021	69
Cyber Cyber	-11	\$ 17,431 \$ 21,748		,	6/30/2020 to 6/30/2021 6/30/2021 to 6/30/2022	2,174 914 \$3,087	6/30/2021 9/30/2021	10/1/2020 7/1/2021	273 92 365
Commercial Crime Commercial Crime		\$6,710 \$6,898		1,119 1,150		653 <u>479</u> \$1,132	5/1/2021 9/30/2021	10/1/2020 5/2/2021	213 152 365

_

\$162,158
\$189,835
215,536
(\$25,701)

		BISHOP WICKE LAND 09/30/21 Acct. # 02-15000-110-001		
			USEFUL	
DATE	VENDOR	ITEM DESCRIPTION	LIFE	AMOUNT \$
10/1/202	20 BEGINNING BALANCE			24,213
		ADDITIONS 2021		-
		GENERAL LEDGER BALANCE 9/30/21		24,213
				-
		BISHOP WICKE LAND IMPROVEMENTS 09/30/21 Acct. # 02-15000-150-001		
DATE	VENDOR	ITEM DESCRIPTION	USEFUL LIFE	AMOUNT \$
10/1/202	20 BEGINNING BALANCE			389,985
		ADDITIONS 2021		<u> </u>
		GENERAL LEDGER BALANCE 9/30/21		389,985
		BISHOP WICKE BUILDINGS 09/30/21 Acct. # 02-15000-310-001	USEFUL	
DATE	VENDOR	ITEM DESCRIPTION	LIFE	AMOUNT \$
10/1/202	20 BEGINNING BALANCE			1,778,576
		ADDITIONS 2021		
		GENERAL LEDGER BALANCE 9/30/21		1,778,576

BISHOP WICKE BUILDING IMPROVEMENTS 09/30/21 Acct. # 02-15000-350-001							
DATE	VENDOD		USEFUL				
DATE	VENDOR	ITEM DESCRIPTION	LIFE	AMOUNT \$			
10/1/202	20 BEGINNING BALANCE		VARIOUS	5,461,778			
10/1/202	20 LeClaire Heating & Air LLC	booster pump	5	2531			
	21 Business Card	AC - Chiller	5	1102			
9/30/202	21 C.E. FLOYD			2430			
		ADDITIONS 2021 GENERAL LEDGER BALANCE 9/30/21		6,063 5,467,841			
		BISHOP WICKE BUILDING EQUIPMENT/MACHINERY					
		09/30/21					
		ACCT. # 02-15000-370-001 (Fixed Equipment portion)					
			USEFUL				
DATE	VENDOR	ITEM DESCRIPTION	LIFE	AMOUNT \$			
10/1/202	20 BEGINNING BALANCE		VARIOUS	926,682			

ADDITIONS 2021 GENERAL LEDGER BALANCE 9/30/21 926,682

		BISHOP WICKE BUILDING EQUIPMENT/MACHINERY 09/30/21		
DATE	VENDOR	ACCT. # 02-15000-370-001 (Machinery & Equipment portion) ITEM DESCRIPTION	USEFUL LIFE	AMOUNT \$
10/1/202	20 BEGINNING BALANCE		VARIOUS	306,897
		ADDITIONS 2021		-
		GENERAL LEDGER BALANCE 9/30/21		306,897
		BUILDING EQUIPMENT/MACHINERY MOVEABLE EQUIPMENT 09/30/21 ACCT. # 13001400		
DATE	VENDOR	ITEM DESCRIPTION	USEFUL LIFE	AMOUNT \$
10/1/202	20 BEGINNING BALANCE		VARIOUS	230,762
		ITEM DESCRIPTION		230,762

		BISHOP WICKE FURNITURE, FIXTURES AND EQUIPMENT 09/30/21 Acct # 02-15000-510-001		
DATE	VENDOR	ITEM DESCRIPTION	USEFUL LIFE	AMOUNT \$
10/1/202	0 BEGINNING BALANCE			908,524
	0 Business Card	Food Processor	5	,
	0 GARY'S EAST COAST SERVICE Inc.	Double Deck oven	10	10,936.12
	1 Direct Supply 1 THE WAREHOUSE STORE FIXTURE	Refrigerator Commercial Food blender	5 5	621.00 7,876.00
170/202	THE WAREHOUSE STORE FIXTORE		5	7,870.00

ADDITIONS 2021	20,497.47
GENERAL LEDGER BALANCE 9/30/21	929,021

Beginning Balance Additions Ending Balance	10,027,417 26,561 10,053,978
Per Schedule Per G/L (Excluding adjustments for Prior Owner)	10,053,978 (5,364,701) 15,418,679
Per Schedule (Excluding Land) Page 23	9,919,549 9,919,549 (0)

BISHOP WICKE HEALTH CARE CENTER DEPRECIATION FYE SEPTEMBER 30, 2021

	ACC'D DI	EPRECIATION	ACC'D			
	DEPRECIATION		DEPRECIATION		Ful	ly Depreciated
ACCUMULATED EXPENSE	<u>30-Sep-20</u>	30-Sep-21 Prior Owner Adj	<u>30-Sep-21</u>	Adjusted TB	Variance	Assets
	-					
02-15500-150-(02-15000-150-001 LAND IMPROVEMENTS	272,969	14,481	287,450	287,450	-	245,173
02-15500-310-(02-15000-150-001 BUILDING	1,776,794	-	1,776,794	1,776,794	-	1,778,576
02-15500-350-(02-15000-150-001 BUILDING IMPROVEMENTS	2,924,764	209,407	3,134,171	3,134,171	(0)	354,701
02-15500-370-(02-15000-150-001 Building Equipment/ Machinery & Equiptment	1,293,542	1,580	1,295,122	1,295,122	-	1,220,286
02-15500-510-(02-15000-150-001 Furniture, Fixtures and Equipment	988,459	43,946	1,032,404	1,032,404	0	771,561
TOTAL	7,256,527	269,414 -	7,525,941	7,525,941	(0)	4,370,297

	Land Improv			
	Fixed Asset			
	Sch & Prior			
	Owner Adj	Page 23	Variance	
AND IMPROVEMENTS - BB	272,969	272,969		
Current Yr Depr Per Dep Sch*	14,481	14,481		
AND IMPROVEMENTS - EB	287,450	287,450		-
`otal	287,450	287,450		(0)
Total Above	287,450			
Adjusted Trial Balance	287,450			
/ariance	-			

Building, Building Improvements & Fixed - BB FIXED EQUIPMENT	Building Fixed Asset Sch & Prior Owner Adj 4,701,558 928,085	Page 23	Variance	
Adj. Building Improvements & Fixed - BB Current Yr Depr	5,629,643 210,987	5,629,643 210,987	-	()
Total	5,840,630	5,840,630	_	(0
Adjusted Trial Balance	5,840,631		-	
Variance	(0)			

Machinery & Equipment, Movable Equip, & FFE - BB FIXED EQUIPMENT	Movable Equipment Fixed Asset Sch & Prior Owner Adj 2,282,000 (928,085)	Page 23	Variance	
Adj Machinery & Equipment, Movable Equip, & FFE - BB	1,353,916	1,353,915	-	(1)
Current Yr Depr	43,946	43,945		(1)
Total	1,397,861	1,397,860	_	(1)
Adjusted Trial Balance	1,397,861		-	
Variance	0			

BISHOP WICKE FIXED ASSET ROLLFORWARD 9/30/2021

Cost	SAGE Acct	Beginning 9/30/2021	Additions	D	isposals	Ending 9/30/2021
Land	02-15000-110-001	24,213.49	_		_	24,213.49
Land Improvements	02-15000-150-001	389,985.00	_		-	389,985.00
Buildings	02-15000-310-001	1,778,576.13	_		-	1,778,576.13
Building Improvements	02-15000-350-001	5,461,777.98	6,063.26		-	5,467,841.24
Building Equipment/ Machinery & Equiptme		1,233,578.93	-		-	1,233,578.93
Furniture, Fixtures and Equipment	02-15000-510-001	1,139,286.45	20,497.47		-	1,159,783.92
CPI	02-15000-910-001	-	16,772.00		-	16,772.00
Total		\$ 10,027,418	\$ 43,333	\$	-	\$ 10,070,751
Accumulated Depreciation	00 15500 150 001		(14,401,00)			
1	02-15500-150-001	(271,016.65)	(14,481.20)		-	(285,497.85)
e	02-15500-310-001	(1,778,576.13)	-		-	(1,778,576.13)
6 1	02-15500-350-001	(2,990,047.19)	(209,406.99)		-	(3,199,454.18)
Building Equipment/ Machinery & Equiptme		(1,229,040.11)	(1,580.41)		-	(1,230,620.52)
Furniture, Fixtures and Equipment	02-15500-510-001	(988,604.56)	(43,945.60)		-	(1,032,550.16)
Total		\$ (7,257,285)	\$ (269,414)	\$	-	\$ (7,526,699)
Book Value						
Land		24,213.49	-		-	24,213.49
Land Improvements		118,968.35	(14,481.20)		-	104,487.15
Buildings		-	-		-	-
Building Improvements		2,471,730.79	(203,343.73)		-	2,268,387.06
Building Equipment		4,538.82	(1,580.41)		-	2,958.42
Furniture, Fixtures and Equipment		150,681.89	(23,448.13)		-	127,233.76
Total		\$ 2,770,133	\$ (242,853)	\$	-	\$ 2,527,280

LAND - Account No. 02-15000-110-001

		ASSET		
ACQ DATE	VENDOR	DESCRIPTION	LIFE	COST
10/1/2014	BEGINNING BALANCE	LAND		24,213.49
	BALANCE			24,213.49

LAND IMPROVEMENTS - Account No. 02-15000-150-001

							2020			2021		
		ASSET			DEPRECIATION	DEPR. EXP.	ACCUM DEPR.		DEPR. EXP.	ACCUM DEPR.	NET BOOK	
ACQ DATE	ASSET	DESCRIPTION	LIFE	COST	ANNUAL AMT	02-93010-150-930	02-15000-150-001	NET BOOK VALUE	02-93010-150-930	02-15000-150-001	VALUE	Fully Depr
BAL FC	DRWARD PER PEACHTREE	see py wp's		\$217,979.62	-	-	(217,979.62)	-	-	(217,979.62)	-	217,979.6
ADDIT	'ION-						-			-		-
5/24/2002 MARC	UCCIO GARDENS	see py wp's	10	\$9,910.60	991.06	-	(9,910.60)	-	-	(9,910.60)	-	9,910.6
8/10/2005 DESIGI	NING NATURE	see py wp's	10	\$5,690.00	569.00	-	(5,690.00)	-	-	(5,690.00)	-	5,690.0
9/3/2006 PAVEN	MENT MAINTENANCE	see py wp's	10	\$648.00	64.80	-	(648.00)	-	-	(648.00)	-	648.0
6/1/2006 STONE	DUST/WASHED SAND	see py wp's	10	\$786.60	78.66	-	(786.60)	-	-	(786.60)	-	786.6
1/27/2011 JOHN	J BRENNAN CONSTRUCTION	see py wp's	8	\$870.00	108.75	-	(870.00)	-	-	(870.00)	-	870.0
8/2/2011 WHITE	HILLS TREE REMOVAL	see py wp's	5	\$650.00	130.00	-	(650.00)	-	-	(650.00)	-	650.0
5/25/2011 EAGLE	FENCE	see py wp's	5	\$4,850.00	970.00	-	(4,850.00)	-	-	(4,850.00)	-	4,850.0
6/18/2011 NORTH	HERN TOOL & EQUIPMENT	see py wp's	5	\$935.18	187.04	-	(935.18)	-	-	(935.18)	-	935.1
8/8/2011 YELLO	W DAWG STRIPING	see py wp's	2	\$678.00	339.00	-	(678.00)	-	-	(678.00)	-	678.0
4/3/2012 P&S P/	AVING	see py wp's	8	\$2175.00	271.88	158.51	(2,175.00)	-	-	(2,175.00)	-	2,175.0
2017 A	Additions											
2018 A	Additions											
9/30/2018 Pavem	nent		10	20,237.00	2,023.70	2,023.70	(4,047.40)	16,189.60	2,023.70	(6,071.10)	14,165.90	-
2019 A	Additions					-			-			
7/23/2019 Disco	unt Fence of CT		10	6,950.00	695.00	695.00	(810.83)	6,139.17	695.00	(1,505.83)	5,444.17	-
9/5/2019 Disco	unt Fence of CT		10	6,950.00	695.00	695.00	(695.00)	6,255.00	695.00	(1,390.00)	5,560.00	-
11/30/2018 wh	Project Cost allocation/ pavement & Others		10	110,675.00	11,067.50	11,067.50	(20,290.42)	90,384.58	11,067.50	(31,357.92)	79,317.08	-
BALAN	NCE			\$389,985.00	2,150.13	14,639.71	(271,016.65)	118,968.35	14,481.20	(285,497.85)	104,487.15	245,173.

BUILDINGS - Account No. 02-15000-310-001

						2020			2021		
	ASSET			DEPRECIATION	DEPR. EXP.	ACCUM DEPR.	NET BOOK	DEPR. EXP.	ACCUM DEPR.	NET BOOK	
ACQ DATE	DESCRIPTION	LIFE	COST	ANNUAL AMT	02-93010-150-930	02-15000-310-001	VALUE	02-93010-150-931	02-15000-310-002	VALUE	Fully Depr
10/10/2000 BUILDING	3	Various	\$1,778,576.13	7,137.00	-	(1,778,576.13)	-	-	(1,778,576.13)	-	
BALANCE			\$1,778,576.13	7,137.00	-	(1,778,576.13)	-	-	(1,778,576.13)	-	1,778,576.13

147X VENDA	AGUT	ure .		Internation	504.00	ALLAN GEN.	BOOK VALUE	004.00	ATTACANA AT	acces ward
, Cold Rox Filteratio		10 5 15 5	1,145.20 1,145.00	36.61		(3,646.3%) (3,148.4%) (401.4%)	- :			- :
COM DIMENSION									(513.46) (513.46) (533.46) (533.46)	
Coole indeet admost chicycalco Coole indeet admost chicycalco		45.5 45.5	648-67 219-33	41.24 81.45		(648.87) (734.77)	1		(04.75	1
(SSS GRADO) NC (SSS CRADO) NC (SSS CRANICOLAMICANY)	10033-1075 10033-1075	11 S 15 S 5 S	1,000.00	131.00 131.00 240.00	4,9679	(1.00.00) (1.00.00) (1.000.00)		28,098.70	(1,800,00) (1,800,00) (1,800,00)	ac)41.0
(Sold sourcesternet) (Sold downworkflorty (Sold hustymanic Cost	1000 APT	10 5 20 5 10 5	02024 2,482-09 1,425-81	80.00 208.10 147.34	101.10	(148.44) (149.49) (142.41)	uin.	109.00	(586.64) (3.525.69) (3.623.61)	N.B
(Sola Lindo)/Calabani (Sola Lindo)/Calabani (Sola Lindo)/Calabani		15.5	4,352,00	20.40		(1.004.00) (4.339.00) (1.039.00)	- 1		(1.004.00) (4.700.00) (1.001.00)	- 1
Cold will a very second converse Cold will a very second converse		-	1,014,00	14.75		(1.651.80) (1.47.60) (1.69.80)			(1.00.1.00) (1.007.00)	
(2002 Hold Brits Concerning Con-		10 S	4,252.78	421.7N 208.80		(1,207,76) (1,626,60)	1		14,207,700	1
COSE REAFFERENCE CON COSE REFERENCE CONCERNMENT COSE REPORTS		10.5	100.00	10.40		(1,826.00) (1,826.00) (1944.30)			(1.0%.00) (1.0%.00) (%61.7.0	
COOL MAN UNDER CONTRACTION		20.5	175.00 175.00	8,62(.5) 26.51 26.51	86424.75 28.75 28.75	(1.812.58.44) (188.52) (188.12)	10,0%40 61,0 71,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0	90001 303 303 400	(5.146,761,17) (514,27) (511,88)	34,94,14 40,75 43,12 18,29 18,29 18,27 18,17
(Sees Generations) (Sees Generations)		-	2,182.00	208.30	1	(1.161.00) (1.295.00)		1	(3,263,269) (1,245,269)	
CORE CONTRACTORS	1000 at 1	10.5	405.63	(16.00 32.47		(1.766.60) (2.766.60)			(1,700,01)	
(Soot Lindour/Taucante (Soot Gamacocine) (Soot Gamacocine)		15.5 18.5 29.5	4,125.42 545.60	12.45 52.50	N.M.	(147.30) (147.30) (147.30)	206.21	and the second	(UCLA) (UCLA)	10.17
(Door Gamalician), (Door Bandition		-	4,455.00	10.00		(1,240,00) (1,240,00) (1,041,00)	1		(1,245,80) (1,245,80) (7,855,80)	1
(Sola Gal-DeConsta (Sola Galacco eC		-	648-53 1,095-54	45.85 296.28		(1.96.42)			(1.961.62)	
(Good the control autors) (Good teached and the (Good teached)	1000 APT	20.5	252.00	12.60	12.90	(322.00) (207.20) (707.00)	4274	IDAN MAR ISAN TSAN	(10.20) (20.70) (20.20)	3624
Usee Linkeys/Claus.2016 Usee Linkeys/Claus.2016 Usee ColoriseContr		20.5	2,258,00	844 1879 17140	13676 (75.80	(1.88.10) (1.88.10) (5.36.50)	21443 20590 23504 33604	10.20 110.70 171.80	(1.623.65) (1.926.66) (9.623.65)	247.27
(Sole Fail Hold Chine Selling) (Sole Generations)	1000 APT	20.5	1,000.00	78.40	795.40	(11,000,00) (1,240,93)	1,000.00	798.40	(11,768.40) (1,468.93)	2,2%140
 Series of a series of a serie	1000 401 1000 401	115	14,006.50 3,006.50 (7,055.60)	123.46 (307.76)	(10.26)	LUMAN LUMAN	0,0014	(10.3)	(1,78,43) (1,78,43) 4,963,5	0.00.00
Sook anter Kenne Sook andre Versamme Sook andre Versamme	10003 4070 10003 4070 10003 4070	18 5 15 5 15 5	4,205-C) 900-00 4,001-00	138.96 62.88 66.71	31.00 34.30	(1.246.07) (1.66.00) (1.66.00)			(1,245,25) (101,245,25) (1,011,245)	- 5
 Ante a de la calacita d		10 5 15 5 15 1	1,225.00	12.48 6.38 72.13	25.00	(1.236.00) (1.000.00)			(1,254.80) (5.85.80) (1,852.82)	3031 181,07 147,08 147108 2,0000
Contraction Contraction	1000 atra	111	905.64 262.20	4L89 36.72	-	(10.44) (10.44) (10.34)	1		(107.38) (107.38)	
(000 LINDOPTIMATIN (000 LINDOPTIMATIN (000 LINDOPTIMATING	1000 APT	111	1,483.00 20,245.00	146.31		(1.241.26) (1.241.26) (11.241.86)			(1.801.00) (1.801.00) (11.501.00)	
ven sertindsilect, nd Sex inducation Sex address control	1000 APT	11.5	2,000.00	242.38 346.29 248.89		(1.62.80) (1.62.80) (1.88.80)			(3,603,60) (3,662,60) (3,663,60)	
INE SHAP JAYONAALU NE FAILPHOINTINA TETAL NE JAKO ME		11.5	1,001.00 101,000.00 205.22	28.18	4,000,000	(1.981.88) (7.461.67) (836.75	emin	4,000,00	(1.981.88) (11.986.87) (856.22)	490.0
E GRACOL MC. E GRACOL MC.		1111	100500	26.30		(1,521.80) (788.90)	1		(1,923.00) (280.95)	
AND	1000 401 1000 401	10 5 10 5 15 5	Castilia Castilia	286.96 296.85 326.67	1000	(1.548.40) (1.548.40) (5.676.10)	iner.	176.00	(1,908,05) (1,908,05) (1,201,00)	
2006 ERREGISLUGGO 2006 HONE MINT CHURCH	10033-0075 10033-0075 10032-0075	10.5 10.5 20.5	9,225.00 2,252.00 3,004.34	421.50 239.36 296.47	296.0	(%225.80) (1250.80) (1866.61)	Lander -	196.0	(9.201.00) (2.202.00) (3.002.00)	ni.e
Cool MillionCale(15-1.004) Cool Ruby Marks Coll		-	426.33 6,488.33	12.46		(K28.77) (1.449.77)			(KSL75) (LAR 75)	
Door contractioned and	1000 APT	111	1,252.05 8,252.05 840.55	121.30 81.01		(1,250,40) (1,250,40) (848,40)			(1,203.0) (1,203.0) (608.0)	
vene FALPAIRCIONTEING (000 KANGO (000 KINGO EJETROA CONTRACTOR	10003 4070 10003 4070 10003 4070	25.5 10.5 5.5	12,000.00 1,000.00	280.00 240.00 740.00		(1,929,60) (1,929,60) (1,948,60)	5,000.00		(1,525,62) (1,525,62) (1,526,62)	4,860.00
COM LOUIS & ACTING & CONTRACTOR COM FAIL FAILURING VETAG	10033-0075 10033-0075 10033-0075	20.5	14,025.50 26,000-00 10,000-00	200.03 L000.00	264.11 1,000.00 1,000.00	(14,18,40) (14,18,47) (14,18,47)	194570 185520 1778040	766.30 1,880.00 1,680.00	(16,82,15) (15,85,65) (25,98,48)	1,214.17 9,983.13 14,886.00
see arrangement of the second		155	10,000.00 510.00	1,200,000	1,200,000	(27,386,885) (296,275) (20,778,885)	1270000		(18,886.88) (558.88) (20,977.15)	11,000.00
Sook Fell Photocols Telling	1000 APT	1.5	20,200.00	100.13 100.00 17.00	an ci an an	(11,46,47) (11,46,47) (476,48)	AUTO I	100.00 100.00	(12,265.47) (12,265.47)	1,201.00
Good, Fail Photochow Willing Good, Fail Photochow Willing Good, Fail Photochow Willing	10000 AUT	26.6	20,858.00 18,679.00 10,588.00	886.54 407.14 1.342.42	886.06 867.06 1,343.02	(13,411,40) (4,431,30) (24,611,20)	4,0310	886.96 247.16 1,343.52	(11,00.00 (1,00.20 (20,75.75	8,483.96 4,913.14 13,211.26
COM THE GROWCE BUILDS. COM THE PROTOCOLOGY THE THE COM	10000 april 10000 april	20.5	006.50 9,476.00 2,548.05	26.63 276.84 266.37	4681 37944	(0.08.20) (0.08.00) (0.08.00)	28478 411745	26.63 379-36	(588.95) (5.517.16) (5.617.15)	28.46 1,76.62
Sook addressinger og		20.5	28,200.00	120.50	1,211,90	(17,042,94) (1,208,94)	1,0004	1,211,90	(18,271.40) (1,288.50)	5.99L.54
VOR MARTINETON DOM LOSTO LECTRON CONTRACTOR DOM FREPRETEDANTICIDA	10033-1075 10033-1075	10.5	6285.00 2286.00 6286.00	421.60 246.60 246.60	204,99	(1,211,20) (1,211,20) (1,211,21)	418.71	101.00	(1,898,7%) (1,898,7%) (1,773,33)	01.21 1,426.47
(500 SentutyCheeds) (500 SentutyCheeds) (500 HeatherDocheeds)	10000 AUT	25.5	6265.06 8266.00 826.25	286.31 331.38 47.43	296.21	(1.46.21) (1.75.86) (25.25	179546	298.35	(1.311.42) (4.861.22) (426.25)	2,43,74 3,424,24
Cool Indianalian		-	125.00	305.00 17.00	1100	(5.6%.80) (75.80)		1.700.000	(1.00.00) (15.00)	
(GOD RADIA STREAM)	10033-1075 10033-1075	111	40,442.040 620.000 30,000.000	1,256,88	1,256,00	(45,221,47) (46,766,40) (45,756,40)	10,7247	L, SIMON	(21,255,66)	A2Not
(1996) AND STRATES (1997) (1997) AND STRATES (1998) (1997) AND STRATES (1998)		10 5 20 5 20 5	4,243.30 10,432.00 26,000.00	121.33	106.00	(1,213,30) (6,864,83) (66,644,87)	1,412,47	506.06 1,250.00	(1,213,30) (7,612,62) (17,261,62)	1,01.01
COOR MARRIEL CONCEASE COOR MARRIEL CONCEASE COOR MARRIEL		13 S 13 S 20 F	2,000.00	201.00	-	(3,200,00) (300,00) (1,750,755	, included and the second s	-	(3,000.00) (300.00) (3,755.00)	, the
COM NUMBER OF COMPLEXITY		1.1	4,326.00	10.00 200.00		(1.000.00) (1.000.00) (1.000.00)			14,776,880 (2,886,880	
(500 Involution and 50 Inc. (500 Involution & Gove	10033-1075 10033-1075	115	1,000.00	96.45 245.88 245.88		(1486.00) (1.428.00) (1.447.62)	LADOR		(1,520,00) (1,920,00) (1,962,82)	une
orean Real-Producture Gives (Soon Galance Conc.)	1000 at 10 1000 at 10 1000 at 10	10.5 10.5 10.5	2,852.24 2,852.00 24,527.00	248.42 248.48 2,417.79		(1.698.24) (1.698.26) (1.177.86)	-		(3,000,34) (3,000,44) (34,077,44)	-
CONTRACTOR CONTRACTOR		20.5	604.00 2,526.00	10.10	111.50	(1.446.20) (1.446.20)	1,225.74	100.00	(1,0%.20)	1,06.21
Sole Rowald Co. Sole Rowald Co. Sole Net Colling Control The	1000 APT	11	927-95 26,940-80	141.75 141.75 2,911.04	1,20448	(NZ:A0) (NZ:A0) (XX:NI:A0)			(427.45) (427.45) (26,918.45)	
Antipati An	1000 AUT	20 5 5 5 5 5	2,205.00	141.41		(1,002.10) (2,000.00) (1,235.00)	1,21010	101.48	(1,784.79) (2,688.80) (1,215.80)	1,141,21
Dool anarticle prince Dool Cash Jackimenta Dool Kashibigarray			1,840.00 1,881.00 711.8*	30.80 18.50 88.41	min	Canano Canano	1		Canada Canada	1
Sout warticle offici Sout wildowcales		**	482.00	13.60	Def.	(1.80.50) (1.70.00) (1.000.17			(1.802.50) (1.302.50) (1.303.00)	1
Cons Andrewski, Gold		15 5 15 5	2,200,000	18.0	1467	(1,752,74) (1,756,74)	407.54 778.24	14.0	(1,254.93) (1,254.25)	111.01
Noos Mholinai Noos PARPAINTENN TRING Noos Laborry Taxatta	10000 AUT	***	4,380.00 939.00 2,876.00	136.80 45.80 247.40	138.00 45.00 247.00	(1.242.00) (848.00) (3.998.20)	156.00 95.90 267.80	126.80 92.90 267.60	(1,385.80) (107.80) (107.80)	
Constanting Constant & Constant of Con-		-	12.20034 8.624.66 5.624.66	1,726.43 80.47 76.17	1,724.43 842.47 74.13	(31,748,64) (7,698,31)	1,868,70 916,11	1,73440 843.47	(11,00,05) (6,00,45)	143.77
(See and and and a second		10 S 15 S	1,825.00	10.50 10.50 16.00	10.50 10.50 16.07	(1.686.67) (736.69)	214.17 MIL 11	10.10 107.00 16.67	(1.00.10) (601.10)	44.87 294.44
(SIG INDOPERATION	10033-1075 10033-1075	45.5 45.5	1,280.00 6,220.00	18.0	110.0	(1,8%,4%) (1,8%,4%) (1,9%,7%)	1,427.33 1,426.33 2,756.49	28.0	(2,477.34) (2,477.34) (2,492.44)	1,362.44 1,362.44 2,367.36
(000 LINDOJATIKA JAMA (000 LINDOJATIKA JAMA (000 RAMODALIYA SIMIMI	10000 april 10000 april	15.5 15.5 18.6	2,580.00	307.33 175.40 36.01	20131 17240 2641	(1.742.70) (1.842.80) (488.70	Lister Lister	267.00 172.00 76.61	(1.90%.62) (1.61%.63) (1.61%.64)	1,140.34 946.00 38.24
(64) a delga Tanamini (64) a delga Tan		-	405.00	6.8	41.50 61.80	(K26.4C)) (K26.10)	154.22 90.45	17.82	(86.13)	M.87 36.68
(Social automatic socie sociale (Social automatic socie sociale (Social automatic	10033-1075 10033-1075	115	2,855.46	10.0	241.47 111.40	(1,111,10) (1,111,10) (1,041,47)	170014 170014 285.17	10.0 10.0	1.2%AB (1.2%AB	136.58 1,858.17 185.17
nyerse allere i Billenser Glashwar (Soci allere i Billenser Glashwar (Soci androjari Bustanie)	10003 4070 10003 4070 10003 4070	115	2,755.40	775.31 345.40 136.40	775.50 385.80 136.80	(1.941.10) (1.941.70) (996.67)	1,739-94 846,24 366,33	223.38 365.40 135.40	(5.36.49 (3.86.79 (3.86.67)	966.44 483.28 173.33
losi elevadoreccorociles losi electrocilentes losi electrocilentes		18.5 15.5 12.1	1,254.50	121.45 16.47	334.01 86.07 176.00	(1,448,80) (607,54)	786.00 642.74	101.48 86.67	(1.761.45) (1.01.55) (1.761.46)	ML CA MALON
Doct Indicate Case		15.5	6,200,200	429-28 86-67	424-28 86-67	(1,636,76) (636,66)	1249-42	20.38 8647	(1,29,20) (102,29)	2,836.14 871.78
Constantine Constantine Constantine Constantine	10033-1075 10033-1075	45.5 45.5	1,550.00 1,500.00	13.00 18.40 16.40	1367 1867 867	(341.54) (812.31) (828.31)	42.30 87.48 47.48	1120 118.47 16.47	(10.40) (10.40) (10.40)	10% 20 726.48 581.48
ena manifica constante del constant. Ena monate como Ena minica	10000 4070 10000 4070 10000 4070	10 S 10 S 10 S	1,436-05 1,925-05 2,436-06	343.44 243.47 343.49	343.96 242.87 343.88	(1,241,76) (1,261,24) (1,721,24)	145.85 540.24 756.75	343.46 182.47 243.49	(1,817.60) (1,812.60) (1,962.25)	401.00 368.00 265.76
(COLE LINDOUR COLLINES (COLE RANDON (COLE FRANKLANDOWN)		15 5 15 5 17	6,300-00 6,248.30	8.47 211.88	86.67 314.00	(1.635.70)	ABLON LANK CT	86.47 214.98	(101.50) (1.754.20)	899.43 1,844.63 341.17
ini kalender (der bei	10033-1075 10033-1075	15.5 18.5	2,245.00 2,245.00 2,215.62	10.00 10.47 17.46	125.07 125.07 175%	(25647) (1.620.36) (1.236.66)	104542 104642	1000 107.00 177.06	(1,26,47) (1,26,25) (1,76,42)	243.13
Social Analysismential Scholl and Social Landous Company, School School, School School, School School, School School, School School, School School, Sc		10.5	4,176.00	40.54 47.49	417.40 47.40 48.2*	(3.787.96) (3.787.86) (387.76			(1,228,25) (1,228,55) (200,87)	
Constanting of the second seco	1000 APT	15.2	1,040-54	#38 355 13860	36.6 36.5 1,246.0	100.00 (100.00) (1.07.00)	404A4	2625 1,24545	(86.75) (8.673)	1,000-97 813.83 16,099.29
(Cost den care and	1000 APT	***	24,800.00	24,975.00	34,345,88 26,975,88 2,416,88	(84,128,27) (84,128,27) (64,121,88)	11,2563 21,0560	24,475.00 2,475.00 2,476.00	GEL/MLT) (20,901.00	1,0100
Dest stern i Bellenen Dest Additions Dess Self-Toronasticite	weather and	**	5,000.00	NR.R	100.00	(140.0)	1771.00	10.0	(1.36.6)	1,201.0
OF INALISCIDE CONTRACTOR	Generator Generator Generator party hast sprice	-	34,262.66	1,411.76	1,411.78	(41,728,44) (1,738,44)	13,809.04	1,471,78	(29,262,1%) (1,751,84)	20,00.11
Sout mailmaileannaith tipanaist Sout ine annaiceannais Sout ine annaiceannais	Reminal and expression Party options and Replacements with Pauli	***	6,285.00 6,268.33 8,475.00	126.50 126.13 127.50	126.00 126.03 912.00	(986.70) (687.20) (4.748.42)	801.20 126.03 4,014.06	176.60 126.13 417.60	(1,268,25) (688,33) (5,67,83)	424.78 #2.00 3,527.68
Josef Additions	Concrete paring	15.5	24,452.00	1,644.07	1460	(6,053,24)	16,106.65 1,000.00	(data)	(1)((1,1)) (1)((1,1))	10,05.00
Net selacements for al	üshaaher keerer hader Replace eir sonditionen	2	1,124.00 26,250.00	167.44 2,675.66	107.44 2,875.44	(6,647.52) (6,647.52) (64,656.67)	2,853.56 6,759.65	267.44 2,675.40	(4,674,60) (4,674,60) (44,654,67)	4,665.27 13,865.85
2011 Entpire Leverity Sectoralization 2012 Additions 2011 Entline Statemark Ref.	Replace has a merciliser	**	2,546,46	251.45	251.45	(6,266,440)	LOBERT	20145	0,202,20	4,262.24
(1014) LaClaire Meaning & Kr., and (1014) Americania Date Conton, (1015) The Games Pro-	Las regioner lease Text regioner	1	6,458,47 6,525,60 2,017,44	545.89 305.00	545.89 305.00	(K, 827, 54) (K, 848, 75) (K, 748, 75)	8,685.29 185.25	Sucan Jackan pris Su	(1,411.47) (1,441.37) (1,771.47)	2,683.80
(444) The transport the Company, Inc. (444) Endpoint Security Sectoral open 2018 Additions	ishaaha kasa patij	ì	Carpenter of Carpe	463.34 267.44	463.54 240.44	(4,356,44) (444,43)	Sin #2	462.76 267.66	(4,044.00)	264.05 267.43
1994) Reinsch Gent & Genmenisation	insul Anglassmen Higheri(semin-gard) Facility	÷	10040	141-57 765.41	146-52 236-4*	948.33	200.52	hali-D 73645	0.201.00	168-05 1-165-11
(Still De George His Company, Inc.	Cambornae Matter	6	1,181.00	296.32	296.33	(10.00)	663.52	236.30	(146.35)	488.25
(Stat 6. 8 Sharing Construction	hadhquir	4	2,400.00	****	-	(846.00)	1,569.00	400.00	(1,221,00)	1,000.00
(1998) Gaugelline Ca (1998) The Gauge Bis Campung, Inc.	Relative Sector	1	925.08 3,780.00	107.00	101.00	(1.255.00)	46x54 2,520.00	10740	(10.00) (10.000)	10.45
(2000 Fourier Testing Inc. 2000 Additions	Fox pump Spream	•	1,006.77	1,005.00	1,000.00	(4, 496, 59)	2,309.48	4,005.58	(2,200,40)	1,000.00
Cost Entpir Learny Schneiger	iners Text series		1,625.44 (22.74	10.44	694.20 1 at at	(10.21)	1,001.00	725.88 (194.07	(1,224,24)	2,206.00
1000 Entrylers	ine spenter	ŝ	2,006.00	636.05 G1.80	145.46	(14.44) (14.54)	2,261.14	site 55 Gran	picci)	408.75 4,799.34
AND AMOUNT	hand of the local data		2134.30	996.34				996.24	(10.24)	2,654.06
(5636 tallainementing& Kirisil										
9686 salisinettoaring&kirist 9688 kusinete Gant 9685 G.K.Fudite	al. Online	6	1,001.00	210.32				-	(46.80)	1,883.24 2,490.85

BISHOP WICKE

FIXED ASSETS

Building Equipment - GL 02-15000-370-001

Fixed Equipment Subschedule Other is Machinery & Equipment Subschedule

unding Equipment - GL 02-15000-570-001						x Equipment Subsc							
							2020				2021		
	ASSET			DEPRECIATION		DEPR. EXP.		ACCUM DEPR.	NET BOOK	DEPR. EXP.	ACCUM DEPR.		
ACQ DATE VENDOR	DESCRIPTIO	N LIFE	COST	ANNUAL AMT	02-93010-150-930			02-15000-370-001	VALUE	02-93010-150-930	02-15000-370-001	NET BOOK VALUE	Fully Depr
10/10/2000 BAL FORWARD PER PEACHTREE		Various	1.192.718.26	-				(1,192,718.26)			(1,192,718.26)	-	1,192,718.26
10/31/2000 DIRECT SUPPLY		10	1,260.89				_	(1,260.89)			(1,260.89)		1,260.89
10/31/2000 TOTAL COMMUNICATIONS		10	\$ 2,584.97				-	(2,584.97)	-	_	(2,584.97)		2,584.97
1/31/2001 SIMPLEX TIME RECORDER		10	556.00				-	(556.00)	-	-	(556.00)		556.00
1/31/2001 GEORGE ELLIS COMPANY INC.		10	589.04	58.90			-	(589.04)	-	-	(589.04)		589.04
3/31/2001 BEST RESTAURANT EQUIP		10	1,295.00				-	(1,295.00)	-	-	(1,295.00)		1,295.00
5/31/2001 EAST PAPER OF NEW ENG		10	2,685.75				-	(2,685.76)	-	-	(2,685.76)		2,685.76
10/1/2001 RAINTECH SOUND & COMM		10	\$ 1,536.31				-	(1,536.31)	-	-	(1,536.31)		1,536.31
1/13/2002 BENMAN INDUSTRIES		10	2,205.00				-	(2,205.00)	-	-	(2,205.00)		2,205.00
11/22/2002 BEST RESTURANT		10	816.38				-	(816.38)	-	-	(816.38)		816.38
4/21/2004 BEST RESTURANT		10	861.85				-	(861.85)	-	-	(861.85)		861.85
5/13/2004 HOME DEPOT		5	600.00				-	(600.00)	-	-	(600.00)		600.00
6/29/2004 RALPH MANN & SONS		10	1,622.09				-	(1,622.09)	-	-	(1,622.09)		1,622.09
7/18/2005 COMMERCIAL APPL		10	700.00				-	(700.00)	-	-	(700.00)		700.00
8/26/2005 LAB SAFETY SUPPLY		10	771.43				-	(771.43)	-	-	(771.43)		771.43
9/20/2005 LAB SAFETY SUPPLY		10	771.43				-	(771.43)	-	-	(771.43)		771.43
1/30/2006 SARACCO, INC		12	675.00				-	(675.00)	-	-	(675.00)		675.00
8/29/2006 DIVERSIFIED SALES CO		10	2,895.00				-	(2,895.00)	-	-	(2,895.00)		2,895.00
10/29/2006 SUNRISE MEDICAL		10	1,543.50				-	(1,543.50)	-	-	(1,543.50)		1,543.50
11/8/2007 CHATFIELD POWER EQUIP		10	1,199.99				-	(1,199.99)	-	-	(1,199.99)		1,199.99
12/19/2007 GEORGE ELLIS		10	3,790.00				-	(3,790.00)	-	-	(3,790.00)		3,790.00
3/13/2009 BEST RESTURANT		5	764.08				-	(764.08)	-	-	(764.08)		764.08
9/4/2010 STAPLES BUSINESS ADV		5	529.56	105.91			-	(529.56)	-	-	(529.56)		529.56
4/5/2012 RAY GOOLEY & SON, INC. 2016 Additions		15	\$ 1,265.00				84.33	(709.78)	555.22	84.33	(794.11)		-
03/14/16 WAREHOUSE STORE FIXTURE 2017 Additions	Food Slicer	10	3,724.00	372.40			372.40	(1,706.83)	2,017.17	372.40	(2,079.23)	1,644.77	-
6/8/2017 LeClaire Heating & Air, LLC 2018 Additions		5	5,618.40	1,123.68			1,123.68	(3,651.96)	1,966.44	1,123.68	(4,775.64)	842.76	-
2019 Additions													
BALANCE			1,233,578.93	4,783.86			1,580.41	(1,229,040.11)	4,538.83	1,580.41	(1,230,620.52)	2,958.42	1,222,971.5
Per Roll-forward			-					-15000-370-001		#VALUE!	(1,580.41)		
Machinery & Equipment subsch	edule		306,896.74							372.40	(305,251.98)	1,644.76	300,486.9
FFE Subschedule			926,682.19							1,208.01	(925,368.54)	1,313.65	919,798.79
			1,233,578.93	_						1.580.41	(1.230.620.52)	2,958,41	1.220,285.78

BISHOP WICKE

FIXED ASSETS

Building Equipment - GL 02-15000-370-001

Building Equipment Subschedule- Machinery & Equipment

							2020			2021		
		ASSET			DEPRECIATION	DEPR. EXP.	ACCUM DEPR.	NET BOOK	DEPR. EXP.	ACCUM DEPR.		
ACQ DATE	VENDOR	DESCRIPTION	LIFE	COST	ANNUAL AMT	02-93010-15	02-15000-370-001	VALUE	02-93010-150-930	02-15000-370-001	NET BOOK VALUE	Fully Depr
			., .	277.040.75						(277 0 40 75)		
-, -,	ORWARD PER PEACHTREE		Various	277,040.75	-	-	(277,040.75)	-	-	(277,040.75)		277,040.75
10/31/2000 DIREC			10	1,260.89	126.09	-	(1,260.89)	-	-	(1,260.89)		1,260.89
1 - 1	LEX TIME RECORDER		10	556.00	55.60	-	(556.00)	-	-	(556.00)		556.00
1/31/2001 GEOR	GE ELLIS COMPANY INC.		10	589.04	58.90	-	(589.04)	-	-	(589.04)	-	589.04
3/31/2001 BEST	RESTAURANT EQUIP		10	1,295.00	129.50	-	(1,295.00)	-	-	(1,295.00)	-	1,295.00
5/31/2001 EAST	PAPER OF NEW ENG		10	2,685.75	268.58	-	(2,685.76)	(0.01)	-	(2,685.76)	(0.01)	-
1/13/2002 BENN	1AN INDUSTRIES		10	2,205.00	220.50	-	(2,205.00)	-	-	(2,205.00)	-	2,205.00
11/22/2002 BEST	RESTURANT		10	816.38	81.64	-	(816.38)	-	-	(816.38)	-	816.38
4/21/2004 BEST	RESTURANT		10	861.85	86.19	-	(861.85)	-	-	(861.85)	-	861.85
5/13/2004 HOM	E DEPOT		5	600.00	120.00	-	(600.00)	-	-	(600.00)	-	600.00
6/29/2004 RALPI	H MANN & SONS		10	1,622.09	162.21	-	(1,622.09)	-	-	(1,622.09)	-	1,622.09
7/18/2005 COMI	MERCIAL APPL		10	700.00	70.00	-	(700.00)	-	-	(700.00)	-	700.00
8/26/2005 LAB S	AFETY SUPPLY		10	771.43	77.14	-	(771.43)	-	-	(771.43)	-	771.43
9/20/2005 LAB S	AFETY SUPPLY		10	771.43	77.14	-	(771.43)	-	-	(771.43)	-	771.43
1/30/2006 SARA	CCO, INC		12	675.00	56.25	-	(675.00)	-	-	(675.00)	-	675.00
8/29/2006 DIVER	RSIFIED SALES CO		10	2,895.00	289.50	-	(2,895.00)	-	-	(2,895.00)	-	2,895.00
10/29/2006 SUNR	ISE MEDICAL		10	1,543.50	154.35	-	(1,543.50)	-	-	(1,543.50)	-	1,543.50
11/8/2007 CHAT	FIELD POWER EQUIP		10	1,199.99	120.00	-	(1,199.99)	-	-	(1,199.99)	-	1,199.99
12/19/2007 GEOR	GE ELLIS		10	3,790.00	379.00	-	(3,790.00)	-	-	(3,790.00)	-	3,790.00
3/13/2009 BEST	RESTURANT		5	764.08	152.82	-	(764.08)	-	-	(764.08)	-	764.08
9/4/2010 STAPI	ES BUSINESS ADV		5	529.56	105.91	-	(529.56)	-	-	(529.56)	-	529.56
03/14/16 WARE	HOUSE STORE FIXTURE	Food Slicer	10	3,724.00	372.40	372.40	(1,706.83)	2,017.17	372.40	(2,079.23)	1,644.77	-
BALA	NCE			306,896.74	3,163.72	372.40	(304,879.58)	2,017.16	372.40	(305,251.98)	1,644.76	300,486.99

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Building Equipment Subschedule- Fixed Equipment

Building Equipment - GL 02-15000-370-001

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							2020			2021		
		ASSET			DEPRECIATION	DEPR. EXP.	ACCUM DEPR.	NET BOOK	DEPR. EXP.	ACCUM DEPR.		
ACQ DATE	VENDOR	DESCRIPTION	LIFE	COST	ANNUAL AMT	02-93010-150-930	02-15000-370-001	VALUE	02-93010-150-930	02-15000-370-001	NET BOOK VALUE	Fully Depr
10/10/2000 BAL FC	RWARD PER PEACHTREE		Various	915,677.51	-	-	(915,677.51)	-	-	(915,677.51)	-	915,677.51
10/31/2000 TOTAL	COMMUNICATIONS		10	\$ 2,584.97	258.50	-	(2,584.97)	-	-	(2,584.97)	-	2,584.97
10/1/2001 RAINTE	ECH SOUND & COMM		10	\$ 1,536.31	153.63	-	(1,536.31)	-	-	(1,536.31)	-	1,536.31
4/5/2012 RAY GO	DOLEY & SON, INC.		15	\$ 1,265.00	84.33	84.33	(709.78)	555.22	84.33	(794.11)	470.89	-
6/8/2017 LeClair	e Heating & Air, LLC	Replace booster pump	5	5,618.40	1,123.68	1,123.68	(3,651.96)	1,966.44	1,123.68	(4,775.64)	842.76	-
0,0,202, 200			0	3,010110	1)120100	1,120100	(0)002100)	2,500111	1)120100	-	-	
										-	-	
										0	0	
BALAN	ICE			926,682.19	1,620.14	1,208.01	(924,160.53)	2,521.66	1,208.01	(925,368.54)	1,313.65	919,798.79

						DEPR. EXP.	202	ACCUM DEPR.	NET BOOK	DEPR. EXP.	2021 ACCUM DEPR.	
DATE VENDOR	ASSET DESCRIPTION	LIFE	c0	GT .	ANNUAL AMT	DEPR. EXP. 02-93000-150-930		02-15000-510-001	VALUE	DEPR. EXP. 02-93000-150-930	02-15000-510-001 N	ET BOOK VALUE
BAL FORWARD PER PEACHTREE (30/2000 DIRECT SUPPLY		Various 10 10	5 38	2,999.94	299.99			(286,681.23) (2,999.94)	1		(386,681.23) (2,999.94)	1
IAL FORMAND PROVINEL (2)/2000 DIRECT SUPPLY (2)/2000 ADVANCED ARP PURIFICATION (2)/2000 STAPLES CREDIT CARD PURIFICATION (2)/2000 UNIVERSAL BUILDINGS EQUIP (2)/2000 UNIVERSAL BUILDINGS EQUIP (2)/2000 ADVANCED ARP PURIFICATION			s s	2,999.94 615.00 1,162.02 3,313.00 615.00	299.99 61.50 232.40 331.30 61.50			(200,041.22) (2,999.94) (615.00) (1,162.02) (3,313.00) (615.00)	1		(360,681.23) (2,999,94) (615.00) (1,162.02) (3,313.00) (615.00)	1
(31/2000 UNIVERSAL BUSINESS EQUIP (31/2001 ADVANCED AIR PURIFICATION		10 20	\$	3,313.00 615.00	331.30 61.50			(3,313.00) (615.00)	1		(3,313.00) (615.00)	1.1
00/2001 DIRECT SUPPLY		10	\$	2,723.63	272.36			(2,723.63)	-		(2,723.63)	-
12/2001 ADVANCED KIE PUIKEICKIIION 12/2001 EBIECT SUPPLY 12/2001 EBIECT SUPPLY 12/2001 SHARLSKIE CREDIT CARD 12/2001 SHARLSKIE CREDIT CARD PLAN 12/2001 LADD CONTRACT SALES CORP. 12/2001 LADD CONTRACT SALES CORP. 12/2001 EADD CONTRACT SALES CORP. 12/2001 EADD CONTRACT SALES CORP. 12/2001 EADD CONTRACT SALES CORP.		10 10 10	ŝ	615.00 2,723.43 1,314.06 419.88 1,102.88 3,113.00 2,587.20 7,316.15 34,190.00	61.50 272.36 131.41 41.99 220.58 311.30 258.72 731.62 6,838.00			(2,723.63) (1,314.06) (419.88) (1,102.88) (3,112.00)	-		(2,723.63) (1,314.06) (419.88) (1,102.88) (3,113.00)	
(31/2001 STAPLES CREDIT CARD PLAN (31/2001 LADD CONTRACT SALES CORP.		30	\$	1,102.88 3,113.00	220.58 311.30			(1,102.88) (3,113.00)	1		(1,102.88) (3,113.00)	1
21/2021 LADD CONTRACT SALES CORP.		20	ŝ	2,587.20	258.72			(2,587.20) (7,316.15) (34.190.00)	-		(2,587.20) (7,316.15) (34,190.00)	
1/2/2001 DRAPERIES, INC.		20 5	ŝ	7,416.15	6,838.00				-		(34,190.00)	1
1/2/2021 DRAFERIES, INC. 15/2021 AMERICAN OF MARTINSVILLE 15/2021 AMERICAN OF MARTINSVILLE 12/2021 AMERICAN OF MARTINSVILLE 2/2021 AMERICAN OF MARTINSVILLE 2/2021 AMERICAN OF MARTINSVILLE 1/2022 SUSAN DANELS ASSOCIATES		20 20	s	5,921.28	6,838.00 593.13 1,105.60 250.32 84.70 43.33 44.25			(5,931.28) (11.055.99)	-		(5,931.28) (11.055.96)	1
18/2001 AMERICAN OF MARTINSVILLE			ŝ	5,941.28 11,055.96 2,503.16 847.00 650.00 442.50	250.32			(1,0412.0) (11,055.94) (2,503.14) (847.00) (650.00) (442.50)	-		(11,055.96) (2,503.16) (847.00)	-
2/1/2001 AMERICAN OF MARTINSVELL 2/1/2001 UNIVERSAL BUSINESS EQUIP.		10 10 15 10	\$	650.00	43.33			(650.00)			(650.00)	1
A/7/2002 SUSAN DANIELS ASSOCIATES (13/2002 ARIO, INC.		20 20	s	442.50 3,230.00 2,891.70 4,384.60 45,120.99 63,459.51 717.50 (3,558.80) 63,00 3,420.00 6,138.00 890.00	44.25 323.00				-		(650.00) (442.50) (3.230.00)	1
17/2002 AMERICAN OF MARTINSVILLE		20	ş	2,891.70	323.00 289.17 438.46 4,512.10			(2,891.70) (4,284.60) (45,120.99)			(3,230.00) (2,891.70) (4,384.60) (45,120.99)	
12/2022 AMERICAN OF MARTINSVELS 128/2022 INVACARE CONTINUING CARE		20	ŝ	45,120.99	4,512.10			(4,494.60) (45,120.99)			(45,120.99)	1
28/2002 INVACARE CONTINUING CARE 5/5/2003 SUSAN DANIELS ASSOCIATES		10 10 10	s s	63,459.51 717.50	4,512.10 6,345.95 71.75 (355.88) 130.00			(63,459.51) (717.50)	1		(63,459.51) (717,50)	1
23/2003 INVACARE - CASH RECEIPTS		10	ŝ	(0,558.80)	(355.88)			3,558.90 (650.00) (3,420.00)	-		3,558.80 (650.00) (3,420.00)	-
(20/2003 W.U. MAGON (20/2003 ARIO, INC.		5 20		3,420.00	342.00			(3,420.00)	1		(3,420.00)	
102/2003 DRAPERIES INC.		5	\$	6,138.00	1,227.60			(6,138.00)	1		(6,138.00) (499.00)	1
127/2003 DIRECT SUPPLY EQUIPMENT		ŝ		499.00 654.44 541.52 2,999.00	62.38 130.89 108.30 299.90			(499.00) (654.44) (541.52)	-		(499.00) (654.44) (541.52) (2,999.00)	
29/2003 DIRECT SUPPLY EQUIPMENT (26/2004 TECHNICAL GAS EQUIPMENT		5 20		541.52 2,999.00	299.90			(541.52) (2,999.00)			(541.52) (2,999.00)	1
25/2004 DALE TECHNOLOGY		5 20		715.00	299.90 143.00 99.76 64.05 202.02 55.00			(2,999.00) (715.00) (597.61) (960.78) (2,020.22) (550.00)			(2,998.00) (715.00) (997.61) (960.78) (2,020.22) (550.00)	
A/2/2004 WOOD CLASSICS		15		960.78	64.05			(960.78)	-		(960.78)	
L/A/2004 BEST RESTAURANT L/A/2005 BEST RESTAURANT		15 10 10 10		2,020.22	202.02			(2,020.22) (550.00)	1		(2,020.22) (550.00)	1
20,0000 UNITED ALL DEVELOS COMOS 20,0000 UNITED ALLO ALLO ALLO ALLO ALLO ALLO ALLO ALL		10		2,999.00 715.00 597.61 960.78 2,020.22 550.00 1,199.00			205.92		-			-
14/2005 SPORTS MEDICINE TECH (13/2005 ARIO, INC.		15 20		3,363.64	353.00 336.36		205.92	(5,295.00) (3,363.64)	1		(5,295.00) (3,363.64)	1
14/2005 WII INAKON 14/2005 SPORTS MIDDINE TECH 14/2005 SPORTS MIDDINE TECH 14/2005 DIRECT SUMPT EQUIPMENT 14/2005 SUMPTS MEDICAL 11/2005 SUMPTS MEDICAL 20/2005 WISTINGKENT TAX 14/2005 CUMPTS SUMPTS LINE 14/2005 CUMPTS SUMPTS LINE 14/2005 CUMPTS LINE		15 10 12 10 10		1,199,00 5,295.00 3,363.64 848.97 924.00 2,541.00	11930 353.00 336.36 70.75 92.40 254.10			(1,199.00) (5,295.00) (3,363.64) (848.97) (924.00) (2,541.00)	1		(1,199,00) (5,295,00) (3,363,64) (848,97) (924,00) (2,541,00)	1
11/2005 SUNRISE MEDICAL		20		2,541.00	254.10		169.46	(2,541.00)			(2,541.00)	
any and WESTMINSTER TEAK 3/7/2005 ARIO, INC.		15 10 5		x,01x1.00 2,962.40	203.33 296.24 130.00		169.46	(3,050.00) (2,962.40)	1		(3,050.00) (2,962.40)	1
L/7/2005 CDW DIRECT (20/2005 LAB SAFETY SURN V INC		5	\$	3,050.00 2,962.40 649.99 1,571.08				(3,050.00) (2,962.40) (649.93) (1,571.08)	1		(3,050,00) (2,962,40) (649,99) (1,571,08)	1
11/2006 DURACASE LLC/KWALU		ŝ	\$	431.90	85.36			(431.92)			(431.80)	
134/JUUB WEST RESTAURANT (27/2006 BEST RESTAURANT		30 30		4,518.74 8,875.00	351.87 887.50			(3,518.74) (8,875.00)	1		(3,518.74) (8,875.00)	1
29/2006 DIRECT SUPPLY EQUIPMENT (29/2006 DIRECT SUPPLY EQUIPMENT		10 10 10		1,571.08 421.90 3,518.34 8,875.00 747.17 1,428.82	314.22 86.36 351.87 887.50 74.72 142.88			(1,5/2.08) (431.80) (3,518.74) (8,875.00) (747.17) (1,428.82)	1		(1,571,08) (431,80) (3,518,74) (8,875,00) (747,17) (1,428,82) (192,00)	1
0/6/2006 BEST RESTAURANT		30			52.70 117.14				-			
20/2005 UA SANTY SUPPLY, INC 11/2005 UBJCACK LL(NANALU 11/2005 UBJCACK LL(NANALU 11/2005 UBJCACK LL(NANALU 11/2005 UBJCT SUPPLY TL(LUPPKNT 12/2005 UBJCT SUPPLY TL(LUPPKNT 12/2005 UBJCT SUPPLY TL(LUPPKNT 11/2005 UBJCT SUPPLY TL(LUPPKNT) 11/2005 UBJCT SUPPLY TL(LUPKNT) 11/2005 UBJCT SUP		10 10		1,171.44 4,121.88 1,595.29 (703.45) 9,475.00 1,177.33 521.60 4,494.20 2,988.00	117.14 413.19			(1,171.44) (4,131.88)	1		(1,171,44) (4,131,88) (1,995,29) 703,45	1
11/2006 DIRECT SUPPLY EQUIPMENT		10 10 10		1,595.29	413.19 159.33 (70.35) 947.50 78.49 173.87 449.42 298.80 349.31 117.69 110.68 33.30			(4,131.88) (1,595.29) 703.45	-		(1,595.29)	-
TEU/DUBL DIRACT SCHWART (20/2007 BEST RESTAURANT (20/2007 BEST RESTAURANT (20/2007 TIGER DIRECT (20/2007 TIGER CUPPER CQUIPMENT (20/2007 INTELLICOST		10 15		9,475.00	947.50			(9,475.00) (1,066.15) (521.60) (4,494.20) (2,988.00)	-		(0,475.00) (1,144.64) (521.60) (4,494.20) (2,988.00)	
(28/2007 BEST RESTAURANT (28/2007 TIGER DIRECT			\$	1,177.33 521.60	78.49		78.49	(1,066.15) (521.60)	111.18	78.49	(1,144.64) (521.60)	32.69
11/2007 DIRECT SUPPLY EQUIPMENT		10 10		4,494.20	449.42			(4,494.20)	-		(4,494.20)	-
120/2007 INTELLICOST (10/2007 BEST RESTAURANT		15		5,239.64	349.31		349.31		522.96	349.31		174.65
15/2007 CDW DIRECT (27/2007 DIRECT SUPPLY		5	\$	588.46 550.38	117.69 110.08			(588.46) (550.38) (233.00)	1		(588.46) (550.38) (333.00)	1
13/2007 BAHNER LAWN & FOREST EQUIPMENT		30		333.00	33.30			(222.00)			(333.00)	-
(20/2007 CALVERT SAFE (11/2008 BEST RESTAURANT		10 10		1,058.00 2,173.65	217.37			(1,058.00) (2,173.65)			(1,058.00) (2,173.65)	1
19/2020 BEST RESTAUJANT 19/2020 CON DERECT 20/2020 DERECT SUPPLY 19/2020 DERECT SUPPLY 19/2020 BEST RESTAURNET 19/2020 BEST RESTAURANT 19/2020 BEST RESTAURANT 19/2020 REST RESTAURANT 19/2020 REST RESTAURANT 19/2020 REST RESTAURANT		10 10 10		588.46 550.38 333.00 2,173.65 3,161.30 1,485.40 3,429.36 6,669.00	33.30 105.80 217.37 316.13 148.54 342.98 444.60			(3,161.30) (1,485.42) (3,429.76)	1		(333.00) (1.058.00) (2,173.65) (3,161.30) (1,485.40) (3,429.76)	1
22/2008 BEST RESTAURANT (20/2008 BEST RESTAURANT		20		3,429.75	342.98			(3,429.76)			(3,429.76)	
(30/2008 BEST RESTAURANT (18/2008 TIGER DIRECT		15 5	\$	6,669.00	444.60 90.00		444.60	(5,372.25) (849.99)	1,296.75	444.60		852.15
IAU/JOBE BLS1 KLS1AUJORU I IAU/JOBE ILGER DIRECT (20/JODB BLST RESTAURANT IJK/JODD BLST RESTAURANT IZ/JODD ALGO, INC. (27/JODB BLST RESTAURANT		5 15 10 10	\$	6,559,00 449,99 8,525,48 3,549,96 1,809,77 1,067,20	90.00 569.03 355.00 180.98		569.03	(5,472.23) (649.99) (6,686.11) (3,549.96) (1,809.77) (1,067.20)	1,849.37	569.03	(3,416,83) (449,99) (7,255,14) (3,549,96) (1,809,77) (1,067,20)	1,280.34
2/5/2009 BEST RESTAURANT (12/2009 ARIO. INC.		20 20		1,929.77	355.00 180.98 213.44			(1,549.94) (1,809.77)	1		(3,549.96) (1,809.77)	1
27/2009 BEST RESTAURANT				1,067.20 871.61				(1,067.20) (871.61)	-		(1,067.20)	-
27/2009 BAST BESTUUJUANT 12/2009 INAUE OLIDOT 19/2009 CORRECTUUS CO 19/2009 CORRECTUUS CO 19/2009 CORRECTUUS CO 19/2009 CORRECTUUS CONTROL 12/2009 CORRECTUUS CONTROL 12/2009 CORRECTUUS CONTROL 19/2009 CORRECTUUS CONTROL 19/2009 CORRECTUUS CONTROL 12/2009 CORRECTUUS CONTROL 12/2009 CORRECTUUS CONTROL 12/2009 CORRECTUUS CONTROL 12/2009 CORRECTUUS CONTROL 19/2009 CONTROL 1		10 12 10 10		2,510.00	87.16 209.17 155.21 85.80 403.60		209.17	(2,335.71)	174.29	174.29	(871.61) (2,510.00) (1,552.08) (858.00)	
(10/2009 DIRECT SUPPLY EQUIPMENT (20/2009 COMMERCIAL KITCHEN		20 20		2,510.00 1,552.08 858.00	155.21 85.80			(2,335.71) (1,552.08) (858.00)	1		(1,552.08) (858.00)	1
26/2009 DIRECT SUPPLY EQUIPMENT		5			403.60			(2,017.99)				
29/2010 BEST RESTAURANT EQUIPMENT		5 10		3,672.43	347.24		214.50	(1,642.94) (3,672.43)	-		(3,672.43)	1
(20/2010 BEST RESTAURANT EQUIPMENT (12/2010 BEM TOTAL OFFICE		5		2,017.99 1,643.93 3,672.43 3,750.00 2,630.00 1,488.50	405.00 328.79 367.24 750.00 526.00 297.70			(2,017.99) (1,643.93) (3,672.43) (2,630.00) (2,630.00) (1,688.50)	1		(2,017.59) (1,643.93) (3,672.43) (3,750.00) (2,630.00) (1,488.50)	1
12/2010 BEST RESTAURANT EQUIPMENT		5 10		1,488.50	297.70		288.00	(1,488.50)			(1,488.50)	-
2/8/2010 GEORGE ELLIS				705.00	288.00 70.50 420.00		70.50	(2,832.00) (687.38) (4,095.00) (1,782.19)	46.00	48.00 17.62	(2,880.00) (705.00) (4,200.00)	1
12/2010 RKM TOTAL OFRICE		20 20 20		4,200.00			420.00	(4,095.00)	105.00 93.78	105.00		1
11/2011 WAREHOUSE FOTURE		30		500.00	50.00		\$0.00	(470.82)	29.17	29.17	(500.00)	-
194/2011 ART TELEVISION & APPL 26/2011 MOXESSON MEDICAL		20 20		619.00 863.56	61.90 86.36		61.90 86.36	(470.82) (562.26) (777.23)	56.34 86.33	56.74 86.33	(863.56)	1
12)2020 BEST RESTAURANT CQUIPMENT (2)2020 BEST RESTAURANT CQUIPMENT (2)2020 BEST RESTAURANT CQUIPMENT (2)2020 BEM TOTAL OFFICE (2)2020 BEM TOTAL OFFICE		10 10 12 15 12	\$	2,880.00 705.00 4,200.00 1,875.97 500.00 619.00 863.56 2,174.56 576.81 (863.56) 444.99 1,939.80 2,753.74 1,640.31 40,638.13	50.00 61.90 85.36 181.18 38.45 (71.96)		420.00 187.60 50.00 86.26 181.18 28.45	(1,630.62) (645.40)	48.00 17.62 105.00 93.78 29.17 56.78 86.23 562.56 121.45	105.00 93.78 29.17 56.74 86.33 181.18 28.45	(1,875.97) (500.00) (619.00) (863.56) (1,811.80) (483.85) 1 701.62	362.36 92.96
		12		(863.56)	(71.96)			679.66	(233.90)	(71.96)	201.62	(161.94)
12/2012 BLISINESS CARD 12/2012 MCKESSON MED-SURGICAL 5/1/2012 THE BUSINESS NETWORK 5/2/2012 THE BUSINESS NETWORK 5/2/2012 ATBT LEASE		15 12	\$	444.99 1,939.80	(71.96) 29.67 161.65 550.75 328.06 5.805.45 118.20 105.40 77.50 182.73		29.67 161.65	(254.66) (1,274.03) (2,753.74) (1,640.31) (40,638.13)	190.33 565.77	29.67 161.65	(284.33) (1,535.68) (2,753.74) (1,640.31) (40,638.13)	160.66 404.12
5/1/2012 THE BUSINESS NETWORK		5		2,753.34	550.75			(2,753.74)			(2,753.74)	
AVALANTET LEASE		5 7		40,638.13	328.06 5,805.45			(1,640.31) (40,638.13)	1		(40,638.13)	1
/23/2012 BUSINESS CARD /26/2012 HD FACILITIES		10 5		1,181.98 527.00	118.20		118.20	(965.30) /527.0 ^m	216.68	118.20	(1,083.50) (527.00)	98.48
(23/2012 BUSINESS CARD (36/2012 HID FACILITIES (11/2012 FIRE PROTECTION TESTING (24/2012 MCKESSON MED-SURGICAL		10 5 10 12		1,181.98 527.00 775.00 2,192.80	77.50		77.50 182.73	(965.30) (527.00) (626.46) (1,477.07)	148.54 715.73	77.50 182.73	(1,083.50) (527.00) (703.96) (1,659.80) 2,538.00	71.04
		7			182.73 (362.57)						(1,659.80) 2,538.00	
13/2013 UNIVERSAL BUSINESS EQUIP		15 20		289.85	25.99		25.99 155.10	(190.59)	199.26 1,990.45	25.99 155.10	(216.58)	173.27 1,835.35
12/2013 HD FACILITIES MAINT				289.85 3,102.00 534.00 909.65 1,350.00	(362.37) 25.99 155.10 106.80 60.64 135.00 109.50			(190.59) (1,111.55) (534.00) (434.59) (821.25)			(534.00)	
123/2013 UNIVERSAL BUSINESS EQUIP 113/2013 PIPPINGER & SON		15 10 10		909.65 1,350.00	60.64 135.00		60.64 135.00 109.50	(434.59) (821.25)	475.06 528.75 319.37	60.64 135.00 109.50	(495.23) (956.25)	414.42 393.75
12/2012 Audit Lournal /1371 Lease 17/2012 autoverska, Bushetsc Stguin 17/2013 BRANKLIN MELLS CO 17/2013 BRANKLIN MELLS CO 17/2013 BRANKLINS MANNES 17/2013 PRANKLINS MANNES 17/2013 PRANKLINS AND 17/2013 MACRISSON MEDICAL 17/2013 MACRISSON MEDICAL 17/2013 MACRISSON MEDICAL 17/2013 MACRISSON MEDICAL 17/2013 CONTENT		10	s	1,095.00	109.50 1,595.22 1,240.88			(775.63) (7,976.11) (8,582.75)			2,536,00 (216,58) (1,266,65) (534,00) (495,23) (956,25) (885,13) (2,976,11)	293.75 209.87
ANY ANY A MUNICIPAL 1/1/2013 MONESSON MEDICAL		5 12	*	1,095.00 7,976.11 14,890.50 106,400.00	1,595.22 1,240.88		1,240,88	(7,976.11) (8,582.75)	6,307.75 65,360.00	1.240.88	(9,823.63)	5,066.87
1/1/2013 CE FLOYD (35/2013 BOSTON 48T		30	\$ 3	7 285 00			20,640.00		65,360.00	20,640.00		44,720.00
U/2021 EEFLORD V2/2023 BOTTON ART V2/2023 BUTTON ART V2/2023 LUNDQUIST BUILDERS V2/2024 THE WAREHOUSE STORE RIXTURE V2/2024 THE WAREHOUSE STORE RIXTURE S/12/2024 THE WAREHOUSE STORE RIXTURE S/12/25 GARY'S EAST COLART SERVICE OF V2/25 CARY'S EAST		10 15 10 10	2	7,285.00 2,200.00 4,575.20 1,062.00 532.00	20,540.00 728.50 146.67 457.52 106.20 53.20		728.50 146.67 457.52 106.20 53.20	(241)042.00) (4,856.66) (990.02) (3,088.26) (699.15) (50.23)	65,380.00 2,428.34 1,209.98 1,486.94 362.85 181.77	20,00.00 728.50 146.67 457.52 106.20 53.20	(161,080.00) (5,585.16) (1,136.09) (3,545.78) (805.35) (403.43) (1,400.49)	64,720.00 1,699.84 1,063.31 1,029.42 256.65 128.57
24/2014 THE WAREHOUSE STORE RIXTURE 12/2014 THE WAREHOUSE STORE RIXTURE		20 20		6,575.20 1,062.00	457.52 106.20		457.52 106.20	(3,088.26) (699.15)	1,486.94	457.52	(3,545.78) (805.35)	1,029.42 256.65
17/2014 THE WAREHOUSE STORE RIXTURE	ven lgnitor Light	10 10		532.00 2,211.27	53.20 221.13		53.20 221.13	(150.23) (1,179.36)	181.77	53.20 221.13	(403.43)	128.57 810.78
Additions 2016	en gritor sight			2,211.27	221.14		221.18		1,031.95	221.14		810.78
2/08/15 DIRECT SUPPLY EQUIPMENT EI 14/2015 MCKESSON MEDICAL D	ectric Bed ning chains e Cabinet e machine eam Table	30 30		1,700.00 14,843.18 595.26 3,599.00 4,600.00	170.00 1,484.32		170.00 1,484.32	(821.67) (7,174.21) (178.56) (1,559.57) (1,993.33)	878.33 7.668.97	170.00 1,484.32	(991.67) (8.658.53)	708.33
12/23/16 DEB SAM - BUSINESS CARD FI	e Cabinet	15		595.26	1,484.32		29.68	(178.56)	416.70	1,464.32 39.68	(218.24)	6,184.65
24/2016 WAREHOUSE STORE FIXTURE IN 22/2016 GARY'S EAST COAST SERVICE IN-	e machine eam Table	15 20 20		3,599.00 4.600 m	1,464.42 39.68 359.90 460.00		29.68 259.90 460.00	(1,559.57) (1.903.37	416.70 2,039.43 2,606.67	29.68 259.90 460.00	(218.24) (1,919.47) (2,453.33)	377.02 1,679.53 2,146.67
Additions 2017												
SQL215 GARYE SART CAACT SERVICE 0 AddItions 2006 CARDING SART SERVICE 0 CARDING SART SERVICE INC SQL215 DEECT SUPPLY COLUMNENT II SQL2215 DEECT SUPPLY COLUMNENT II SQL2215 DEECT STORE FRETURE INC SQL2215 DATE CAATT SERVICE I	ectronic Red	5		1,674.50	334.90		334.90	(1,227.97)	446.53	334.90	(1,562.87)	111.63
Additional 2014 Control Contro	ectronic Red ectronic Red	5	s	576.00 7,950.00	115.20		115.20	(307.20) (3,710.00)	268.90 4,240.00	115.20	(422.40) (5,300.00)	153.60
134/2018 McKesson Medical-Surgical El Additions 2019		5			1,590.00		1,590.00			1,590.00		2,650.00
11/23/18 Business Card W	ashing Mashine	5	\$	919.00	183.90		183.80	(226.97)	582.09	183.90	(520.77)	398.23
14/21/29 Gary's Eastcoast Service St 13/22/19 McKesson Medical-Surgical El	earn Table ectronic Bed ectronic Bed & Matres rhigerator emmercial Food blende	10 5	s s s	4,048.50 1,711.00 43,258.84 3,099.00 1,129.00	404.85 342.20 8,651.77 619.80 225.80		404.85 342.20 8,651.77 619.80 225.80	(511.01) (513.30) (10,093.73) (723.10) (244.62)	3,627.49 1,197.30 23,165.11 2,375.90 884.38	404.85 342.20 8,651.77 619.80 225.80	(1,045.86) (855.50) (18,745.50) (1,342.90) (470.42)	3,002.64 855.50 24,513.34 1,756.10 658.58
27/25/19 McKesson Medical-Surgical El	ectronic Red & Matres	ŝ	\$	43,258.84	8,651.77		8,651.77	(10,093.73)	33,165.11	8,651.77	(18,745.50)	24,513.34
INVESTIGATION AND A CONTRACT OF A CONTRACT O	rhigerator Immercial Food blends	ŝ	ŝ	x,0994.00 1,129.00	619.80 225.80		619.80 225.80	(723.10) (244.62)	2,375.90 884.38	619.80 225.80	(1,342.90) (470.42)	1,756.10 658.58
N/05/19 Connection C	imputer	2	\$	\$\$3.62	276.51		276.51	(276.51)	276.51	276.51	(553.02)	-
Auditions 2020 20/24/19 The Warehouse Store Future Compaki	chen equipment	5	s s	1,069.34 907.15	213.87 181.43		196.05 105.83	(196.05) (105.83)	873.29 901.32	213.87 181.43	(409.92) (287.26)	659.42 619.89
Additions 2020 Additions 2020 20/23/20 Business Card D. Sam R Additions 2021	hab chairs	5	\$				105.83	(105.83)	901.32			
	od Processor	5	s s	1,054.35 10,936.12 621.00 7,876.00	212.87					195.13	(195.13)	869.22 10,024.78 548.55 7,613.47
11/24/20 GARY'S EAST COAST SERVICE Inc. D 12/26/21 Direct Supply R 27/06/21 THE WAREHOUSE STORE ROTURE C	num deck oven drigerator	10 5 5	5	621.00	1,093.61 124.20 1,575.20					911.34 72.45 262.53	(911.34) (72.45) (262.53)	10,024.78 548.55
1/06/21 THE WAREHOUSE STORE RXTURE C	emmercial Food blends	5	\$	7,876.00	1,575.20					262.53	(262.53)	7,613.47

BISHOP WICKE 1980 ASSITS Movable Equipment Furniture, Futures and Equipment - Account No. 02:15000-510-001 (Portion that relates to Movable Equipment classification on 2018 Cost Report)

						2020			2021	T	
	ASSET	LIFE	COST	DEPRECIATION ANNUAL AMT	DEPR. EXP.	ACCUM DEPR. 02-15000-510-001	NET BOOK VALUE	DEPR. EXP. 02-93010-150-930	ACCUM DEPR. 02-15000-510-001	NET BOOK VALUE	Fully Dep
				Annoacann	02 33010 130 .		TALUL	02 33010 130 330		ILT DOOR VALUE	., .,
BAL FORWARD PER PEACHTREE	`	Various	11,844.33	-	-	(11,844.33)	-	-	(11,844.33)	-	11,
12/31/2000 ADVANCED AIR PURIFICATION		10	615.00 615.00	61.50 61.50	-	(615.00) (615.00)	-	-	(615.00) (615.00)	-	
1/31/2001 ADVANCED AIR PURIFICATION 3/13/2002 ARJO, INC.		10 10	3.230.00	61.50 323.00	-	(615.00) (3,230.00)	-	-	(615.00) (3,230.00)	-	3,
6/4/2003 W.B. MASON		5	3,230.00	130.00		(3,230.00) (650.00)			(3,230.00) (650.00)		3
6/20/2003 ARJO, INC.		10	3,420.00	342.00		(3,420.00)			(3,420.00)		3
11/3/2003 MAYTAG WASHER		8	499.00	62.38		(499.00)			(499.00)		-
2/17/2003 DIRECT SUPPLY EQUIPMENT		5	654.44	130.89		(654.44)			(654.44)		
2/19/2003 DIRECT SUPPLY EQUIPMENT		5	541.52	108.30		(541.52)			(541.52)		
1/26/2004 TECHNICAL GAS EQUIPMENT		10	2,999.00	299.90		(2,999.00)			(2,999.00)	-	2
2/26/2004 DALE TECHNOLOGY		5	715.00	143.00		(715.00)	-		(715.00)	-	-
8/16/2004 DIRECT SUPPLY EQUIPMENT		10	597.61	59.76		(597.61)	-		(597.61)		
9/2/2004 WOOD CLASSICS		15	960.78	64.05		(960.78)	-		(960.78)	-	
11/4/2004 BEST RESTAURANT		10	2.020.22	202.02		(2,020.22)	-		(2,020.22)	-	2
3/9/2005 BEST RESTAURANT		10	550.00	55.00		(550.00)	-		(550.00)	-	
3/14/2005 WB MASON		10	1,199.00	119.90		(1,199.00)	-		(1,199.00)	-	1
4/13/2005 SPORTS MEDICINE TECH		15	5,295.00	353.00	205.92	(5,295.00)	-		(5,295.00)	-	5
/13/2005 ARJO, INC.		10	3,363.64	336.36	-	(3,363.64)	-	-	(3,363.64)	-	3
5/16/2005 DIRECT SUPPLY EQUIPMENT		12	848.97	70.75		(848.97)	-		(848.97)	-	
7/6/2005 SUNRISE MEDICAL		10	924.00	92.40	-	(924.00)	-	-	(924.00)	-	
/11/2005 SUNRISE MEDICAL		10	2,541.00	254.10		(2,541.00)	-		(2,541.00)	-	2
/29/2005 WESTMINSTER TEAK		15	3,050.00	203.33	169.46	(3,050.00)	-		(3,050.00)	-	3
0/7/2005 ARJO, INC.		10	2,962.40	296.24		(2,962.40)	-		(2,962.40)	-	2
2/20/2005 LAB SAFETY SUPPLY, INC		5	1,571.08	314.22	-	(1,571.08)	-	-	(1,571.08)	-	1
2/14/2006 BEST RESTAURANT		10	3,518.74	351.87	-	(3,518.74)	-	-	(3,518.74)	-	3
/27/2006 BEST RESTAURANT		10	8,875.00	887.50	-	(8,875.00)	-	-	(8,875.00)	-	8
/29/2006 DIRECT SUPPLY EQUIPMENT		10	747.17	74.72	-	(747.17)	-	-	(747.17)	-	
/29/2006 DIRECT SUPPLY EQUIPMENT		10	1,428.82	142.88	-	(1,428.82)	-	-	(1,428.82)	-	1
10/6/2006 BEST RESTAURANT		10	527.00	52.70	-	(527.00)	-	-	(527.00)	-	
0/19/2006 DIRECT SUPPLY EQUIPMENT		10	1,171.44	117.14	-	(1,171.44)	-	-	(1,171.44)	-	1
0/20/2006 DIRECT SUPPLY EQUIPMENT		10	4,131.88	413.19	-	(4,131.88)		-	(4,131.88)	-	4
/13/2006 DIRECT SUPPLY EQUIPMENT		10	1,595.29	159.53		(1,595.29)	-		(1,595.29)	-	1
2/18/2006 DIRECT SUPPLY EQUIPMENT		10	(703.45)			703.45	-		703.45	-	
1/17/2007 BEST RESTAURANT		10	9,475.00	947.50		(9,475.00)	-		(9,475.00)	-	9
2/28/2007 BEST RESTAURANT		15	1,177.33	78.49	78.49	(1,066.15)	111.18	78.49	(1,144.64)	32.69	
/13/2007 DIRECT SUPPLY EQUIPMENT		10	4,494.20	449.42		(4,494.20)	-		(4,494.20)	-	4
/28/2007 INTELLICOST		10	2,988.00	298.80		(2,988.00)	-		(2,988.00)	-	2
/10/2007 BEST RESTAURANT		15	5,239.64	349.31	349.31	(4,715.68)	523.96	349.31	(5,064.99)	174.65	
/13/2007 BAHNER LAWN & FOREST EQUIPMENT		10	333.00	33.30	-	(333.00)	-	-	(333.00)	-	
/20/2007 CALVERT SAFE		10	1,058.00	105.80	-	(1,058.00)	-	-	(1,058.00)	-	1
/11/2008 BEST RESTAURANT		10	2,173.65	217.37	-	(2,173.65)	-	-	(2,173.65)	-	2
/14/2008 BEST RESTAURANT		10	3,161.30	316.13	-	(3,161.30)	-	-	(3,161.30)	-	3
/29/2008 NORTHERN TOOL & EQUIPMENT		10	1,485.40	148.54	-	(1,485.40)	-	-	(1,485.40)	-	1
/22/2008 BEST RESTAURANT		10	3,429.76	342.98	-	(3,429.76)	-	-	(3,429.76)	-	3
2/18/2008 TIGER DIRECT		5	449.99	90.00	-	(449.99)	-		(449.99)	-	
2/5/2009 BEST RESTAURANT		10	3,549.96	355.00	-	(3,549.96)	-	-	(3,549.96)	-	3
/13/2009 ARJO, INC.		10	1,809.77	180.98	-	(1,809.77)	-	-	(1,809.77)	-	1
/27/2009 BEST RESTAURANT		5	1,067.20	213.44	-	(1,067.20)	-		(1,067.20)	-	1
/15/2009 HOME DEPOT		10	871.61	87.16	-	(871.61)	-	-	(871.61)	-	
/29/2009 GEORGE ELLIS CO		12	2,510.00	209.17	209.17	(2,335.71)	174.29	174.29	(2,510.00)	-	2
/10/2009 DIRECT SUPPLY EQUIPMENT		10	1,552.08	155.21	-	(1,552.08)	-		(1,552.08)	-	1
/20/2009 COMMERCIAL KITCHEN		10	858.00	85.80	-	(858.00)	-	-	(858.00)	-	
/26/2009 DIRECT SUPPLY EQUIPMENT		5	2,017.99	403.60	-	(2,017.99)	-		(2,017.99)	-	2
/13/2010 BEST RESTAURANT		5	1,643.93	328.79	-	(1,643.93)	-	-	(1,643.93)	-	1
/29/2010 BEST RESTAURANT EQUIPMENT		10	3,672.43	367.24	214.50	(3,672.43)	-	-	(3,672.43)	-	3
/30/2010 BEST RESTAURANT EQUIPMENT		5	3,750.00	750.00	-	(3,750.00)	-	-	(3,750.00)	-	3
/17/2010 BKM TOTAL OFFICE		5	2,630.00	526.00	-	(2,630.00)	-	-	(2,630.00)	-	2
/12/2010 BEST RESTAURANT EQUIPMENT		5	1,488.50	297.70	-	(1,488.50)	-		(1,488.50)	-	1
1/8/2010 BEST RESTAURANT EQUIPMENT		10	2,880.00	288.00	288.00	(2,832.00)	48.00	48.00	(2,880.00)	-	2
2/8/2010 GEORGE ELLIS		10	705.00	70.50	70.50	(687.38)	17.62	17.62	(705.00)	-	
/12/2010 BKM TOTAL OFFICE		10	4,200.00	420.00	420.00	(4,095.00)	105.00	105.00	(4,200.00)	-	4
8/23/2011 BUSINESS CARD		10	1,875.97	187.60	187.60	(1,782.19)	93.78	93.78	(1,875.97)	-	1
/11/2011 WAREHOUSE FIXTURE		10	500.00	50.00	50.00	(470.83)	29.17	29.17	(500.00)	-	
/14/2011 ART TELEVISION & APPL		10	619.00	61.90	61.90	(562.26)	56.74	56.74	(619.00)	-	
/26/2011 MCKESSON MEDICAL		10	863.56	86.36	86.36	(777.23)	86.33	86.33	(863.56)	-	
0/6/2011 MCKESSON MED-SURGICAL		12	2,174.16	181.18	181.18	(1,630.62)	543.54	181.18	(1,811.80)	362.36	
1/4/2012 MCKESSON MED-SURGICAL		12	(863.56)	(71.96)	(71.96)	629.66	(233.90)	(71.96)	701.62	(161.94)	
/13/2012 MCKESSON MED-SURGICAL		12	1,939.80	161.65	161.65	(1,374.03)	565.77	161.65	(1,535.68)	404.12	
5/1/2012 THE BUSINESS NETWORK		5	2,753.74	550.75		(2,753.74)	-		(2,753.74)	-	2
5/3/2012 NETIMAGE		5	1,640.31	328.06		(1,640.31)	-		(1,640.31)	-	1
7/1/2012 AT&T LEASE		7	40,638.13	5,805.45	-	(40,638.13)	-	-	(40,638.13)	-	40
/23/2012 BUSINESS CARD		10	1,181.98	118.20	118.20	(965.30)	216.68	118.20	(1,083.50)	98.48	
/16/2012 HD FACILITIES		5	527.00	105.40	-	(527.00)	-		(527.00)	-	
/11/2012 FIRE PROTECTION TESTING		10	775.00	77.50	77.50	(626.46)	148.54	77.50	(703.96)	71.04	
/24/2012 MCKESSON MED-SURGICAL		12	2,192.80	182.73	182.73	(1,477.07)	715.73	182.73	(1,659.80)	533.00	
/30/2012 Audit Journal AT&T Lease		7	(2,538.00)		-	2,538.00	-	-	2,538.00	-	(2
13/2013 UNIVERSAL BUSINESS EQUIP		15	389.85	25.99	25.99	(190.59)	199.26	25.99	(216.58)	173.27	
7/2/2013 FRANKLIN MILLS CO		20	3,102.00	155.10	155.10	(1,111.55)	1,990.45	155.10	(1,266.65)	1,835.35	
(12/2013 HD FACILITIES MAINT			534.00	106.80	-	(534.00)	· · ·	-	(534.00)	-	
23/2013 UNIVERSAL BUSINESS EQUIP		5 15	909.65	60.64	60.64	(434.59)	475.06	60.64	(495.23)	414.42	
(13/2013 PIPPINGER & SON		10	1,350.00	135.00	135.00	(821.25)	528.75	135.00	(956.25)	393.75	
9/3/2013 WAREHOUSE STORE FIXTURE		10	1,095.00	109.50	109.50	(775.63)	319.37	109.50	(885.13)	209.87	
1/1/2013 MCKESSON MEDICAL		12	14,890.50	1,240.88	1,240.88	(8,582.75)	6,307.75	1,240.88	(9,823.63)	5,066.87	
(16/2013 LINDQUIST BUILDERS		15	2.200.00	146.67	146.67	(0,502.75)	1.209.98	146.67	(1.136.69)	1.063.31	
23/2014 THE WAREHOUSE STORE FIXTURE		10	4.575.20	457.52	457.52	(3.088.26)	1,486.94	457.52	(3,545,78)	1.029.42	
12/2014 THE WAREHOUSE STORE FIXTURE		10	1,062.00	106.20	106.20	(5,088.20) (699.15)	362.85	106.20	(805.35)	256.65	
/17/2014 THE WAREHOUSE STORE FIXTURE		10	532.00	53.20	53.20	(350.23)	181.77	53.20	(403.43)	128.57	
	nitor Light	10	2,211.27	221.13	221.13	(1,179.36)	1,031.91	221.13	(1,400.49)	810.78	

BISHOP WICKE FIXED ASSETS Furniture, Fixtures and Equipment - Account No. 02-15000-510-001 (Portion that relates to Furniture & Office Equipment classification on 2018 Cost Report)

ACQ DATE VENDOR BAL FORWARD PER PEACHTREE 11/30/2000 DIRECT SUPPLY 12/31/2000 STAPLES CREDIT CARD PLAN 12/31/2000 UNIVERSAL BUSINESS EQUIP 4/30/2001 DIRECT SUPPLY 4/30/2001 DIRECT SUPPLY 4/30/2001 DIRECT SUPPLY 4/30/2001 DIRECT SUPPLY 4/30/2001 WALMART CREDIT CARD PLAN 7/31/2001 LADD CONTRACT SALES CORP. 7/31/2001 LADD CONTRACT SALES CORP. 7/31/2001 LADD CONTRACT SALES CORP. 10/2/2001 DRAPERIES, INC. 10/2/2001 DAREPRES, INC. 10/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 SUSAN DANIELS ASSOCIATES 12/1/2002 SUSAN DANIELS ASSOCIATES	ASSET DESCRIPTION	UFE 10 \$ 5 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 5 \$ 10	1,162.02 3,313.00 2,723.63 1,314.06 419.88 3,113.00 2,587.20 7,316.15 34,190.00 5,931.28	DEPRECIATION ANNUAL AMT 299.99 232.40 331.30 272.36 131.41 41.99 220.58 311.30 258.72 731.62 6,838.00 593.13	DEPR. EXP. 02-93010-150-! (- - - - - - - - - - - - - - - - - - -	ACCUM DEPR. 12-15000-510-001 (374,836.90) (2,999.94) (1,162.02) (3,313.00) (2,723.63) (1,314.06) (419.88) (1,102.88) (3,113.00) (2,587.20)	NET BOOK VALUE - - - - - - - - - - - - - - - - -	DEPR. EXP. 02-93010-150-930 - - - - - - - - - - - - - - - - - - -	ACCUM DEPR. 02-15000-510-001 (374,836.90) (2,999.94) (1,162.02) (2,723.63) (1,314.06) (419.88) (1,102.88) (3,113.00)	NET BOOK VALUE - - - - - - - - - - - - - -	Fully Depr 374,836 2,999 1,162 3,313 2,723 1,314 419 1,102
11/30/2000 DIRECT SUPPLY 12/31/2000 STAPLES CREDIT CARD PLAN 12/31/2000 INVERSAL BUSINESS EQUIP 4/30/2001 DIRECT SUPPLY 4/30/2001 DIRECT SUPPLY 4/30/2001 WALMART CREDIT CARD 5/31/2001 LADD CONTRACT SALES CORP. 7/31/2001 LADD CONTRACT SALES CORP. 9/30/2001 LADD CONTRACT SALES CORP. 10/2/2001 DRAPERIES, INC. 10/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES		10 \$ 5 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$	2,999.94 1,162.02 3,313.00 2,723.63 1,314.06 419.88 3,113.00 2,587.20 7,316.15 34,190.00 5,931.28	232.40 331.30 272.36 131.41 41.99 220.58 311.30 258.72 731.62 6,838.00		(2,999.94) (1,162.02) (3,313.00) (2,723.63) (1,314.06) (419.88) (1,102.88) (3,113.00)	-		(2,999.94) (1,162.02) (3,313.00) (2,723.63) (1,314.06) (419.88) (1,102.88)	-	2,999 1,162 3,313 2,723 1,314 419
11/30/2000 DIRECT SUPPLY 12/31/2000 STAPLES CREDIT CARD PLAN 12/31/2000 INVERSAL BUSINESS EQUIP 4/30/2001 DIRECT SUPPLY 4/30/2001 DIRECT SUPPLY 4/30/2001 WALMART CREDIT CARD 5/31/2001 LADD CONTRACT SALES CORP. 7/31/2001 LADD CONTRACT SALES CORP. 9/30/2001 LADD CONTRACT SALES CORP. 10/2/2001 DRAPERIES, INC. 10/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES		10 \$ 5 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$	2,999.94 1,162.02 3,313.00 2,723.63 1,314.06 419.88 3,113.00 2,587.20 7,316.15 34,190.00 5,931.28	232.40 331.30 272.36 131.41 41.99 220.58 311.30 258.72 731.62 6,838.00		(2,999.94) (1,162.02) (3,313.00) (2,723.63) (1,314.06) (419.88) (1,102.88) (3,113.00)	-		(2,999.94) (1,162.02) (3,313.00) (2,723.63) (1,314.06) (419.88) (1,102.88)	- - - - -	2,999 1,162 3,313 2,723 1,314 419
12/31/2000 STAPLES CREDIT CARD PLAN 12/31/2000 UNIVERSAL BUSINESS EQUIP 4/30/2001 DIRECT SUPPLY 4/30/2001 DIRECT SUPPLY 4/30/2001 UNIVERSAL BEDIT CARD 5/31/2001 STAPLES CREDIT CARD PLAN 7/31/2001 LADD CONTRACT SALES CORP. 9/30/2001 LADD CONTRACT SALES CORP. 10/2/2001 DRADE CONTRACT SALES CORP. 10/2/2001 DRADERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES		5 \$ 10 \$ 10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 10 \$	1,162.02 3,313.00 2,723.63 1,314.06 419.88 3,113.00 2,587.20 7,316.15 34,190.00 5,931.28	232.40 331.30 272.36 131.41 41.99 220.58 311.30 258.72 731.62 6,838.00		(1,162.02) (3,313.00) (2,723.63) (1,314.06) (419.88) (1,102.88) (3,113.00)	-		(1,162.02) (3,313.00) (2,723.63) (1,314.06) (419.88) (1,102.88)		1,162 3,313 2,723 1,314 419
12/31/2000 UNIVERSAL BUSINESS EQUIP 4/30/2001 DIRECT SUPPLY 4/30/2001 DIRECT SUPPLY 4/30/2001 INECT SUPPLY 4/30/2001 INALMART CREDIT CARD 5/31/2001 IADD CONTRACT SALES CORP. 7/31/2001 LADD CONTRACT SALES CORP. 9/30/2001 LADD CONTRACT SALES CORP. 10/2/2001 DRAPERIES, INC. 10/2/2001 DRAPERIES, INC. 11/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES		10 \$ 10 \$ 10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$	3,313.00 2,723.63 1,314.06 419.88 3,113.00 2,587.20 7,316.15 34,190.00 5,931.28	331.30 272.36 131.41 41.99 220.58 311.30 258.72 731.62 6,838.00	- - - - -	(3,313.00) (2,723.63) (1,314.06) (419.88) (1,102.88) (3,113.00)	-	-	(3,313.00) (2,723.63) (1,314.06) (419.88) (1,102.88)		3,313 2,723 1,314 419
4/30/2001 DIRECT SUPPLY 4/30/2001 DIRECT SUPPLY 4/30/2001 WALMART CREDIT CARD 5/31/2001 STAPLES CREDIT CARD PLAN 7/31/2001 LADD CONTRACT SALES CORP. 7/31/2001 LADD CONTRACT SALES CORP. 9/30/2001 DADD CONTRACT SALES CORP. 10/2/2001 DRAPERIES, INC. 10/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES		10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10 \$ 10	2,723.63 1,314.06 419.88 1,102.88 3,113.00 2,587.20 7,316.15 34,190.00 5,931.28	272.36 131.41 41.99 220.58 311.30 258.72 731.62 6,838.00	-	(2,723.63) (1,314.06) (419.88) (1,102.88) (3,113.00)		-	(2,723.63) (1,314.06) (419.88) (1,102.88)	-	2,723 1,314 419
4/30/2001 DIRECT SUPPLY 4/30/2001 WALMART CREDIT CARD 5/31/2001 TARLES CREDIT CARD PLAN 7/31/2001 LADD CONTRACT SALES CORP. 9/30/2001 LADD CONTRACT SALES CORP. 10/2/2001 DRAPERIES, INC. 10/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAN DE MARTINSVILLE		10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 10 \$ 10 \$	1,314.06 419.88 1,102.88 3,113.00 2,587.20 7,316.15 34,190.00 5,931.28	131.41 41.99 220.58 311.30 258.72 731.62 6,838.00	-	(1,314.06) (419.88) (1,102.88) (3,113.00)	-	-	(1,314.06) (419.88) (1,102.88)	-	1,314 419
4/30/2001 WALMART CREDIT CARD 5/31/2001 STAPLES CREDIT CARD PLAN 7/31/2001 LADD CONTRACT SALES CORP. 7/31/2001 LADD CONTRACT SALES CORP. 9/30/2001 LADD CONTRACT SALES CORP. 10/2/2001 DAPERIES, INC. 10/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES		10 \$ 5 \$ 10 \$ 10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 10 \$ 10 \$	419.88 1,102.88 3,113.00 2,587.20 7,316.15 34,190.00 5,931.28	41.99 220.58 311.30 258.72 731.62 6,838.00	-	(419.88) (1,102.88) (3,113.00)	-	-	(419.88) (1,102.88)	-	419
5/31/2001 STAPLES CREDIT CARD PLAN 7/31/2001 LADD CONTRACT SALES CORP. 7/31/2001 LADD CONTRACT SALES CORP. 9/30/2001 LADD CONTRACT SALES CORP. 10/2/2001 DAPERIES, INC. 10/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINES EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES		5 \$ 10 \$ 10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 10 \$	1,102.88 3,113.00 2,587.20 7,316.15 34,190.00 5,931.28	220.58 311.30 258.72 731.62 6,838.00	-	(1,102.88) (3,113.00)	-	-	(1,102.88)	-	
7/31/2001 LADD CONTRACT SALES CORP. 7/31/2001 LADD CONTRACT SALES CORP. 9/30/2001 LADD CONTRACT SALES CORP. 10/2/2001 DRAPERIES, INC. 10/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES		10 \$ 10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 10 \$	3,113.00 2,587.20 7,316.15 34,190.00 5,931.28	311.30 258.72 731.62 6,838.00	-	(3,113.00)	-			-	
7/31/2001 LADD CONTRACT SALES CORP. 9/30/2001 LADD CONTRACT SALES CORP. 10/2/2001 DRAPERIES, INC. 10/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES		10 \$ 10 \$ 5 \$ 10 \$ 10 \$ 10 \$	2,587.20 7,316.15 34,190.00 5,931.28	258.72 731.62 6,838.00	-		-	-	(3,113.00)		
9/30/2001 LADD CONTRACT SALES CORP. 10/2/2001 DRAPERIES, INC. 10/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3///2002 SUSAN DANIELS ASSOCIATES		10 \$ 5 \$ 10 \$ 10 \$ 10 \$	7,316.15 34,190.00 5,931.28	731.62 6,838.00		(2,587.20)				-	3,113
10/2/2001 DRAPERIES, INC. 10/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 11/18/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3///2002 SUSAN DANIELS ASSOCIATES		5 \$ 10 \$ 10 \$ 10 \$	34,190.00 5,931.28	6,838.00	-	(7.246.45)	-	-	(2,587.20)	-	2,58
10/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 11/16/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3///2002 SUSAN DANIELS ASSOCIATES		10 \$ 10 \$ 10 \$	5,931.28	.,		(7,316.15)	-		(7,316.15)	-	7,31
11/16/2001 AMERICAN OF MARTINSVILLE 11/18/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES		10 \$ 10 \$			-	(34,190.00)	-	-	(34,190.00)	-	34,19
11/18/2001 AMERICAN OF MARTINSVILLE 12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES		10 \$			-	(5,931.28)	-	-	(5,931.28)	-	5,93
12/1/2001 AMERICAN OF MARTINSVILLE 12/1/2001 UNIVERSAL BUSINESS EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES				1,105.60	-	(11,055.96)	-	-	(11,055.96)	-	11,05
12/1/2001 UNIVERSAL BUSINESS EQUIP. 3/7/2002 SUSAN DANIELS ASSOCIATES			2,503.16	250.32	-	(2,503.16)	-	-	(2,503.16)	-	2,50
3/7/2002 SUSAN DANIELS ASSOCIATES		10 \$		84.70	-	(847.00)	-	-	(847.00)	-	84
		15 \$	650.00	43.33		(650.00)	-		(650.00)	-	65
		10 \$	442.50	44.25	-	(442.50)	-	-	(442.50)	-	44
5/17/2002 AMERICAN OF MARTINSVILLE		10 \$	2,891.70	289.17	-	(2,891.70)	-	-	(2,891.70)	-	2,89
6/12/2002 AMERICAN OF MARTINSVILLE		10 \$	4,384.60	438.46	-	(4,384.60)	-	-	(4,384.60)	-	4,38
6/18/2002 INVACARE CONTINUING CARE		10 \$	45,120.99	4,512.10	-	(45,120.99)	-	-	(45,120.99)	-	45,12
8/28/2002 INVACARE CONTINUING CARE		10 \$	63,459.51	6,345.95	-	(63,459.51)	-		(63,459.51)	-	63,45
5/5/2003 SUSAN DANIELS ASSOCIATES		10 \$	717.50	71.75	-	(717.50)	-	-	(717.50)	-	71
5/23/2003 INVACARE - CASH RECEIPTS		10 \$	(3,558.80)	(355.88)	-	3,558.80	-	-	3,558.80	-	(3,55
7/10/2003 DRAPERIES INC.		5 \$	6,138.00	1,227.60	-	(6,138.00)	-		(6,138.00)	-	6,13
11/7/2005 CDW DIRECT		5 \$	649.99	130.00	-	(649.99)	-		(649.99)	-	64
1/11/2006 DURACASE LLC/KWALU		5 \$	431.80	86.36	-	(431.80)	-		(431.80)	-	43
2/28/2007 TIGER DIRECT		3 5	521.60	173.87		(521.60)	-		(521.60)	-	52
8/15/2007 CDW DIRECT		5 \$	588.46	117.69		(588.46)	-		(588.46)		58
9/27/2007 DIRECT SUPPLY		5 \$	550.38	110.08		(550.38)	-		(550.38)		55
9/30/2008 BEST RESTAURANT		15 \$	6,669.00	444.60	444.60	(5,372.25)	1,296.75	444.60	(5,816.85)	852.15	
12/23/2008 BEST RESTAURANT		15 \$		569.03	569.03	(6,686.11)	1,849.37	569.03	(7,255.14)	1,280.34	
11/14/2011 TINA MILLER		15 \$	576.81	38.45	38.45	(445.40)	1,849.37	38.45	(483.85)	92.96	
			444.99								
2/23/2012 BUSINESS CARD		15 \$		29.67	29.67	(254.66)	190.33	29.67	(284.33)	160.66	7.07
9/20/2013 MCKESSON MEDICAL		5 \$	1	1,595.22	-	(7,976.11)			(7,976.11)		7,97
11/1/2013 CE FLOYD		10 \$	206,400.00	20,640.00	20,640.00	(141,040.00)	65,360.00	20,640.00	(161,680.00)	44,720.00	
11/26/2013 BOSTON ART		10 \$	7,285.00	728.50	728.50	(4,856.66)	2,428.34	728.50	(5,585.16)	1,699.84	
	Electric Bed	10	1,700.00	170.00	170.00	(821.67)	878.33	170.00	(991.67)	708.33	
	Dining chairs	10	14,843.18	1,484.32	1,484.32	(7,174.21)	7,668.97	1,484.32	(8,658.53)	6,184.65	
	File Cabinet	15	595.26	39.68	39.68	(178.56)	416.70	39.68	(218.24)	377.02	
	Ice machine	10	3,599.00	359.90	359.90	(1,559.57)	2,039.43	359.90	(1,919.47)	1,679.53	
	Steam Table	10	4,600.00	460.00	460.00	(1,993.33)	2,606.67	460.00	(2,453.33)	2,146.67	
	Electronic Bed	5	1,674.50	334.90	334.90	(1,227.97)	446.53	334.90	(1,562.87)	111.63	
	Electronic Bed	5 \$	576.00	115.20	115.20	(307.20)	268.80	115.20	(422.40)	153.60	
	Electronic Bed	5 \$	7,950.00	1,590.00	1,590.00	(3,710.00)	4,240.00	1,590.00	(5,300.00)	2,650.00	
	Washing Mashine	5 \$	919.00	183.80	183.80	(336.97)	582.03	183.80	(520.77)	398.23	
	Steam Table	10 \$		404.85	404.85	(641.01)	3,407.49	404.85	(1,045.86)	3,002.64	
	Electronic Bed	5 \$		342.20	342.20	(513.30)	1,197.70	342.20	(855.50)	855.50	
	Electronic Bed & Matres	5 \$	43,258.84	8,651.77	8,651.77	(10,093.73)	33,165.11	8,651.77	(18,745.50)	24,513.34	
	Refrigerator	5\$	3,099.00	619.80	619.80	(723.10)	2,375.90	619.80	(1,342.90)	1,756.10	
	Commercial Food blend	5	1,129.00	225.80	225.80	(244.62)	884.38	225.80	(470.42)	658.58	-
	Computer	2	553.02	276.51	276.51	(276.51)	276.51	276.51	(553.02)	-	5
10/24/19 The Warehouse Store Fixture Comp kit		5	1,069.34	213.87	196.05	(196.05)	873.29	213.87	(409.92)	659.42	
	Rehab chairs	5	907.15	181.43	105.83	(105.83)	801.32	181.43	(287.26)	619.89	
	Food Processor	5\$	1,064.35	212.87				195.13	(195.13)	869.22	
	Double Deck oven	10 \$	10,936.12	1,093.61				911.34	(911.34)	10,024.78	
	Refrigerator	5\$		124.20				72.45	(72.45)	548.55	
07/06/21 THE WAREHOUSE STORE FIXTURE Co	Commercial Food blend	5\$	7,876.00	1,575.20				262.53	(262.53)	7,613.47	
BALANCE			851,829.62	67,643.53	38,010.86	(775,139.11)	133,385.36	39,545.74	(814,684.83)	114,337.10	586.93

Provider Name: Bishop Wicke Health & Rehabilitation Center Provider Number: 8128 CRYE: 09/30/2021

3

Cost Report Combination Schedules

Sch Assignment	Account	Description 2516	Amounts
31.A.1	02-10030-110-001	Cash In Banks Non Operating - Webster 7546	\$23,287
	02-10010-110-001	Cash In Banks Operating Account	\$520,184
	02-10030-130-001	Cash In Banks Non Operating - M&T 6447 (Govt)	\$0
	02-10900-110-001	Petty Cash	\$700
31 4 1 T 4 1	02-13000-710-001	Residents Funds	\$110,394
31.A.1 Total	00 11010 110 001		\$654,566
31.A.2	02-11010-110-001	Accounts Receivable - Private	\$1,680,451
	02-11010-310-001	Accounts Receivable - Medicare A Accounts Receivable - Medicare B	\$218,635
	02-11010-330-001	Accounts Receivable - Medicaid	\$120,212
	02-11010-350-001 02-11010-370-001	Accounts Receivable - Managed Care	\$861,696 \$390,051
	02-11010-370-001	Accounts Receivable - Managed Care Allowance For Pending Medicaid	-\$604,446
	02-11010-910-001	Allowance For Doubtful Debts	-\$1,086,595
	02-11010-390-001	Accounts Receivable - Resident Income	-\$69,336
31.A.2 Total	02-11010-370-001	Accounts Receivable - Resident income	\$1,510,666
31.A.4	02-12500-110-001	Inventory	\$21,521
31.A.4 Total	02-12300-110-001	inventory	\$21,521
31.A.5.a	02-12010-150-001	Prepaid Expenses - Insurance	\$270,061
31.A.5.a Total	02 12010 100 001	Trepuid Expenses insurance	\$270,061
31.A.5.b	02-12010-110-001	Prepaid Expenses - Other	\$1,246
31.A.5.b Total	J= 12010 110 001		\$1,246
31.A.8.a	02-13000-310-001	HUD Reserve For Replacements	\$963,084
31.A.8.a Total			\$963,084
31.A.8.b	02-13000-510-001	Escrow Deposits	\$47,951
31.A.8.b Total			\$47,951
31.B.1	02-15000-110-001	Land	\$24,213
31.B.1 Total			\$24,213
31.B.2.a	02-15000-150-001	Land Improvements	\$389,985
	02-15000-150-001.1	Prior Owner (Land Improvements)	\$1,114
31.B.2.a Total			\$391,099
31.B.2.b	02-15500-150-001	Accumulated Depreciation - Land Improvements	-\$285,498
	02-15500-150-001.1	Pr. Owner (Accum Depr. Land Impr	-\$1,952
31.B.2.b Total			-\$287,450
31.B.3.a	02-15000-310-001	Buildings	\$1,778,576
	02-15000-350-001	Building Improvements	\$6,388,905
	02-15000-350-001.1	Prior Year Cost Report Adj (Accum Depr. Building & Building Impr)	-\$77,612
	02-15000-910-001	Construction In Progress	\$16,772
31.B.3.a Total			\$8,106,640
31.B.3.b	02-15500-310-001	Accumulated Depreciation - Buildings	-\$1,776,794
	02-15500-350-001	Accumulated Depreciation - Building Improvements	-\$3,186,343
	02-15500-370-001	Accumulated Depreciation - Building Equipment	-\$929,666
	02-15500-350-001.1	Prior Owner (Accum Depr. Building)	\$52,172
31.B.3.b Total			-\$5,840,631
31.B.6.a	02-15000-370-001	Building Equipment	\$1,233,579
	02-15000-510-001	Furniture, Fixtures & Equipment	\$238,719
31.B.6.a Total	02-15000-510-001.1	Prior Owner (Movable Equipment)	-\$33,717
	02-15500-510-001	Accumulated Depreciation EE&E	\$1,438,581 -\$1,032,404
31.B.6.b		Accumulated Depreciation - FF&E Prior Owner (Accum Depr. Movable Equipment)	-\$1,032,404 -\$64,502
		Accumulated Depreciation - FF&E - Current Owner	-\$300,955
31.B.6.b Total	52 10005-070-001.1	recultured Deproduction Treed - Current Owner	-\$1,397,861
31.B.9	02-15500-510-001 2	Fixed Asset Cost Report Difference	\$109,459
31.B.9 Total	0.0000		\$109,459
32.D.6	02-17700-110-001	Clearing Accounts - Misc	\$0
	02-17700-150-001	Clearing Accounts - Intercompany	\$0
	02-17700-210-001	Clearing Accounts - Payroll	\$0
32.D.6 Total			\$0
32.D.7.a	02-16000-110-001	Deferred Financing Costs	\$170,405
32.D.7.a Total		-	\$170,405
32.D.7.b	02-16500-110-001	Accumulated Amortization - Deferred Financing Costs	-\$63,244
32.D.7.b Total		<u>~</u>	-\$63,244
32.D.7.c	02-10100-510-001	Investments - Donor Restricted Funds Held by Affiliate	\$911,000
32.D.7.c Total			\$911,000
Grand Total			1. ,

33.A.1 02-20010-110-002 Accounts Payable -\$658,903 33.A.1 Total -\$6658,903 -\$6658,903 33.A.12.a 02-21010-110-002 Accrued Expenses Payable -\$96,420 33.A.12.b 02-21010-150-002 Accrued Expenses Payable - Provider Tax -\$135,789 33.A.12.b 02-21010-150-002 Accrued Expenses Payable - Provider Tax -\$135,789 33.A.12.b 02-21010-190-002 Resident Security Deposits Payable -\$113,152 33.A.12.c 02-21010-200-002 Accrued Expenses Payable - Residents Trust -\$112,010 33.A.12.g 02-21010-210-002 Accrued Expenses Payable - Payroll -\$82,507 02-21010-270-002 Accrued Expenses Payable - Portor -\$303,712 02-21010-270-002 Accrued Expenses Payable - Portor -\$80 02-21010-270-002 Accrued Expenses Payable - Portor -\$80 02-21010-275-002 Accrued Expenses Payable - Portor \$80 02-21010-30-002 Accrued Expenses Payable - Ponsion \$0 02-21010-220-002 Accrued Expenses Payable - Ponsion \$0 02-21010-220-002 Accrued Expenses Payable - Pa	Sch. Assignment	Account	Description	Amounts
33.A.12.a 02-21010-110-002 Accrued Expenses Payable -\$96,420 33.A.12.a Total -\$96,420 33.A.12.b 02-21010-150-002 Accrued Expenses Payable - Provider Tax -\$135,789 33.A.12.b 02-21700-110-002 Resident Security Deposits Payable -\$135,789 33.A.12.c 02-21010-190-002 Resident Security Deposits Payable -\$112,010 33.A.12.g 02-21010-190-002 Accrued Expenses Payable - Residents Trust -\$112,010 33.A.12.g 02-21010-210-002 Accrued Expenses Payable - Payroll -\$82,507 03.A.12.g 02-21010-210-002 Accrued Expenses Payable - Payroll -\$82,507 02-21010-270-002 Accrued Expenses Payable - Payroll -\$303,712 02-21010-270-002 Accrued Expenses Payable - Porsion \$0 02-21010-310-002 Accrued Expenses Payable - Porsion \$0 02-21010-30-002 Accrued Expenses Payable - Porsion \$0 02-21010-30-002 Accrued Expenses Payable - Porsion \$0 02-21010-30-002 Accrued Expenses Payable - Porsion \$0 02-21010-220-002 Accrued Expenses Payable - Porsion \$0 02-21010-220-002	33.A.1	02-20010-110-002	Accounts Payable	-\$658,903
33.A.12.a Total -\$96,420 33.A.12.b 02-21010-150-002 Accrued Expenses Payable - Provider Tax -\$135,789 33.A.12.b Total -\$135,789 -\$135,789 33.A.12.c 02-21700-110-002 Resident Security Deposits Payable -\$113,152 33.A.12.c 02-21010-190-002 Accrued Expenses Payable - Residents Trust -\$112,010 33.A.12.g 02-21010-210-002 Accrued Expenses Payable - Payroll -\$82,507 33.A.12.g 02-21010-270-002 Accrued Expenses Payable - Payroll -\$82,507 02-21010-270-002 Accrued Expenses Payable - Payroll -\$82,507 02-21010-270-002 Accrued Expenses Payable - Porother \$0 02-21010-270-002 Accrued Expenses Payable - Porother \$0 02-21010-330-002 Accrued Expenses Payable - Pension \$0 02-21010-330-002 Accrued Expenses Payable - Pension \$0 02-21010-130-002 Accrued Expenses Payable - Payroll Other \$0 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 02-21010-230-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-230-002 Accrued Expenses Payable - ER Payroll Taxes -	33.A.1 Total			-\$658,903
33.A.12.b 02-21010-150-002 Accrued Expenses Payable - Provider Tax -\$135,789 33.A.12.b Total -\$135,789 33.A.12.c 02-21700-110-002 Resident Security Deposits Payable -\$13,152 33.A.12.g 02-21010-190-002 Accrued Expenses Payable - Residents Trust -\$112,010 33.A.12.g Total -\$112,010 -\$13,152 33.A.12.g Total -\$112,010 33.A.12.g Total -\$112,010 33.A.4 02-21010-210-002 Accrued Expenses Payable - Residents Trust -\$112,010 33.A.4 02-21010-210-002 Accrued Expenses Payable - Payroll -\$82,507 02-21010-275-002 Accrued Expenses Payable - Porrol -\$303,712 02-21010-275-002 Accrued Expenses Payable - Ponsion \$0 02-21010-330-002 Accrued Expenses Payable - Ponsion \$0 02-21010-300-002 Accrued Expenses Payable - Moltk and 457 Plans \$0 02-21010-220-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-220-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-250-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 33.A.6 02-21010-020-	33.A.12.a	02-21010-110-002	Accrued Expenses Payable	-\$96,420
33.A.12.b Total -\$135,789 33.A.12.c 02-21700-110-002 Resident Security Deposits Payable -\$13,152 33.A.12.g 02-21010-190-002 Accrued Expenses Payable - Residents Trust -\$112,010 33.A.12.g Total -\$112,010 -\$13,152 33.A.12.g Total -\$112,010 02-21010-270-002 Accrued Expenses Payable - Payroll 02-21010-310-002 Accrued Expenses Payable - Pension \$0 02-21010-30-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-220-002 Accrued Expenses Payable - Employee Donations \$0 33.A.6 02-21010-250-002 Accrued Expenses Payable	33.A.12.a Total			-\$96,420
33.A.12.c 02-21700-110-002 Resident Security Deposits Payable -513,152 33.A.12.c Total -\$13,152 33.A.12.g 02-21010-190-002 Accrued Expenses Payable - Residents Trust -\$112,010 33.A.12.g 02-21010-210-002 Accrued Expenses Payable - Payroll -\$82,507 33.A.12.g 02-21010-270-002 Accrued Expenses Payable - Payroll -\$82,507 02-21010-270-002 Accrued Expenses Payable - Payroll -\$82,507 02-21010-275-002 Accrued Expenses Payable - Porto -\$303,712 02-21010-310-002 Accrued Expenses Payable - Pension \$0 02-21010-300-002 Accrued Expenses Payable - 401K and 457 Plans \$0 02-21010-130-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 33.A.6 02-21010-220-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 33.A.6 02-21010-230-002 Accrued Expenses Payable - ER Withholding Taxes \$0 02-21010-230-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 33.A.6 02-21010-20-002 Loan Payable - Mortgage -\$7,551,076	33.A.12.b	02-21010-150-002	Accrued Expenses Payable - Provider Tax	-\$135,789
33.A.12.c Total -\$13,152 33.A.12.g 02-21010-190-002 Accrued Expenses Payable - Residents Trust -\$112,010 33.A.12.g Total -\$112,010 -\$112,010 33.A.12.g Total -\$112,010 -\$112,010 33.A.12.g Total -\$112,010 33.A.4 02-21010-210-002 Accrued Expenses Payable - Payroll -\$82,507 02-21010-270-002 Accrued Expenses Payable - PTO -\$303,712 02-21010-275-002 Accrued Expenses Payable - Pension \$0 02-21010-330-002 Accrued Expenses Payable - Pension \$0 02-21010-130-002 Accrued Expenses Payable - Holk and 457 Plans \$0 02-21010-130-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 33.A.6 02-21010-250-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 03.A.6 02-21010-230-002 Accrued Expenses Payable - EE Withholding Taxes \$0 33.A.6 02-21010-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.b	33.A.12.b Total			-\$135,789
33.A.12.g 02-21010-190-002 Accrued Expenses Payable - Residents Trust -\$112,010 33.A.12.g Total -\$112,010 -\$112,010 33.A.12.g Total -\$112,010 -\$112,010 33.A.4 02-21010-210-002 Accrued Expenses Payable - Payroll -\$82,507 02-21010-270-002 Accrued Expenses Payable - PTO -\$303,712 02-21010-275-002 Accrued Expenses - PTO Other \$0 02-21010-330-002 Accrued Expenses Payable - Pension \$0 02-21010-330-002 Accrued Expenses Payable - 401K and 457 Plans \$0 02-21010-130-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 33.A.6 02-21010-250-002 Accrued Expenses Payable - Payroll Taxes -\$29,545 03.A.6 02-21010-230-002 Accrued Expenses Payable - ER Payroll Taxes \$0 33.A.6 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.b 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 35.B.1 02-29300-100-003 <td>33.A.12.c</td> <td>02-21700-110-002</td> <td>Resident Security Deposits Payable</td> <td>-\$13,152</td>	33.A.12.c	02-21700-110-002	Resident Security Deposits Payable	-\$13,152
33.A.12.g Total -\$112,010 33.A.12.g Total -\$812,010 33.A.4 02-21010-210-002 Accrued Expenses Payable - Payroll -\$82,507 02-21010-270-002 Accrued Expenses Payable - PTO -\$303,712 02-21010-275-002 Accrued Expenses Payable - PTO -\$303,712 02-21010-310-002 Accrued Expenses Payable - Pension \$0 02-21010-330-002 Accrued Expenses Payable - 401K and 457 Plans \$0 02-21010-130-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 02-21010-250-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 03.A.6 02-21010-230-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 33.A.6 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.b 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b 02-29300-100-003 Permanently Restricted Assets -\$911,001	33.A.12.c Total			-\$13,152
33.A.4 02-21010-210-002 Accrued Expenses Payable - Payroll -\$82,507 02-21010-270-002 Accrued Expenses Payable - PTO -\$303,712 02-21010-275-002 Accrued Expenses Payable - PTO -\$303,712 02-21010-275-002 Accrued Expenses Payable - Pension \$0 02-21010-300-002 Accrued Expenses Payable - Pension \$0 02-21010-300-002 Accrued Expenses Payable - Volk and 457 Plans \$0 02-21010-220-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 33.A.6 02-21010-250-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 02-21010-230-002 Accrued Expenses Payable - EE Withholding Taxes \$0 33.A.6 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a 02-25100-190-002 Loan Payable - UMH -\$6,050,207 34.B.4.b 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b 02-29300-100-003 Permanently Restricted Assets -\$911,001 02-29500-100-003	33.A.12.g	02-21010-190-002	Accrued Expenses Payable - Residents Trust	-\$112,010
02-21010-270-002 Accrued Expenses Payable - PTO -\$303,712 02-21010-275-002 Accrued Expenses - PTO Other \$0 02-21010-310-002 Accrued Expenses Payable - Pension \$0 02-21010-310-002 Accrued Expenses Payable - VOLK and 457 Plans \$0 02-21010-300-002 Accrued Expenses Payable - 401K and 457 Plans \$0 02-21010-130-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 33.A.4 Total -\$386,219 \$3 33.A.6 02-21010-250-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 02-21010-230-002 Accrued Expenses Payable - EE Withholding Taxes \$0 33.A.6 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.b 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 35.B.1 02-29300-100-003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 58,010-003 \$80,013 <td< td=""><td>33.A.12.g Total</td><td></td><td></td><td>-\$112,010</td></td<>	33.A.12.g Total			-\$112,010
02-21010-275-002 Accrued Expenses - PTO Other \$0 02-21010-310-002 Accrued Expenses Payable - Pension \$0 02-21010-300-002 Accrued Expenses Payable - 401K and 457 Plans \$0 02-21010-130-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 33.A.4 Total -\$386,219 \$3 33.A.6 02-21010-250-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 02-21010-230-002 Accrued Expenses Payable - EE Withholding Taxes \$0 33.A.6 02-25100-190-002 Accrued Expenses Payable - EE Withholding Taxes \$0 33.A.6 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.b 02-17010-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b 02-29300-100-003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 02-29500-100-003 \$86,059,13	33.A.4	02-21010-210-002	Accrued Expenses Payable - Payroll	-\$82,507
02-21010-310-002 Accrued Expenses Payable - Pension \$0 02-21010-330-002 Accrued Expenses Payable - 401K and 457 Plans \$0 02-21010-130-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 33.A.6 02-21010-250-002 Accrued Expenses Payable - Payroll Other \$0 33.A.6 02-21010-250-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 02-21010-230-002 Accrued Expenses Payable - EE Withholding Taxes \$0 33.A.6 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.b 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b 02-29300-100-003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 02-29500-100-003 \$8,630,913 35.B.1 03-29500-100-003 \$8,630,913		02-21010-270-002	Accrued Expenses Payable - PTO	-\$303,712
02-21010-330-002 Accrued Expenses Payable - 401K and 457 Plans \$0 02-21010-130-002 Accrued Expenses Payable - Employee Donations \$0 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 33.A.4 Total -\$386,219 33.A.6 02-21010-250-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 02-21010-230-002 Accrued Expenses Payable - EE Withholding Taxes \$0 33.A.6 02-21010-230-002 Accrued Expenses Payable - EE Withholding Taxes \$0 33.A.6 02-21010-230-002 Loan Payable - Mortgage -\$29,545 \$0 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 \$4.B.4.a Total -\$7,551,076 34.B.4.b 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b 02-29300-100-003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 \$5.B.1 35.B.1 02-29500-100-003 Retained Earnings \$8,630,913		02-21010-275-002	Accrued Expenses - PTO Other	\$0
02-21010-130-002 Accrued Expenses Payable - Employee Donations \$0 33.A.4 Total .4crued Expenses Payable - Payroll Other \$0 33.A.6 02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 33.A.6 02-21010-250-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 02-21010-230-002 Accrued Expenses Payable - EE Withholding Taxes \$\$0 33.A.6 Total -\$29,545 \$\$0 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a 02-17010-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b 02-17010-0013 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 02-29500-100-003 \$8,630,913		02-21010-310-002	Accrued Expenses Payable - Pension	\$0
02-21010-220-002 Accrued Expenses Payable - Payroll Other \$0 33.A.4 Total -\$386,219 33.A.6 02-21010-250-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 02-21010-230-002 Accrued Expenses Payable - EE Withholding Taxes \$0 33.A.6 Total -\$29,545 \$0 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b 02-17010-0003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 02-29500-100-003 \$7,719,912		02-21010-330-002	Accrued Expenses Payable - 401K and 457 Plans	\$0
33.A.4 Total -\$386,219 33.A.6 02-21010-250-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 02-21010-230-002 Accrued Expenses Payable - EE Withholding Taxes \$0 33.A.6 Total -\$29,545 \$0 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 35.B.1 02-29300-100-003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 77,19,912		02-21010-130-002	Accrued Expenses Payable - Employee Donations	\$0
33.A.6 02-21010-250-002 Accrued Expenses Payable - ER Payroll Taxes -\$29,545 02-21010-230-002 Accrued Expenses Payable - EE Withholding Taxes \$0 33.A.6 Total -\$29,545 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b 02-17010-0003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 02-29500-100-003 \$7,719,912		02-21010-220-002	Accrued Expenses Payable - Payroll Other	\$0
02-21010-230-002 Accrued Expenses Payable - EE Withholding Taxes \$0 33.A.6 Total -\$29,545 -\$29,545 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b 02-17010-003 Permanently Restricted Assets -\$911,001 02-29300-100-003 Retained Earnings \$8,630,913 \$5.B.1 35.B.1 02-100-003 Retained Earnings \$8,630,913	33.A.4 Total			-\$386,219
33.A.6 Total -\$29,545 34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a Total -\$7,551,076 -\$7,551,076 34.B.4.b 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b Total -\$6,050,207 -\$6,050,207 35.B.1 02-29300-100-003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 Total \$7,719,912	33.A.6	02-21010-250-002	Accrued Expenses Payable - ER Payroll Taxes	-\$29,545
34.B.4.a 02-25100-190-002 Loan Payable - Mortgage -\$7,551,076 34.B.4.a Total -\$7,551,076 -\$7,551,076 34.B.4.b 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b Total -\$6,050,207 -\$6,050,207 35.B.1 02-29300-100-003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 Total \$7,719,912		02-21010-230-002	Accrued Expenses Payable - EE Withholding Taxes	\$0
34.B.4.a Total -\$7,551,076 34.B.4.b 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b Total -\$6,050,207 -\$6,050,207 35.B.1 02-29300-100-003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 Total \$7,719,912	33.A.6 Total			-\$29,545
34.B.4.b 02-17010-001-001 Due To/From Affiliates - UMH -\$6,050,207 34.B.4.b Total -\$6,050,207 -\$6,050,207 35.B.1 02-29300-100-003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 Total \$7,719,912	34.B.4.a	02-25100-190-002	Loan Payable - Mortgage	-\$7,551,076
34.B.4.b Total -\$6,050,207 35.B.1 02-29300-100-003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 Total \$7,719,912	34.B.4.a Total			-\$7,551,076
35.B.1 02-29300-100-003 Permanently Restricted Assets -\$911,001 02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 Total \$7,719,912	34.B.4.b	02-17010-001-001	Due To/From Affiliates - UMH	-\$6,050,207
02-29500-100-003 Retained Earnings \$8,630,913 35.B.1 Total \$7,719,912	34.B.4.b Total			-\$6,050,207
35.B.1 Total \$7,719,912	35.B.1	02-29300-100-003	Permanently Restricted Assets	-\$911,001
		02-29500-100-003	Retained Earnings	\$8,630,913
Total Liabilities & Equity\$6,943,308	35.B.1 Total			\$7,719,912
	Total Liabilities & H	Equity		-\$6,943,308

Bishop Wicke Health & Rehab Ctr. Income Statement - Revenue CRYE 9/30/2021

S-1. 4	4	Description	A
Sch. Assignment	Account 02 25100 200 260	Description	Amounts
30.I.1.a	02-35100-300-360	Room & Board Revenue - Medicaid	-\$7,399,847
20 I 1 a Total	02-41100-300-425	Miscellaneous Rev - Medicaid	-\$10,100
30.I.1.a Total 30.I.1.b	02 25100 250 260	Contractual Allowance Down & Down Madiania	-\$7,409,947
30.1.1.D	02-35100-350-360	Contractual Allowance - Room & Board - Medicaid	\$3,088,731
	02-35950-350-370	Contractual Allowance - Sequester Adj - Medicaid	\$0
30.I.1.b Total	02-35900-350-370	Contract Allow - Ancillaries - Medicaid	\$7,648
	02 25100 200 255	Dear & Deard Deserver Medicar	\$3,096,379
30.I.3.a	02-35100-200-355 02-41100-310-425	Room & Board Revenue - Medicare Miscellaneous Revenue - Medicare A	-\$1,632,205
30.I.3.a Total	02-41100-510-425	Miscenaneous Revenue - Medicare A	-\$11,368
	02 25100 250 255	Contractual Allowance, Decar & Decard, Medicare	-\$1,643,573
30.I.3.b	02-35100-250-355	Contractual Allowance - Room & Board - Medicare	-\$714,435
30.I.3.b Total	02-35950-250-370	Contractual Allowance - Sequester Adj - Medicare	-\$4,061
30.I.4.a	02 25100 100 250	Room & Board Revenue - Private	-\$718,496 \$2,075,125
30.1.4.a	02-35100-100-350 02-35100-400-365	Room & Board Revenue - Managed Care	-\$2,975,125
	02-35100-400-365	Miscellaneous Revenue - Private	-\$1,344,464 -\$884
30.I.4.a Total	02-41100-370-425	Miscellaneous Revenue - Managed Care	\$0 -\$4,320,473
30.I.4.b	02-35100-150-350	Contractual Allowance Room & Board - Private	-\$4,320,473 \$7,747
30.1.4.0	02-35100-150-350		
	02-35900-150-370	Contractual Allowance - Room & Board - Managed Care Contractual Allowance - Ancillaries - Private	\$107,250 -\$75,547
30.I.4.b Total	02-35950-150-370	Contractual Allowance - Sequester Adj - Private	\$0 \$39,450
30.II.1.a	02 26800 200 270	Dhamman Madiana A	
30.II.1.a Total	02-36800-200-370	Pharmacy - Medicare A	-\$97,070 - \$97,070
30.II.1.a Totai 30.II.1.b	02 35000 250 370 6	PHARM - C/A ANCILLARIES MEDICARE A	
30.11.1.b 30.11.1.b Total	02-33700-230-370.0	THINM - CA ANULLANDS PIEDICAKE A	\$97,070 \$97,070
30.11.1.b 1 otal 30.11.1.c	02-36800-100-370	Pharmacy - Private	\$97,070
30.11.1.0	02-36800-100-370	Pharmacy - Private Pharmacy - Managed Care	\$0 -\$54,295
30.II.1.c Total	02-30000-400-370	Pharmacy - Managed Care	-\$54,295 - \$54,295
30.II.2.a	02-36700-200-370	Medical Supply - Medicare A	-\$54,295 -\$6,588
30.11.2.a Total	02-30700-200-370	Medical Supply - Medicare A	-\$6,588
30.11.2.a Total 30.11.2.b	02-35000-250-370 0	MEDICAL SUPPLIES - C/A ANCILLARIES MEDICARE A	\$6,588
30.11.2.b Total	02-33900-230-370.8	MEDICAL SOLITEILS - CA ANGLEARIES MEDICARE A	\$6,588
30.II.2.c	02-36700-100-370	Medical Supply - Private	-\$6,542
30.11.2.C	02-36700-400-370		-\$5,765
	02-36700-300-370	Medical Supply - Managed Care Medical Supply - Medicaid	-\$5,705
30.II.2.c Total	02-30700-300-370	Wedeal Supply - Wedeau	-\$19,956
30.II.3.a	02-36100-500-370	Physical Therapy Revenue - Medicare B	-\$143,751
50.11.5.a	02-36100-200-370	Physical Therapy Revenue - Medicare B	-\$246,101
30.II.3.a Total	02-30100-200-370	Thysical Therapy Revenue - Monicale A	-\$389,852
30.II.3.b	02-35900-250-370-1	PT-C/A ANCILLARIES MEDICARE A	\$246,101
30.11.3.0		PT-C/A ANCILLARIES MEDICARE A PT-C/A ANCILLARIES MEDICARE B	\$240,101
30.II.3.b Total	02-33700-330-370.1		\$271,087
30.II.3.c	02-36100-100-370	Physical Therapy Revenue - Private	-\$19,296
50.11.5.0	02-36100-400-370	Physical Therapy Revenue - Managed Care	-\$199,419
30.II.3.c Total	02-30100-400-370	Thysical Therapy Revenue - Managed Care	-\$218,715
30.II.4.a	02-36500-500-370	Speech Therapy Revenue - Medicare B	-\$18,113
50.11.4.a	02-36500-200-370	Speech Therapy Revenue - Medicare A	-\$99,576
30.II.4.a Total	02-30300-200-370	Speech Therapy Revenue - Inducate A	-\$117,690
30.II.4.b	02-35900-250-370-3	ST- C/A ANCILLARIES MEDICARE A	\$99,576
50.11.4.0		ST- C/A ANCILLARIES MEDICARE B	\$2,295
		OUTPATIENT THERAPY PROGRAM (SPEECH THER C/A)	\$2,056
30.II.4.b Total	02-41010-410-423.3	OUT ATEM THERAT TROOKAM (STEECH THER C/A)	\$103,927
30.II.4.c	02-36500-100-370	Speech Therapy Revenue - Private	-\$650
50.11.4.0	02-36500-400-370	Speech Therapy Revenue - Managed Care	-\$76,302
30.II.4.c Total	02-30300-400-370	Speen The apy Revenue - Manager Care	-\$76,953
30.II.5.a	02-36300-500-370	Occupational Therapy Revenue - Medicare B	-\$23,544
continent	02-36300-200-370	Occupational Therapy Revenue - Medicare A	-\$281,632
30.II.5.a Total	02 00000 200 010		-\$305,175
30.II.5.b	02-35900-250-370 2	OT - C/A ANCILLARIES MEDICARE A	\$281,632
		OT - C/A ANCILLARIES MEDICARE B	\$281,052
		OUTPATIENT THERAPY PROGRAM (PHY THER C/A)	\$6,350
		OUTPATIENT THERAPY PROGRAM (OCC THER C/A)	\$5,615
30.II.5.b Total			\$294,581
30.II.5.c	02-36300-100-370	Occupational Therapy Revenue - Private	-\$5,215
	02-36300-400-370	Occupational Therapy Revenue - Managed Care	-\$219,050
30.II.5.c Total	0- 00000-100-070		-\$224,265
30.II.6.a	02-36600-200-370	Laboratory - Medicare A	-\$4,603
2000000		RADIOLOGY MEDICARE A	-94,005 \$0
		OXYGEN - C/A ANCILLARIES MEDICARE A	\$0
		LAB - C/A ANCILLARIES MEDICARE A	\$4,603
		RADIOLOGY - C/A ANCILLARIES MEDICARE A	\$4,005
30.II.6.a Total			\$0
30.II.6.b	02-36600-400-370	Laboratory - Managed Care	-\$1,895
20121010		LAB-C/A ANCILLARIES MANAGED CARE	\$1,895
30.II.6.b Total	02 00000-100-070.4		\$1,895
30.IV.1	02-41010-190-425	Other Revenue - Guest Meals/Tray Charges	-\$34
30.IV.1 Total	02-41010-170-443	Guide Activities - Outor Mutiles They Chillington	-\$34
30.IV.1 Total 30.IV.8	02-30200-360-310	Grant - Other	- \$34 \$0
2011 1.0	02-53010-110-530	Dividend & Interest income	
	02-53010-110-530 02-42010-110-450		-\$6,376
		Rental Income	-\$1,350
		Other Revenue - Miscellaneous	-\$10,413
	02-41010-310-425		
	02-41010-310-425 02-41010-310-425.1	UNITED HEALTHCARE - DIVIDEND MATRIX	
	02-41010-310-425 02-41010-310-425.1 02-41010-310-425.2	UNITED HEALTHCARE - DIVIDEND MATRIX Attorney fees on C. Russel Account	\$0
	02-41010-310-425 02-41010-310-425.1 02-41010-310-425.2 02-41010-310-425.3	UNITED HEALTHCARE - DIVIDEND MATRIX Attorney fees on C. Russel Account MEDICAL RECORD COPIES	\$0 \$0
	02-41010-310-425 02-41010-310-425.1 02-41010-310-425.2 02-41010-310-425.3 02-55010-110-550	UNITED HEALTHCARE - DIVIDEND MATRIX Attorney fees on C. Russel Account MEDICAL RECORD COPIES Other Income (Loss)-(For FY 2017 this is Change in Value of Donor Restricted funds held by Affiliated Foundation)	\$0 \$0 \$0
	02-41010-310-425 02-41010-310-425.1 02-41010-310-425.2 02-41010-310-425.3 02-55010-110-550 02-55020-110-425	UNITED HEALTHCARE - DIVIDEND MATRIX Attorney fees on C. Russel Account MEDICAL RECORD COPIES Other Income (Loss)-(For FY 2017 this is Change in Value of Donor Restricted funds held by Affiliated Foundation) Stimulus Revenue	\$0 \$0 \$0 -\$88,000
	02-41010-310-425 02-41010-310-425.1 02-41010-310-425.2 02-41010-310-425.3 02-55010-110-550	UNITED HEALTHCARE - DIVIDEND MATRIX Attorney fees on C. Russel Account MEDICAL RECORD COPIES Other Income (Loss)-(For FY 2017 this is Change in Value of Donor Restricted funds held by Affiliated Foundation) Stimulus Revenue Contractual Allowance - Stimulus Revenue	\$0 \$0 \$0 -\$88,000
	02-41010-310-425 02-41010-310-425.1 02-41010-310-425.2 02-41010-310-425.3 02-55010-110-550 02-55020-110-425	UNITED HEALTHCARE - DIVIDEND MATRIX Attorney fees on C. Russel Account MEDICAL RECORD COPIES Other Income (Loss)-(For FY 2017 this is Change in Value of Donor Restricted funds held by Affiliated Foundation) Stimulus Revenue	\$0 \$0 \$0 -\$88,000 \$88,000 -\$1,106,400

		-\$1,195,178
02-35900-450-370.1	PT-C/A ANCILLARIES MANAGED CARE	\$199,419
		\$199,419
02-35900-450-370.2	OT-C/A ANCILLARIES MANAGED CARE	\$219,050
		\$219,050
02-35900-450-370.3	ST-C/A ANCILLARIES MANAGED CARE	\$76,302
		\$76,302
02-35900-450-370.5	MEDICAL SUPPLY-C/A ANCILLARIES MANAGED CARE	\$5,765
		\$5,765
02-35900-450-370.6	PHARMACY-C/A ANCILLARIES MANAGED CARE	\$54,295
		\$54,295
		-\$12,334,346
	02-35900-450-370.2 02-35900-450-370.3 02-35900-450-370.5	02-35900-450-370.1 PT-C/A ANCILLARIES MANAGED CARE 02-35900-450-370.2 OT-C/A ANCILLARIES MANAGED CARE 02-35900-450-370.3 ST-C/A ANCILLARIES MANAGED CARE 02-35900-450-370.5 MEDICAL SUPPLY-C/A ANCILLARIES MANAGED CARE 02-35900-450-370.6 PHARMACY-C/A ANCILLARIES MANAGED CARE

Sch. Assignment	Account	Description	Amounts
10.A.11.b		Other Accountants' Salary	\$117,761
10.A.11.b Total	02 01200 100 70012	Still Recountains Stating	\$117,761
10.A.12.a	02-61150-100-800	Salary Expense - Management & Supervision	\$293,681
10.A.12.a Total	02 01100 100 000		\$293,681
10.A.12.b.1	02-61200-100-810	Salary Expense - RN	\$1,133,451
10.A.12.b.1 Total			\$1,133,451
10.A.12.b.2	02-61200-100-800	Salary Expense - RN	\$73,259
	02-61500-100-800	Salary Expense - Staff	\$122,514
10.A.12.b.2 Total		•	\$195,773
10.A.12.c.1	02-61290-100-810	Salary Expense - LPN	\$758,619
10.A.12.c.1 Total			\$758,619
10.A.12.d	02-61300-100-810	Salary Expense - CNA	\$1,864,164
10.A.12.d Total			\$1,864,164
10.A.12.h	02-61150-100-775	Salary Expense - Management & Supervision	\$72,982
	02-61500-100-775	Salary Expense - Staff	\$92,217
10.A.12.h Total			\$165,199
10.A.12.m	02-61500-100-770	Salary Expense - Staff	\$139,277
10.A.12.m Total			\$139,277
10.A.2	02-61100-100-700	Salary Expense - Executives	\$121,888
10.A.2 Total			\$121,888
10.A.4	02-61150-100-700	Salary Expense - Management & Supervision	\$0
40 + 4 5 - 1	02-61500-100-700	Salary Expense - Staff	\$266,875
10.A.4 Total			\$266,875
10.A.5.b	02-61150-100-730	Salary Expense - Management & Supervision	\$320,215
10.A.5.b Total	0.0 (1500 100 500		\$320,215
10.A.5.c	02-61500-100-730	Salary Expense - Staff	\$469,391
10.A.5.c Total	02 (1150 100 545		\$469,391
10.A.6.a	02-61150-100-745	Salary Expense - Management & Supervision	\$0
10.A.6.a Total	02 (1500 100 745	Galara Francisco Guade	\$0
10.A.6.b	02-61500-100-745	Salary Expense - Staff	\$252,908
10.A.6.b Total 10.A.7.b	02-61500-100-750	Salam Ermanaa Staff	\$252,908
10.A.7.b Total	02-01500-100-750	Salary Expense - Staff	\$150,948
13.B.10.a	02 82010 210 820 2	OCCUPATIONAL THERAPY- PART A	\$150,948 \$118,099
13.D.10.a		OCCUPATIONAL THERAPY- PART B	\$55,979
		OCCUPATIONAL THERAPY- OTHER PAYORS	\$97,526
13.B.10.a Total	02-02010-330-020.2	OCCUTATIONAL TILERAL I- OTILER TATORS	\$271,604
13.B.11.b.1	02-81010-230-810	Nursing Services - Employment Agency Pool - LPN	\$33,999
13.B.11.b.1 Total	02-01010-250-010	Tursing bervices Employment Agency 1001 Erit	\$33,999
13.B.12.2	02-81010-110-810	Nursing Services - Consulting Fees	\$63,349
13.B.12.2 Total	02 01010 110 010	Traising betwees Consulting Lees	\$63,349
13.B.2	02-83010-170-830	Medical Services Expense - Dentist	\$6,480
13.B.2 Total			\$6,480
13.B.3	02-83010-130-830	Medical Services Expense - Pharmacist	\$10,187
13.B.3 Total		I I I I I I I I I I	\$10,187
13.B.5.a	02-82010-310-820	Ancillary Expense - Contracted MCA	\$0
		PHYSICAL THERAPY - PART A	\$124,918
	02-82010-330-820	Ancillary Expense - Contracted MCB	\$0
		PHYSICAL THERAPY - PART B	\$74,257
	02-82010-350-820	Ancillary Expense - Contracted Other Payors	\$0
	02-82010-350-820.3	PHYSICAL THERAPY - OTHER PAYORS	\$96,378
13.B.5.a Total			\$295,553
13.b.5.b	02-81010-110-810.1	PHYSCIAL THERAPY - ALLIANCE TRAINING	\$1,316
13.b.5.b Total			\$1,316
13.B.8.a	02-83010-110-830	Medical Services Expense - Medical Director	\$24,000
13.B.8.a Total			\$24,000
13.B.8.c	02-83010-150-830	Medical Services Expense - Physician	\$1,332
13.B.8.c Total			\$1,332
13.B.9.a		SPEECH THERAPY- PART A	\$56,873
		SPEECH THERAPY- PART B	\$14,360
	02-82010-350-820.1	SPEECH THERAPY- OTHER PAYORS	\$32,867
13.B.9.a Total			\$104,100
13.b.9.b	02-81010-110-810.3	SPEECH THERAPY - ALLIANCE TRAINING	\$464

Sch. Assignment	Account	Description	Amounts
13.b.9.b Total			\$464
13.b.10.b	02-81010-110-810.2	OCCUPATIENTAL THERAPY - ALLIANCE TRAINING	\$1,210
13.b.10.b Total			\$1,210
13.B.11.a.1	02-81010-210-810	Nursing Serv - Employment Agency - RN	\$45,569
13.B.11.a.1 Total			\$45,569
15.1.a.1	02-67500-290-675	Employee Benefit Expense - Workers' Comp	\$141,835
15.1.a.1 Total			\$141,835
15.1.a.3	02-67500-270-675	Employee Benefit Expense - Unemployment Taxes	\$41,434
15.1.a.3 Total			\$41,434
15.1.a.4	02-65500-110-650	Payroll Tax Expense - FICA	\$454,629
15.1.a.4 Total		· · ·	\$454,629
15.1.a.5	02-67500-190-675	Employee Benefit Expense - Health Insurance	\$608,691
15.1.a.5 Total			\$608,691
15.1.a.6	02-67500-210-675	Employee Benefit Expense - Life Insurance	\$78,367
15.1.a.6 Total			\$78,367
15.1.a.7	02-67500-250-675	Employee Benefit Expense - Pension Expense	\$0
	02-67500-110-675	Employee Benefit Expense - 401K Match	\$170,799
15.1.a.7 Total		F	\$170,799
15.1.a.8	02-73010-310-730	Dietary Expenses - Uniforms	\$908
10121010	02-74510-150-745	Housekeeping Expense - Uniform Expense	\$747
15.1.a.8 Total		Children Children Children	\$1,655
15.1.a.9	02-67500-130-675	Employee Benefit Expense - Employee Physicals	\$21,726
13.1.4.9	02-67500-230-675	Employee Benefit Expense - Other Benefits	\$0
15.1.a.9 Total	02 01000-200-010	Employee Benefit Expense - Other Benefits	\$21,726
15.1.c	02-87010-110-870	Bad Debt Expense	\$399,996
15.1.c Total	02-0/010-110-0/0	Bad Debt Expense	\$399,996
15.1.d	02-70010-110-700	General & Administrative Expense - Accounting Fees	\$32,645
15.1.d Total	02-70010-110-700	General & Administrative Expense - Accounting rees	\$32,645
15.1.e	02-70010-290-700	General & Administrative Expense - Legal Fees	\$8,223
15.1.e Total	02-70010-290-700	General & Administrative Expense - Legal Fees	
	03 70010 200 700	Consel & Administration Frances Office Constitut	\$8,223
15.1.g	02-70010-390-700	General & Administrative Expense - Office Supplies	\$49,275
15.1.g Total	00 50010 510 500		\$49,275
15.1.h.1	02-70010-510-700	General & Administrative Expense -Telephone	\$35,400
15.1.h.1 Total	00 00010 110 000		\$35,400
15.1.k.3	02-89010-110-890	Tax Expense - Provider Tax	\$512,005
15.1.k.3 Total			\$512,005
16.1.2	02-67500-150-675	Employee Benefit Expense - Employee Relations	\$22,689
16.1.2 Total			\$22,689
16.1.4	02-70010-130-700	General & Administrative Expense - Business Travel	\$567
16.l.4 Total			\$567
16.1.5	02-70010-330-700	General & Administrative Expense - Meetings Seminars	\$3,596
16.l.5 Total			\$3,596
16.m.1	02-70010-250-700	General & Administrative Expense - Help Wanted Ads	\$0
16.m.1 Total			\$0
16.m.5	02-81010-350-810.1	MEDICAL RECORD SUPPLIES (Omnicare)	\$0
16.m.5 Total			\$0
16.m.10	02-70010-190-700	General & Administrative Expense - Donations/Contributions	\$0
16.m.10 Total			\$0
16.m.11	02-70010-170-700	General & Administrative Expense - Consulting Fees	\$9,919
	02-70010-410-700	General & Administrative Expense - Payroll Services	\$37,017
16.m.11 Total			\$46,936
16.m.12	02-91010-110-910	Management Fees	\$0
	02-91010-110-910.1	OTHER CORPORATE OFFICE INDIRECT SALARIES	\$248,078
	02-91010-110-910.2	OTHER CORPORATE OFFICE INDIRECT BEN	\$62,020
	02-91010-110-910.3	OTHER CORPORATE OFFICE INDIRECT TAXES	\$17,037
		FINANCE DEPT. BENEFITS PAID THRU UMH	\$17,194
		FINANCE DEPT. TAXES PAID THRU UMH	\$5,261
		FINANCE DEPARTMENT SALARY PAID THRU UMH	\$68,776
		Accounting Manager Salary paid through UMH	\$9,519
		Acct. Mngr. BENEFITS PAID THRU UMH	\$2,380
		Acct. Mngr TAXES PAID THRU UMH	\$728
16.m.12 Total	·= > 1010 110->10;>		\$430,994
- Junitar I Utar	02-70010-310-700	General & Administrative Expense - License & Fees	\$63,141

Bishop Wicke Health & Rehab Ctr. Income Statement - Expense CRYE 9/30/2021

Sch. Assignment	Account	Description	Amounts
16.m.13	02-70010-120-700	General & Administrative Expense - Bank Fees	\$10,597
	02-70010-550-700	Gen & Admin - Late Fees & Charges	\$121
16.m.13 Total			\$73,859
16.m.3	02-72010-210-720	Marketing Expense - Promotions	\$194
	02-72010-102-720	Marketing Expense - Bishop Wicke	\$6,620
16.m.3 Total			\$6,814
16.m.7	02-70010-430-700	General & Administrative Expense - Postage	\$3,641
16.m.7 Total		Ţ	\$3,641
16.m.8	02-70010-350-700	General & Administrative Expense - Membership Dues	\$14,740
16.m.8 Total		The second secon	\$14,740
16.m.9	02-70010-490-700	General & Administrative Expense - Subscriptions	\$6,769
16.m.9 Total			\$6,769
18.2.a.1	02-73010-250-730	Dietary Expenses - Raw Food & Beverage	\$362,291
	02-73010-210-730	Dietary Expenses - Nutritional Supplements	\$27,250
18.2.a.1 Total			\$389,541
18.2.a.2	02-73010-130-730	Dietary Expenses - Dietary Supplies	\$54,834
18.2.a.2 Total			\$54,834
19.3.a.1	02-74010-150-740	Laundry Expense - Patients	\$36,915
19.3.a.1 Total		• A	\$36,915
19.3.b	02-73010-150-730	Dietary Expenses - Laundry Services	\$18,877
	02-74010-110-740	Laundry Expense - General	\$152,975
19.3.b Total			\$171,853
20.4.a.1	02-74510-110-745	Housekeeping Expense - Supplies	\$38,251
20.4.a.1 Total			\$38,251
20.5.a.2	02-81010-130-810	Nursing Serv - Drugs	\$151,661
	02-81010-350-810.2	Nursing Services - Drugs	\$25,224
20.5.a.2 Total			\$176,885
20.5.b	02-81010-330-810	Nursing Services - Supplies Non-Billable	\$11,332
20.5.b Total			\$11,332
20.5.c	02-81010-350-810	Nursing Services - Supplies (Gauze, Tape)	\$293,019
20.5.c Total			\$293,019
20.5.d	02-82010-110-820	Ancillary Expense - Ambulance	\$0
20.5.d Total			\$0
20.5.e.2	02-82010-190-820	Ancillary Expense - Oxygen Supplies	\$19,496
	02-82010-130-820	Ancillary Expense - Equipment Rental	\$35,436
20.5.e.2 Total			\$54,932
20.5.f	02-82010-250-820	Ancillary Expense - X-Ray	\$7,054
20.5.f Total			\$7,054
20.5.h	02-82010-150-820	Ancillary Expense - Laboratory Services	\$12,685
20.5.h Total			\$12,685
20.5.i	02-77500-150-775	Recreation Expense - Entertainers	\$8,800
	02-77500-210-775	Recreation Expense - Supplies	\$5,925
	02-77500-110-775	Recreation Expense - Activities	\$100
20.5.i Total			\$14,825
20.5.j	02-82010-170-820	Ancillary Expense - Medical Supplies - Non Billable	\$713
	02-82010-210-820	Ancillary Expense - Therapy Supplies	\$2,047
		PHYSICAL THERAPY SUPPLIES	\$0 \$0
		SPEECH THERAPY SUPPLIES	\$0 \$0
		OCCUPATIONAL THERAPY SUPPLIES	\$0 \$0
20 5 : T-4-1	02-81010-110-810.4	SDX Swallowing from	\$0
20.5.j Total	07 75010 110 750	Maintenance European Duilding Densis Granics Control	\$2,759
22.6.a	02-75010-110-750	Maintenance Expense - Building Repair Service Contracts	\$18,954 \$25,280
22.6 a Total	02-75010-310-750	Maintenance Expense - Repair & Maintenance	\$35,380
22.6.a Total	02 85010 100 850	Utility Expanse Oil	\$54,333
22.6.b	02-85010-190-850	Utility Expense - Oil	\$1,487 \$41,587
22 6 h Tatal	02-85010-150-850	Utility Expense - Gas	\$41,587
22.6.b Total	02 02010 110 020	Utility Expanse Electric	\$43,074
22.6.c	02-85010-110-850	Utility Expense - Electric	\$233,693
22.6.c Total	02 85010 210 850	Utility Expanse Water	\$233,693
22.6.d	02-85010-210-850	Utility Expense - Water	\$13,981
22.6.d Total	02 70010 210 700	Conoral & Administrative Evaneous Equipment Dantal	\$13,981 \$5,331
22.6.e	02-70010-210-700	General & Administrative Expense - Equipment Rental	\$5,331
22.6.e Total			\$5,331

Bishop Wicke Health & Rehab Ctr. Income Statement - Expense CRYE 9/30/2021

Sch. Assignment	Account	Description	Amounts
22.6.f	02-70010-270-700	General & Administrative Expense - Internet Services	\$5,421
	02-70010-470-700	General & Administrative Expense - Satellite TV	\$4,193
	02-75010-150-750	Maintenance Expense - Equipment Rental	\$0
	02-75010-290-750	Maintenance Expense - Pest Control	\$4,225
	02-75010-350-750	Maintenance Expense - Rubbish Removal	\$42,618
	02-75010-210-750	Maintenance Expense - Landscaping	\$3,113
	02-75010-390-750	Maintenance Expense - Snow Removal	\$0
	02-75010-410-750	Maintenance Expense - Supplies	\$18,450
	02-89010-150-890.1	Sewer Usage	\$6,469
	02-75010-450-750	Maintenance - Uniforms	\$0
22.6.f Total			\$84,489
22.7.a	02-93010-150-930.1	DEPRECIATION EXPENSE-LAND IMPROVEMENTS	\$14,481
22.7.a Total			\$14,481
22.7.b	02-93010-150-930.2	DEPRECIATION EXPENSE-BUILDING	\$209,407
	02-93010-150-930.3	DEPRECIATION EXPENSE-NONMOVABLE EQUIP	\$1,580
22.7.b Total			\$210,987
22.7.d	02-93010-150-930.4	DEPRECIATION EXPENSE-MOVABLE EQUIP	\$43,946
22.7.d Total		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	\$43,946
22.8.b	02-93010-110-930	Depreciation & Amortization Expense - Amortization	\$6,922
22.8.b Total			\$6,922
22.10.c	02-89010-150-890	Tax Expense - Real Estate & Property	\$523
22.10.c Total			\$523
26.A.1	02-92010-130-920	Interest Expense - Loans & Notes	\$151,973
	02-92510-110-925	Mortgage Insurance Premium	\$38,394
26.A.1 Total			\$190,367
27.12.D	02-92010-170-920	Interest Expense - Penalties & Late Fees	\$0
	02-92010-130-920.1	1	\$42,572
27.12.D Total		I	\$42,572
27.14.a	02-70010-230-700.1	PROPERTY INSURANCE	\$27,677
27.14.a Total			\$27,677
27.14.b	02-70010-230-700.2	AUTO INSURANCE	\$0
27.14.b Total			\$0
			· · · · ·
27.14.c.3	02-70010-230-700	General & Administrative Expense - General Insurance	\$0
27.14.c.3		General & Administrative Expense - General Insurance OPERATING INSURANCE	\$0 \$162,158

Bishop Wicke Health & Rehab Ctr. Page 28 - Adjustments to Statement of Expenditures CRYE 9/30/2021

Sch. Assignment	Account	Description	Amounts
28.05	02-83010-150-830	Medical Services Expense - Physician	\$1,332
28.05 Total			\$1,332
28.06	02-82010-310-820.2	OCCUPATIONAL THERAPY- PART A	\$118,099
	02-82010-330-820.2	OCCUPATIONAL THERAPY- PART B	\$55,979
	02-82010-350-820.2	OCCUPATIONAL THERAPY- OTHER PAYORS	\$97,526
	02-81010-110-810.2	OCCUPATIENTAL THERAPY - ALLIANCE TRAINING	\$1,210
28.06 Total			\$272,814
28.07	02-83010-170-830	Medical Services Expense - Dentist	\$6,480
28.07 Total			\$6,480
28.09	02-87010-110-870	Bad Debt Expense	\$399,996
28.09 Total			\$399,996
28.18	02-72010-210-720	Marketing Expense - Promotions	\$194
	02-72010-102-720	Marketing Expense - Bishop Wicke	\$6,620
28.18 Total			\$6,814
28.2	02-70010-190-700	General & Administrative Expense - Donations/Contribution	\$0
28.2 Total			\$0
28.10		Legal Fees (See Attached Schedule)	-
28.21	P. 16, Ln m12	Unallowable Management Fees	######
28.24	02-41010-190-425	Other Revenue - Guest Meals/Tray Charges	34

Grand Total

\$905,752

Bishop Wicke Health & Rehab Ctr.

Page 29 - Adjustments to Statement of Expenditures CRYE 9/30/2021

Sch. Assignment	Account	Description	Sum of Current Year Adjusted Amount
29.27	02-81010-350-810.2	Nursing Services - Drugs	\$25,224
	02-81010-130-810	Nursing Serv - Drugs	\$151,661
29.27 Total			\$176,885
29.28	02-82010-110-820	Ancillary Expense - Ambulance	\$0
29.28 Total			\$0
29.29	02-82010-250-820	Ancillary Expense - X-Ray	\$7,054
29.29 Total			\$7,054
29.3	02-82010-150-820	Ancillary Expense - Laboratory Services	\$12,685
29.3 Total		· · ·	\$12,685
29.32	02-82010-190-820	Ancillary Expense - Oxygen Supplies	\$19,496
	02-82010-130-820	Ancillary Expense - Equipment Rental	\$35,436
29.32 Total			\$54,932
29.33	02-82010-210-820.3	OCCUPATIONAL THERAPY SUPPLIES	\$ \$0
29.33 Total			\$0
29.49	02-41010-310-425.2	Attorney fees on C. Russel Account	\$0
	02-41010-310-425.3	MEDICAL RECORD COPIES	\$0
29.35 Total		Mov. Equip. Depr (See Attached)	14
29.38 Total	02-42010-110-450	RENTAL INCOME-OFFICE SPACE	1,350
29.39 Total		See 29.39 Schedule	1,934
29.40 Total		Outpatient therapy (Property Ins allocation) 125
29.49 Total		Various See 29.49 Schedule	1,568
29.50		Various See 29.50 Schedule	88,727
		Balance from Page 28	905,752
		Total	1,000,819

Provider Name: Bishop Wicke Health & Rehabilitation Center Provider Number: 8128 CRYE: 09/30/2021

4 Checklist

Annual Report of Long-Term Care Facility Cost Year 2021 Checklist

This checklist is not required to be submitted with the Annual Report

Facility Name______

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.



1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____



2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _



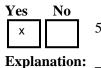
Explanation:

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Yes	No
х	

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

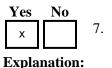
Explanation: ____



5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?



6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?



7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?



8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _



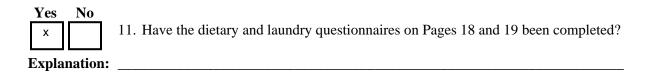
9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____



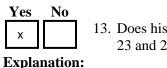
10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: ____





12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?



13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

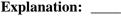


14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: _



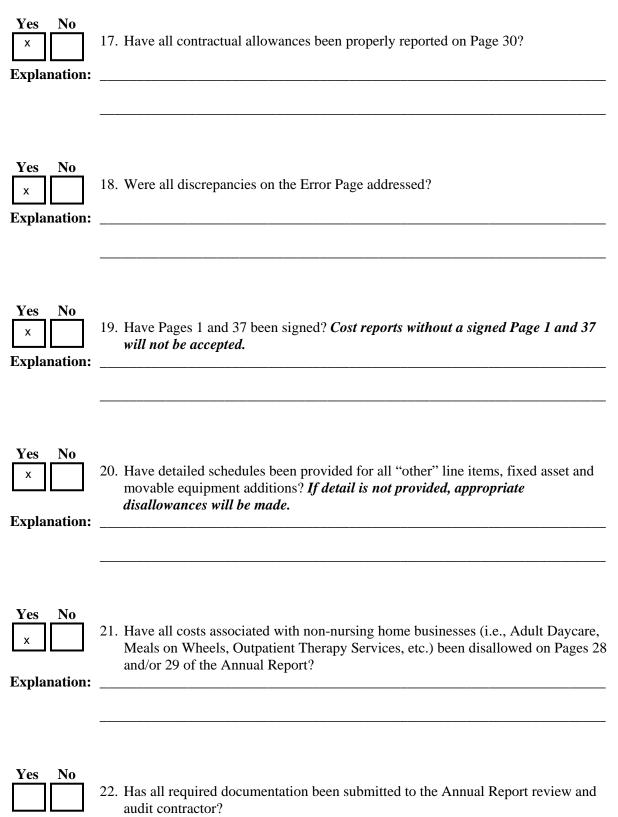
15. Has asset useful life been reported in accordance with the 2018 edition of the American Hospital Association guidelines?





16. Have all assets been categorized between movable and fixed in accordance with the 2018 edition of the American Hospital Association guidelines?

Explanation: ____



Explanation: _____

5

Form W-411 (Resident Trust Form)

07/14/2021

Myers & Stauffer LLC 7 Waterside Crossing, Suite 202 Windsor, CT 06095

RE: Statement of Resident's Personal Funds Account

Bishop Wicke Health Center

Provider Number: 000008128

NPI: 1851428387

To Whom It May Concern:

Please find enclosed the yearly Statement of Resident's Personal Funds Account for Bishop Wicke Health Center.

The second se

If you have any questions or need additional information, please feel free to contact me at the following Telephone number. 203-225-2794

Sincerely,

Charlanda Bish

Bishop Wicke Health Center Finance Dept.

580 Long Hill Ave.

Shelton, CT 06484

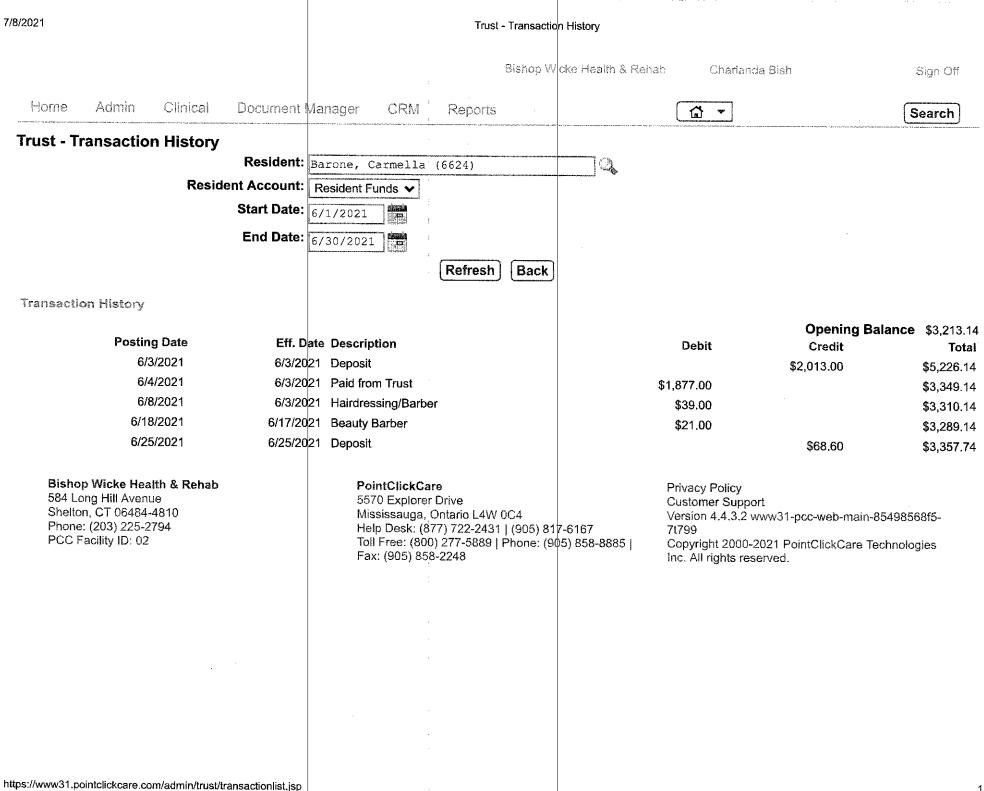
Email: cbish@umh.org

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hone No	203 924	· 5321/		Aggregate Bank Acr (il applicable)	ount No	(Bank Statemen	(*enclosed)
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BELL, PATRICIA	001398803	780.62				
BERTONCINI, RENATE	102162987	205.93		1		
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BOYKO, NICOLAS	003332418	328.07				
CHARLES, BARBARA	003023400	3,487.45		i	?	RIVERVIEW
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DAVIS, ARTHUR	002130218	1,336.62				
DILISIO, ANN	100227228	50.00				
DONOVAN, STEPHEN	004073614	120.00				
GOODPASTER, MARTHA	100918894	137.16				
HEDRICK, GAIL	100227228	236.26			- 1. I.J.	
HENETZ, KATHERINE	102485575	95.18	1			
HENRY, EDITH	001984158	184.00				
HINKSON, MARTHA	100647434	272.28				
KNOTT, ANGELINA	00416371	2,773.33			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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LAFOUNTAINE, IVA	002310063	3,318.56				
MACCIOCCA, MARGARET	002907386	(10.00)				
MALLICK, PHILOMENA	002977928	2,808.00				
MCNEMAR, ANNA	003396165	3,702.05			?	
MILILI, IDA	003127813	2,960.85			?	
MILLER, MARIE	100956937	45.00		· · · · ·		
NORRIS, EVELYN	101563684	(252.67)				
O'NEILL, DONALD	102260349	46.00			·	
OSBORNE, EDWARD	001936075	1,973.89			· · · · · · · · · · · · · · · · · · ·	1
PASQUARELLA, BETTY	003008506	2,391.00			••••••••••••••••••••••••••••••••••••••	
PRICE, SUZANNE	101424376	(39.00)			· · · · · · · · · · · · · · · · · · ·	······································
RAIA, CLORINDA	102669997	489.00		· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·
RANDALL, DONALD	002453064	3,945.12		:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
REEVE, ELLEN	936871488	583.18	i	!	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
ROSA, JOYCE	003825616	46.00			<u>.</u>	
ROXBURY, RITA	004315222	120.00		·		
RUBANO, HENRIETTA	100519163	120.00			·	· · · · · · · · · · · · · · · · · · ·
RUBANO, MARIO	100519105	103.83			·	· · · · · · · · · · · · · · · · · · ·
SABETTA, ELEANOR	101292584					
		1,424.00				
SPANIER, JILL	004381851	1,874.40			<u> </u>	· · · · · · · · · · · · · · · · · · ·
TAYLOR, MARIAN	101733493	182.64				
WALKLEY, DONALD	101628482	1,810.00				

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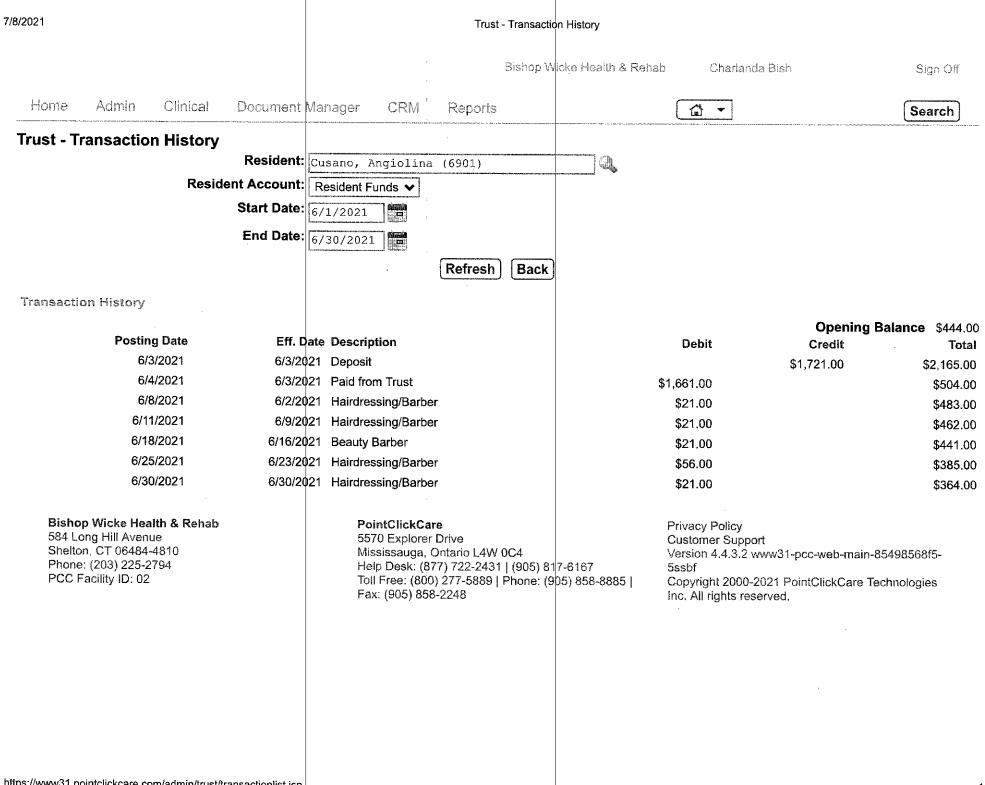
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	End Date:	6/30/2021					
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6/30/2021	6/29/2021 Hairdressing/Barber		\$74.00		\$60
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6/3/2021		21 Deposit				\$1,353.00	\$1,639.07
6/4/2021	6/3/20	21 Paid from Trust		\$	1,293.00	. ,	\$346.07
6/30/2021	6/29/20	21 Hairdressing/Barb	er		\$18.00		\$328.07
Bishop Wicke Health & Rehab 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02		Help Desk: (8	r Drive Ontario L4W 0C4 377) 722-2431 (905) 81 0) 277-5889 Phone: (90	7-6167 05) 858-8885 j	xghz8	ww31-pcc-web-main-8 021 PointClickCare Te	
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6/11/2021	2/5/2021	Cash Withdrawa	al		\$50.00		\$3,651
6/11/2021	4/9/2021	Cash Withdrawa	al		\$40.00		\$3,611
6/11/2021	3/30/2021	Cash Withdrawa	al		\$50.00		\$3,56 1.
6/11/2021	5/11/2021	Cash Withdraw	al		\$50.00		\$3,511.
6/18/2021	6/17/2021	Beauty Barber	:		\$24.00		\$3,487.
Bishop Wicke Health & Rehab 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02		Help Desk: (/ Toll Free: (80 Fax: (905) 85	er Drive ; Ontario L4W 0C4 877) 722-2431 (905) 81 00) 277-5889 Phone: (9	7-6167	ftn5s	www31-pcc-web-main-854985 2021 PointClickCare Technolo	
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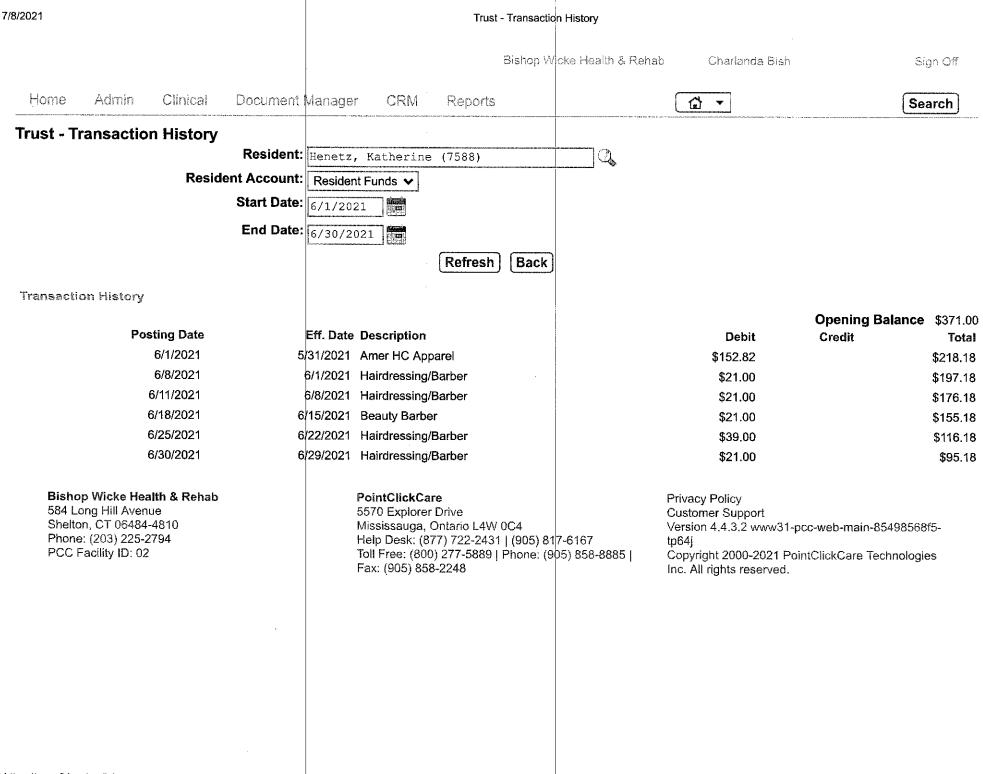


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			Resident:	A	Mafelda	(7334)					
		Reside	ent Account:								
			Start Date:	6/1/2021							
			End Date:	6/30/202							
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	: (203) 225-27 acility ID: 02	94		He	elp Desk: (8 Il Eree: (80	377) 722-243	1 (905) 81	7-6167 05) 858-8885	xghz8		
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	Resident: Dav	vis, Arthur H	lugh (7225)				
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	Start Date: 6/1	./2021					
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			Refresh Back				
Transaction History							
Posting Date	Eff. Date	Description			Debit	Opening Balance Credit	e \$1,306.6 Tota
6/3/2021		Deposit			DOSIL	\$816.00	\$2,122.62
6/4/2021		Paid from Trust			\$756.00	40 10100	\$1,366.62
6/11/2021	2/5/2021	Cash Withdrawa	al		\$50.00		\$1,316.6
6/14/2021	6/14/2021	correct with 30 r	not 50			\$20.00	\$1,336.6
Bishop Wicke Health & Rehab 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02		Help Desk: (ər Drive , Ontario L4W 0C4 877) 722-2431 (905) 8 00) 277-5889 Phone: (9		blkw6	31-pcc-web-main-854985 PointClickCare Technolo d.	

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	Dilisio, Ann (5793)	Q			
	Resident Funds 🗸				
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				Opening Balance	\$39.00
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6/30/2021	6/30/2021 Deposit		\$39.00	\$50.00	\$0.00 \$50.00
Bishop Wicke Health & Rehab 584 Long Hill Avenue	PointClickCare 5570 Explorer Drive		Privacy Policy Customer Support		
Shelton, CT 06484-4810 Phone: (203) 225-2794	Mississauga, Ontario L4W 0C4 Help Desk: (877) 722-2431 (905) 87	7 6467	Version 4.4.3.2 www31-pd	cc-web-main-85498568f	5-
PCC Facility ID: 02	Toll Free: (800) 277-5889 Phone: (9	05) 858-8885	km7bl Copyright 2000-2021 Poir	ntClickCare Technologies	5
	Fax: (905) 858-2248		Inc. All rights reserved.		
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8/2021						Trust	- Transactio	n History			
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	6/11	/2021	5/7/2)21 walma	rt				\$21.44		\$269. ⁻
	6/21	/2021	6/21/2	021 Insura	nce payme	nt 07/2021			\$32.90		\$236.2
Bishop V	Nicke Heal	th & Rehab		P	ointClickCa	aro			Privacy Policy		
584 Long	g Hill Avenu CT 06484-4	e		55	570 Explore	r Drive	0.01		Customer Support		
Phone: (2	203) 225-27			H	elp Desk: (8	Ontario L4W 377) 722-2431	(905) 81	7-6167	h56xl	-pcc-web-main-85498568	
PCC Fac	ility ID: 02				oll Free: (80 ax: (905) 85		Phone: (9	05) 858-8885	Copyright 2000-2021 P Inc. All rights reserved.	ointClickCare Technologi	ies
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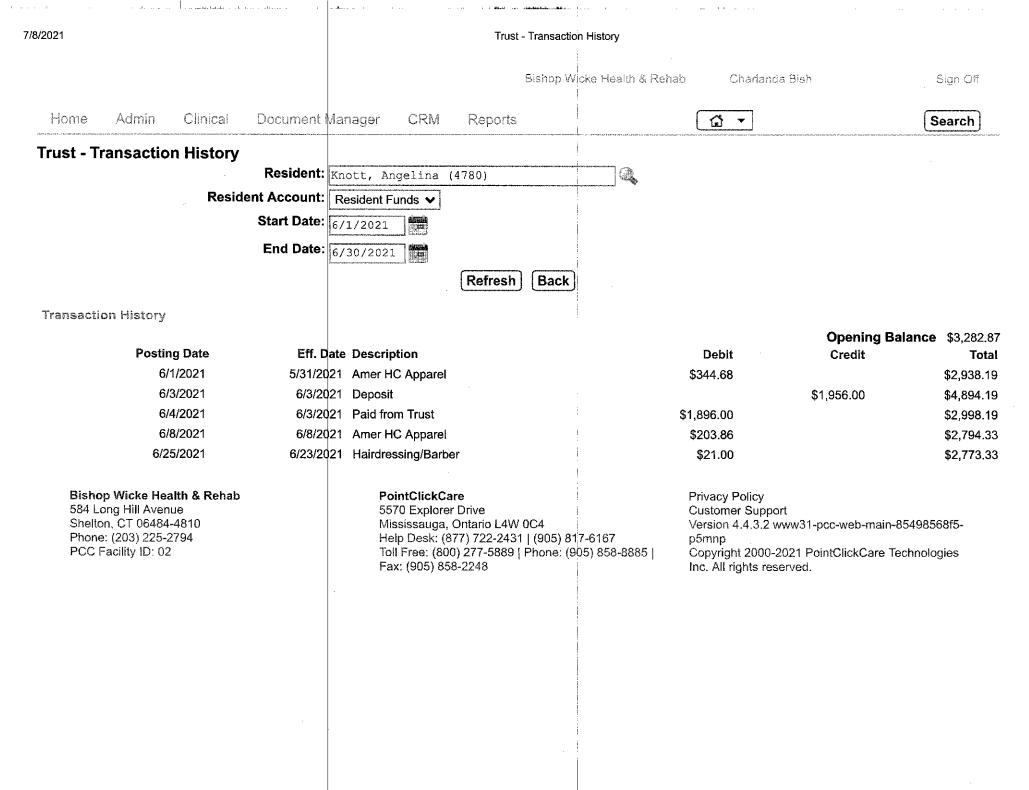
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	harrowa	nry, Edith (69	909)				
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							Balance \$142.0
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6/18/2021		21 Beauty Barbe			,187.00 \$18.00		\$202.00 \$184.00
0,10,2021	0/10/20	21 Deadly Darbe	51 		φ10.00		φ104.00
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584 Long Hill Avenue Shelton, CT 06484-4810		5570 Explor			Customer Sup		07 1007005
Phone: (203) 225-2794			a, Ontario L4W 0C4 (877) 722-2431 (905) 8 [.]	17-6167	9qlpg	www31-pcc-web-main-	6549856815-
PCC Facility ID: 02		Toll Free: (8	00) 277-5889 Phone: (9	005) 858-8885	Copyright 2000)-2021 PointClickCare T	echnologies
		Fax: (905) 8	58-2248		Inc. All rights re	eserved.	
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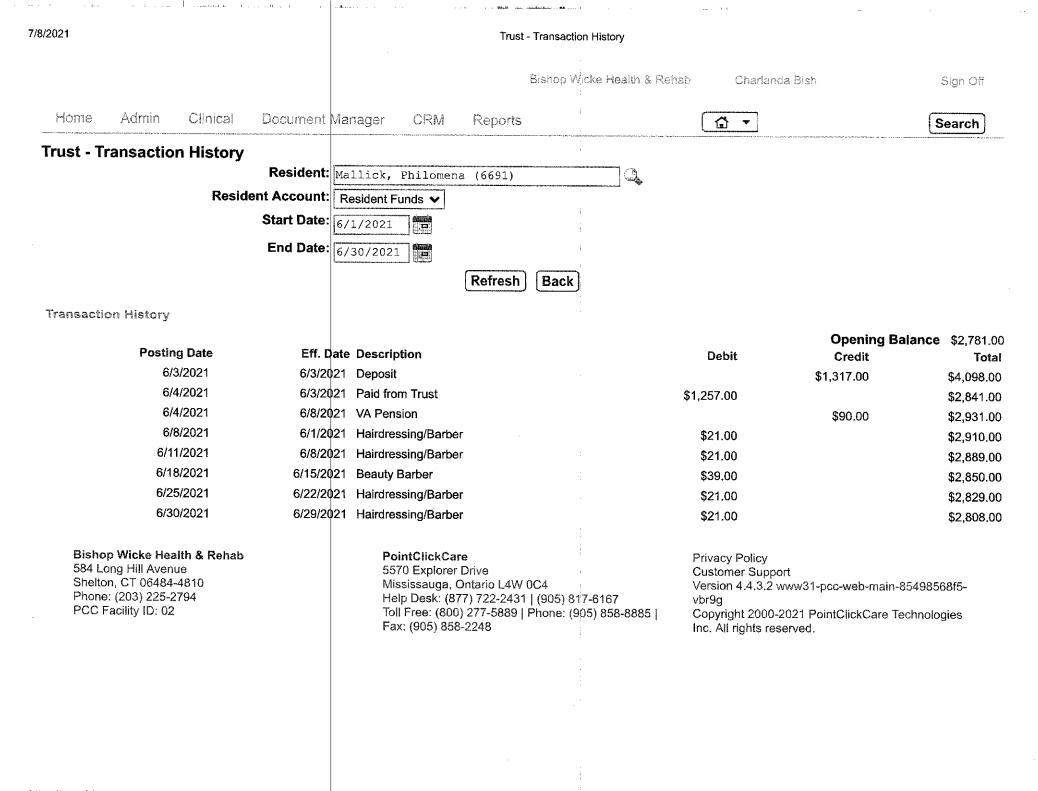
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	Resident:	Hinkson, Martha (4442))	<u>a</u>			
	Resident Account:	Resident Funds 🗸					
	Start Date:	6/1/2021					
		6/30/2021					
		۲۹۰۰۰۰۵۶ ایسیسیسیسیسیسیسیسیسیسیسیسیسیسیسیسیسیسیس	fresh Back	\ \			
ransaction History							
nennennennen hittigerestä						Opening Balance	\$1,803
Posting Date	Eff. Date Desc	ription			Debit	Credit	То
6/1/2021	5/31/2021 Ame	r HC Apparel			\$56.85		\$1,746.
6/3/2021	6/3/2021 Dep	psit				\$1,679.40	\$3,426.
6/4/2021	6/3/2021 Paid	from Trust			\$1,619.40		\$1,806.
6/22/2021		Hinkson-reimbursement			\$122,30		\$1,684.
6/23/2021		ourse Amy Hinkson			\$12.27		\$1,672.
6/23/2021	6/23/2021 with	Irawal of Stimulus Amy Hinkso	n		\$1,400.00		\$272.
Bishop Wicke Health & 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02		PointClickCare 5570 Explorer Drive Mississauga, Ontari Help Desk: (877) 72 Toll Free: (800) 277- Fax: (905) 858-2248	o L4W 0C4 2-2431 (905) 81 -5889 Phone: (9(7-6167 05) 858 -8885	Privacy Policy Customer Support Version 4.4.3.2 www31-j fncwf Copyright 2000-2021 Po Inc. All rights reserved.		



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	nt: Kundert, Milton (7690)				
Resident Accou					
Start Da	te: 6/1/2021	Ì			
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	Refr	esh) Back			
Transaction History					
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6/11/2021	6/11/2021 Deposit		\$ 00.00	\$120.00	\$192.0
Bishop Wicke Health & Rehab 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02		L4W 0C4 -2431 (905) 817-6167 889 Phone: (905) 858-8885	pcf4h	1-pcc-web-main-8549 PointClickCare Techno d.	
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		ountaine, Iva	(2649)				
	Account: Res	baueron					
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		_					lance \$3,258.56
Posting Date 6/3/2021		Description			Debit	Credit	Total
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Bishop Wicke Health & Rehab 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02		Help Desk: (er Drive , Ontario L4W 0C4 877) 722-2431 (90 00) 277-5889 Phoi	95) 817-6167 ne: (905) 858-8885	vbr9g	oport 2 www31-pcc-web-main-8 0-2021 PointClickCare Te	
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	Macciocca, Margaret (7695)				
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_	/2/2021 Hairdressing/Barber	\$39.00 (\$10.			
584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02	5570 Explorer Drive Mississauga, Ontario L4W 0C4 Help Desk: (877) 722-2431 (905) 817-6167 Toll Free: (800) 277-5889 Phone: (905) 858-8885 Fax: (905) 858-2248	Customer Support Version 4.4.3.2 www31-pcc-web-main-85498568f5- 555rw 85 Copyright 2000-2021 PointClickCare Technologies Inc. All rights reserved.			
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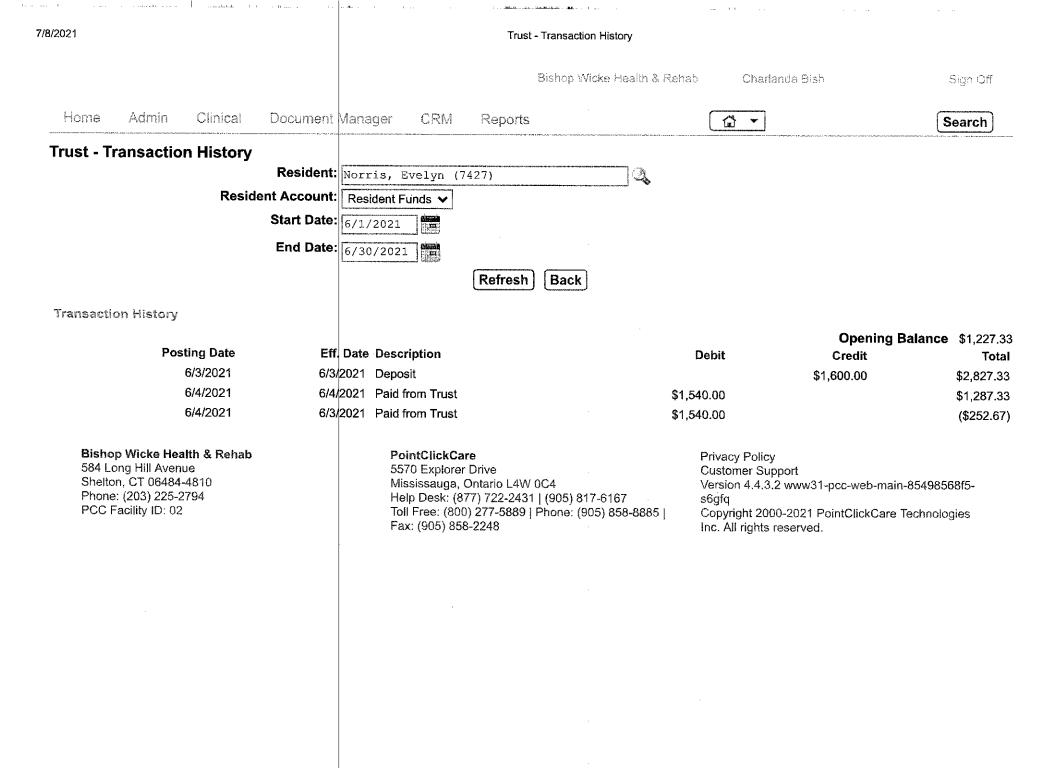


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Posting Date	Eff. Date	e Descript	ion				Debit	Credit	alance \$3,663. Tot
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6/4/2021	6/3/2021	Paid from	Trust		:	S	\$1,798.00	<i> </i>	\$3,723.0
6/11/2021	6/10/2021	Hairdress	sing/Barbe	r			\$21.00		\$3,702.0
Bishop Wicke Health & Rehab			ntClickCar		1		Privacy Policy		
584 Long Hill Avenue Shelton, CT 06484-4810) Explorer	Drive Ontario L4W	004		Customer Supp	ort www31-pcc-web-main-8	SAGOSSOFS
Phone: (203) 225-2794		Help	Desk: (87	7) 722-2431	1 (905) 817-6		5 q85 4		
PCC Facility ID: 02			Free: (800 : (905) 858		Phone: (905)	858-8885	Copyright 2000- Inc. All rights rea	2021 PointClickCare Te	chnologies
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		Mililli, Ida (6385)				
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6/3/2		Eff. Date Description		Debit	Credit \$1,000.00	Tota \$3,900.85
6/4/2		3/3/2021 Paid from Trust		\$940.00	φ1,000.00	\$2,960.88
Bishop Wicke Health & 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02		PointClickCare 5570 Explorer Dri Mississauga, Ont Help Desk: (877) Toll Free: (800) 2' Fax: (905) 858-22	ario L4W 0C4 722-2431 (905) 817-6167 77-5889 Phone: (905) 858	Custon Versior p5mnp i-8885 Copyriq	y Policy ner Support n 4.4.3.2 www31-pcc-web-main ght 2000-2021 PointClickCare T rights reserved.	
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	Resident:	Miller, Marie (6	464)]3.			
Res	sident Account:	Resident Funds V			<u>.</u>			
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Transaction History								
Posting Date	Eff D	te Description				Debit		Balance \$90.00
6/3/2021	6/3/202	•		-		Depit	Credit \$2,136.00	Total \$2,226.00
6/4/2021	6/3/202	•			9	\$2,076.00	\$2,130.00	\$2,220.00
6/8/2021	6/1/202		er		4	\$21.00		\$129.00
6/11/2021	6/8/202	5				\$21.00		\$108.00
6/18/2021	6/15/202	5				\$21.00		\$87.00
6/25/2021	6/22/202	-	er			\$21.00		\$66.00
6/30/2021	6/29/202	_				\$21.00		\$45.00
Bishop Wicke Health & Reh 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02	ab	Help Desk: (l	er Drive Ontario L4W 377) 722-243 0) 277-5889	0C4 1 (905) 817-6167 Phone: (905) 858		m5jpj	www31-pcc-web-main-ł 2021 PointClickCare Te	



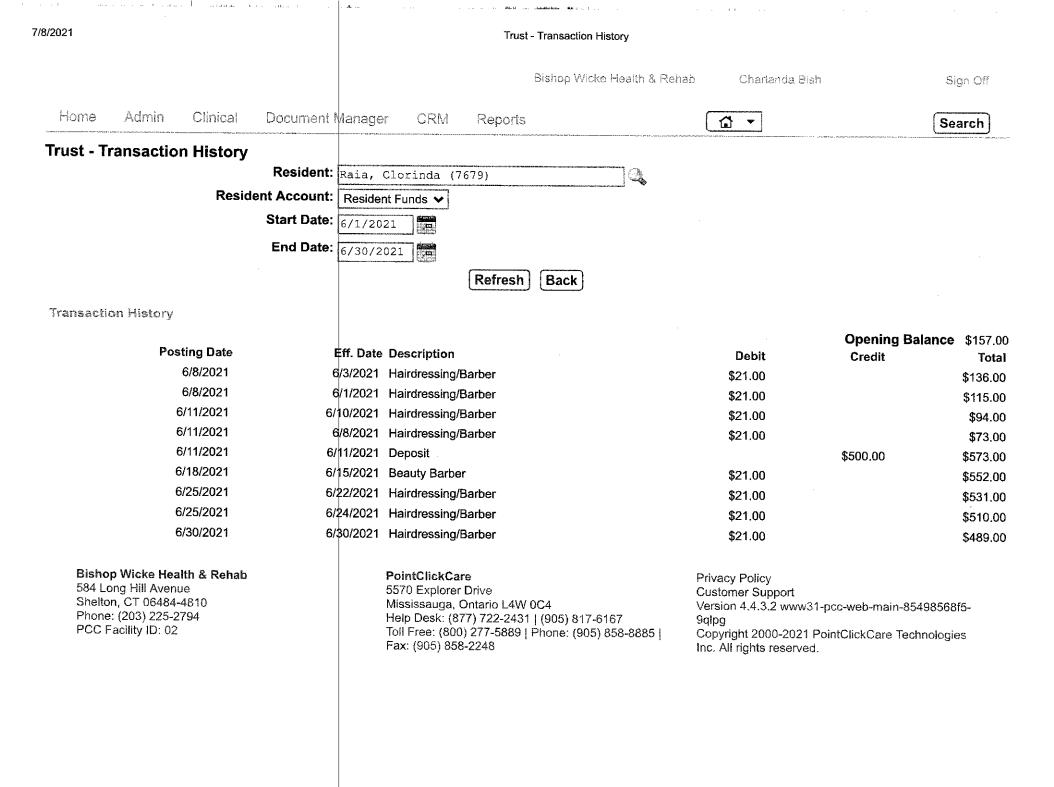
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•	O'neill, Donald (5752)			
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584 Long Hill Avenue Shelton, CT 06484-4810	5570 Explorer Drive Mississauga, Ontario L4W 0C4	Customer Support Version 4.4.3.2 www31-pc	c-web-main-85498568f5	<u>5</u> -
Phone: (203) 225-2794 PCC Facility ID: 02	Help Desk: (877) 722-2431 (905) 817-6167 Toll Free: (800) 277-5889 Phone: (905) 858-8885	6cx58 Copyright 2000-2021 Point	tClickCare Technologies	3
	Fax: (905) 858-2248	Inc. All rights reserved.		
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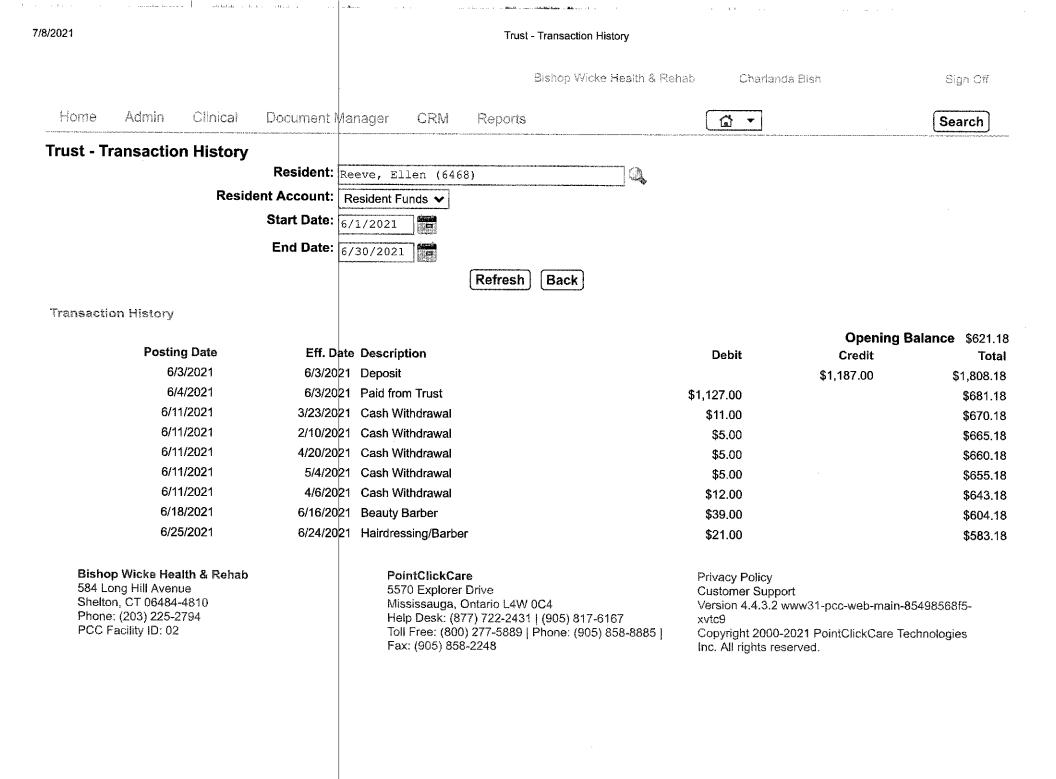
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Trust - Transaction History							
	Resident: Or	sborne, Edward	(6994)	Q			
Reside	nt Account:	Resident Funds 🗸					
	Start Date: 6	/1/2021					
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		3072021					
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Transaction History							
						Opening Balance	\$2,481.7
Posting Date		e Description			Debit	Credit	Tota
6/3/2021		Deposit				\$402.00	\$2,883.7
6/4/2021		Paid from Trust			\$342.00		\$2,541.71
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0/24/2021	0/24/2021	Reimburse-Fay G	DODOIT		\$549.82		\$1,973.89
Bishop Wicke Health & Rehab 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02		Help Desk: (8	r Drive Ontario L4W 377) 722-2431 0) 277-5889	0C4 (905) 817-6167 Phone: (905) 858-8885	Privacy Policy Customer Support Version 4.4.3.2 www31- tp64j Copyright 2000-2021 Po Inc. All rights reserved.		

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		50/2021					
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Transaction History							
						Opening Balance	\$2,454.00
Posting Date		Description			Debit	Credit	Total
6/3/2021	6/3/2021					\$1,170.00	\$3,624.00
6/4/2021		Paid from Trust		\$1	,110.00		\$2,514.00
6/8/2021	6/1/2021	Hairdressing/Barber			\$21.00		\$2,493.00
6/11/2021	6/8/2021	Hairdressing/Barber			\$39.00		\$2,454.00
6/18/2021	6/15/2021	Beauty Barber			\$21.00		\$2,433.00
6/25/2021	6/22/2021	Hairdressing/Barber			\$21.00		\$2,412.00
6/30/2021	6/29/2021	Hairdressing/Barber			\$21.00		\$2,391.00
Bishop Wicke Health & Rehab 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02		Help Desk: (87)	Drive Intario L4W 0C4 7) 722-2431 (905) 817-6 277-5889 Phone: (905)	167	kvtc9	ww31-pcc-web-main-854985	

8/2021	Trust - Transaction History	
	Bishop Wicke Health & F	Rehab Charlanda Bish Sign Off
Home Admin Clinical Docume	ent Manager CRM Reports	Search
Trust - Transaction History		
	ent: Price, Susanne (5395)	
	unt: Resident Funds ✓	
Start Da	ate: 6/1/2021	
End Da	ate: 6/30/2021	
	Refresh Back	
Transaction History		
Desting Data		Opening Balance \$21.0
Posting Date 6/8/2021	Eff. Date Description	Debit Credit Tota
6/11/2021	6/2/2021 Hairdressing/Barber 6/9/2021 Hairdressing/Barber	\$39.00 (\$18.00) \$21.00 (\$39.00)
		\$21.00 (\$39.00)
Bishop Wicke Health & Rehab 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02	PointClickCare 5570 Explorer Drive Mississauga, Ontario L4W 0C4 Help Desk: (877) 722-2431 (905) 817-6167 Toll Free: (800) 277-5889 Phone: (905) 858-8885 Fax: (905) 858-2248	Privacy Policy Customer Support Version 4.4.3.2 www31-pcc-web-main-85498568f5- 8vtnm Copyright 2000-2021 PointClickCare Technologies Inc. All rights reserved.

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		Resident:	Randall, Donald (7185))			
	Reside	ent Account:	Resident Funds 🗸				
		Start Date:	6/1/2021				
		End Date:	energeneties and a second				
				fresh Back			
Transaction Histor	У						
Posti	ng Date	Eff. Date	Description		Debit	Opening Balance Credit	\$3,900.4 Tot a
6	/3/2021	6/3/2021	Deposit			\$1,181.00	\$5,081.4
	/4/2021	6/3/2021	Paid from Trust		\$1,121.00		\$3,960.4
6/2	21/2021	6/21/2021	Randall-Insurance 07/21		\$15.30		\$3,945.1
Bishop Wicke H 584 Long Hill Av Shelton, CT 064 Phone: (203) 224 PCC Facility ID:	enue 84-4810 5-2794			o L4W 0C4 2-2431 (905) 817-6167 -5889 Phone: (905) 858-8885	hjtfg	v31-pcc-web-main-8549856 21 PointClickCare Technolog ved.	





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Home A	dmin	Clinical	Document	Manager	CRM	Reports				(Search
Trust - Tran	saction	History					- 4 4 4 4 4 4 4 4.	3 ()			
			Resident:	Rosa, Joy	vce (724	7)					
		Reside	ent Account:	Resident F	unds 🗸						
			Start Date:	6/1/2021							
			End Date:	6/30/2021	and the second second						
						Defeast					
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Transaction H	listory										
F	Posting Da	ite	Eff Date	Description						Opening Balance	-
	6/3/202			Deposit	E				Debit	Credit	Total
	6/4/202			With correct	ion from 0	5/21				\$1,915.00 \$1,540.00	\$435.00 \$1,975.00
	6/4/202	21		Paid from Tr					\$1,855.00	φ1,540.00	\$1,975.00
,	6/25/202	21	6/23/2021	Hairdressing	J/Barber				\$74.00		\$46.00
Bishop Wi 584 Long H Shelton, C Phone: (20 PCC Facilit	Hill Avenue T 06484-48 3) 225-279	10		55 Mis He Tol	lp Desk: (8	⁻ Drive Ontario L4W 77) 722-243)) 277-5889	0C4 1 (905) 817-6 Phone: (905)	6167) 858-8885	p g6 j6	31-pcc-web-main-85498 PointClickCare Technol d.	

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		Roxbury, Rita (7	592)				
Reside		Resident Funds 🗸					
	Start Date:						
	End Date:	6/30/2021					
			Refresh Back				
Transaction History							
						Opening	g Balance \$60.00
Posting Date 6/3/2021		Date Description		C	Debit	Credit	Total
6/4/2021		2021 Paid from Trust		\$1,52	2 00	\$1,582.00	\$1,642.00 \$120.00
				φ ija <u>-</u>	.2.00		φ120.00
Bishop Wicke Health & Rehab 584 Long Hill Avenue		PointClickCa 5570 Explore			Privacy Policy	- 4	
Shelton, CT 06484-4810		Mississauga,	Ontario L4W 0C4		Customer Supp Version 4.4.3.2	ort www31-pcc-web-main-	-85498568f5-
Phone: (203) 225-2794 PCC Facility ID: 02		Toll Free: (80	877) 722-2431 (905) 817-6 0) 277-5889 Phone: (905)		j8pwh Copyright 2000-	-2021 PointClickCare T	echnologies
		Fax: (905) 85	58-2248		Inc. All rights re	served.	g

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			Bisho	p Wicke Health & Rehat	Charlanda	Bish	Sign Off
Home Admin Clinical D	Document N	lanager CRM	Reports				Search
Trust - Transaction History							
	i.e.	Rubano, Henriett	a (7493)				
	***	Resident Funds 🗸					
S	Start Date:	6/1/2021					
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Transaction History							
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			JUSIC			\$100.00	\$105.83
Bishop Wicke Health & Rehab 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02		Help Desk: (8	r Drive Ontario L4W 0C4 877) 722-2431 (905 0) 277-5889 Phone) 817-6167 : (905) 858-8885	kfzwg	vw31-pcc-web-main-854	

/2021	Trust	- Transaction History			
		Bishop Wicke Health & Rehab	Charlanda Bish	Si	gn Off
Home Admin Clinical	Document Manager CRM Reports			Sea	arch
Trust - Transaction History					
	Resident: Rubano, Mario (7349)	J Q			
	at Account: Resident Funds ✔				
	Start Date: 6/1/2021				
	End Date: 6/30/2021				
	Refresh	Back			
Transaction History					
				Opening Balance	\$202.0
Posting Date 6/24/2021	Eff. Date Description 6/24/2021 Miscellaneous Withdrawal		Debit	Credit	Tota
0/24/2021			\$100.00		\$102.0
Bishop Wicke Health & Rehab	PointClickCare	Р	rivacy Policy		
584 Long Hill Avenue Shelton, CT 06484-4810	5570 Explorer Drive Mississauga, Ontario L4W	C	ustomer Support		e=
Phone: (203) 225-2794	Help Desk: (877) 722-2431	(905) 817-6167 p	ersion 4.4.3.2 www31-pc 5mnp		
PCC Facility ID: 02	Toll Free: (800) 277-5889 Fax: (905) 858-2248		opyright 2000-2021 Poir tc. All rights reserved.	tClickCare Technologie	S
		'n	io. All lights reserved.		

7/8/2021			Trust	- Transaction History			
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Home Admin Clinical	Document Ma	nager CRM	Reports			(Search
Trust - Transaction History							
2	Resident: Sa	abetta, Eleanor	(7287)	J.			
Reside		esident Funds 🗸		······			
	Start Date: 6/	······································					
	a contraction of the contraction						
	End Date: 6/	30/2021					
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Transaction History							
						Opening Belene	• #4 407 00
Posting Date	Eff. Date	Description			Debit	Opening Balance Credit	€ \$1,487.00 Total
6/3/2021	6/3/2021	Deposit				\$1,644.00	\$3,131.00
6/4/2021	6/3/2021	Paid from Trust		Ş	\$1,584.00		\$1,547.00
6/8/2021	6/2/2021	Hairdressing/Barbe	r		\$21.00		\$1,526.00
6/11/2021	6/9/2021	Hairdressing/Barbe	r		\$21.00		\$1,505.00
6/18/2021	6/15/2021	Beauty Barber			\$21.00		\$1,484.00
6/25/2021	6/23/2021	Hairdressing/Barbe	r		\$21.00		\$1,463.00
6/30/2021	6/30/2021	Hairdressing/Barbe	r		\$39.00		\$1,424.00
Bishop Wicke Health & Rehab 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02		PointClickCau 5570 Explorer Mississauga, C Help Desk: (87 Toll Free: (800 Fax: (905) 858	Drive Ontario L4W 77) 722-2431 9 277-5889	0C4 (905) 817-6167 Phone: (905) 858-8885	x84tt Copyright 2000-2i Inc. All rights rese	ww31-pcc-web-main-85498 021 PointClickCare Technol	

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			Bishop V	Vicke Health & Rehab	Charlanda	a Bish	Sign Off
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	Resident: Spanie	r, Jill (55	564)				
Reside	and the second se	nt Funds 🗸					
	Start Date: 6/1/20	21					
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Posting Date	Eff. Date	Description			Debit	Opening Ba Credit	llance \$1,853.40 Total
6/18/2021	6/16/2021	Beauty Barbe	er		\$39.00		\$1,814.40
6/23/2021	6/23/2021	Soc Sec 06/2	2021			\$334.00	\$2,148.40
6/23/2021	6/23/2021	Paid from Tru	ıst		\$274.00		\$1,874.40
Bishop Wicke Health & Rehab 584 Long Hill Avenue Shelton, CT 06484-4810 Phone: (203) 225-2794 PCC Facility ID: 02		Help Desk: (8	r Drive Ontario L4W 0C4 (77) 722-2431 (905) 8 0) 277-5889 Phone: (9	17-6167 105) 858-8885	5r85f	ww31-pcc-web-main-8 021 PointClickCare Te	

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8/2021				Trust	- Transaction Histo	iry			
					Bishop Wicke H	ealth & Rehab	Charlanda Bi	sh	Sign Off
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Trust - Transaction History								n ann an a	*****
	Resident:	Taylor, M	larian (4	905)	******				
Resid	ent Account:	Resident F	unds 🗸	·		~~ ~~			
	Start Date:	6/1/2021							
	End Date:	6/30/2021	and a subject to						
				Defects					
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6/25/2021	(airdressing				\$21.00		\$203.64 \$182.64
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Bishop Wicke Health & Rehab 584 Long Hill Avenue			ntClickCar				Privacy Policy		
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Phone: (203) 225-2794 PCC Facility ID: 02		Hel	p Desk: (87 Free: (800	7) 722-2431) 277-5889 I	(905) 817-6167 Phone: (905) 858	r r	ncjtd	PointClickCare Technol	
		Fax	: (905) 858	-2248			nc. All rights reserve	d.	เปลี่เคล
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Trust - T	ransactior	History						-		an a		
			Resident:	Walkley,	Donald	(7661)						
		Resid		Resident F	unds 🗸							
			Start Date:	6/1/2021								
			End Date:	6/30/202								
			5			Refrest	n) (Back)					
Transacti	on History					<u></u>						
	-									Opening E	Balance	\$120.00
		Posting Da 6/18/202				escription			Debit	Credit		Total
		0/10/202		0/1	8/2021 E	eposit				\$60.00	ŝ	\$180.00
	p Wicke Heal				ointClickC				Privacy Policy			
	ong Hill Avenu on, CT 06484-4			55 Mi	70 Explore ssissauga	er Drive , Ontario L4V	V 0C4	1	Customer Support Version 4.4.3.2 www	w31-pcc-web-main-8	5498568ff	5-
	e: (203) 225-27 Facility ID: 02	'94		He	elp Desk: (877) 722-243	31 (905) 817-616 Phone: (905) 85	7	ogd9s			
					x: (905) 8		- Filone. (905) 65		inc. All rights reserved	21 PointClickCare Te /ed.	cnnologies	5

Provider Name: Bishop Wicke Health & Rehabilitation Center Provider Number: 8128 CRYE: 09/30/2021

6 Satellite TV

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
MAINTENANCE SVC/SUPPLIES	\$ 18,450		
PEST CONTROL	\$ 4,225	;	
RUBBISH REMOVAL	\$ 42,618	;	
INTERNET SERVICE	\$ 5,421		
SNOW REMOVAL			
SATELLITE TV	\$ 4,193		
SEWER USAGE	\$ 6,469	1	
MAINTENANCE - UNIFORMS			
Maintenance Expense - Landscaping	\$ 3,113		
Total Other Repairs and Maintenance	\$ 84,489	\$ -	\$ -