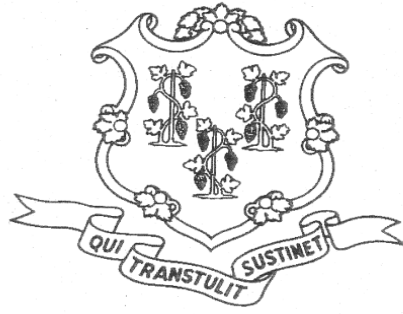


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	
Address (No. & Street, City, State, Zip Code) 292 Thorpe Ave, Meriden, CT 06450	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> (Specify) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 1023C	(Specify)	Other	Medicare Provider 07-5352
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Medicaid Provider Numbers:	CCNH / RHNS 210231 / 95283	(Specify)	Other
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General Information

Name of Facility (as licensed) Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2023	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Connecticut Baptist Homes, Inc. [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

{a} Subject to desk audit review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Mary Patricia Morse			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Connecticut Baptist Homes, Inc.	Period Covered:	From 10/1/2022	To 9/30/2023	
Address of Facility 292 Thorpe Ave, Meriden, CT 06450				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 2/14/2024		
Item	Total	CCNH / RHNS	(Specify)	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203) 237-1206		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Connecticut Baptist Homes, Inc.		Address (No. & Street, City, State, Zip) 292 Thorpe Ave, Meriden, CT 06450		
License Numbers:	CCNH / RHNS 1023C	(Specify) Other	Medicare Provider No. 07-5352	
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> (Specify) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box) <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Mary Patricia Morse		Nursing Home Administrator's License No.:	000925	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

CONNECTICUT BAPTIST HOMES BOARD MEMBERS 2022.2023

Name Position		Status
Frank Amazeen Director		Term expires 2025
Robert Avena, Esq. Director		Term expires in 2029
Rev. Richard J. Doyle Director		Term expires 2024
Matthew Jenings Director		Term Expires in 2026
Dave Jones Director		Term expires in 2029
Rev. Margaret D. Lewis Secretary		Term expires 2027
David Martino Director		Term Expires in 2026
William McMunn Director		Term expires in 2024

Name Position		Status
Victoria O. Odesina Director		Term Expires in 2026
Joyce Olore Director		Term Expires in 2026
Marcia Sarrazin Director		Term expires 2025
Rev. Hopeton Scott Vice-Chair		Term expires 2025
David Stevens Director		Term expires in 2024
Peter Young Board Chair		Term expires in 2029
Rev. Dr. Harry L. Riggs Ex-Officio Director		
Patricia Morse President and CEO		

General Information and Questionnaire Individual Proprietorship

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2023	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
 Related Parties***

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

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

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2023	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Most costs were allocated using methods above, however some expenses are charged directly or allocated on a more appropriate method.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
All costs in the "Other" column are for room and board apartments and are being supplied for informational purposes only. These costs are not being submitted for reimbursement.				

30	II 6b	10-4258	C/A Ancillaries Insurance	492	492	PT DAYS	226	211	55	492	-				
30	IV 1	10-4445	Meals Income	-	-	PT DAYS	-	-	-	-	-				
31	IV 1	10-4405	Meals Charge	(11,346)	(11,346)	PT DAYS	(5,199)	(4,874)	(1,273)	(11,346)	-				
				<u>(11,346)</u>	<u>(11,346)</u>		<u>(5,199)</u>	<u>(4,874)</u>	<u>(1,273)</u>	<u>(11,346)</u>	-				
30	IV 3	10-4400	Telephone Charge	(12,633)	(12,633)	PT DAYS	(5,789)	(5,427)	(1,417)	(12,633)	-				
				<u>(12,633)</u>	<u>(12,633)</u>		<u>(5,789)</u>	<u>(5,427)</u>	<u>(1,417)</u>	<u>(12,633)</u>	-				
30	IV5	40-4506	Trust Income	(157,524)	(157,524)	FIN	(68,996)	(68,996)	(19,532)	(157,524)	-				
30	IV 5	40-4505	Dividend Income	(90,359)	(90,359)	FIN	(39,577)	(39,577)	(11,205)	(90,359)	-				
30	IV 5	40-4500	Interest Income	(298)	(298)	FIN	(131)	(131)	(36)	(298)	-				
30	IV 5	40-4520	Unrealized Gain/Loss on Inv	(223,731)	(223,731)	FIN	(97,994)	(97,994)	(27,743)	(223,731)	-	(97,994)	(97,994)	(27,743)	(223,731)
30	IV 5	40-6187	Investment Fees	13,478	13,478	FIN	5,903	5,904	1,671	13,478	-	5,903	5,904	1,671	13,478
30	IV 5	40-4515	Realized Gain/Loss on Inv	(15,675)	(15,675)	FIN	(6,866)	(6,866)	(1,943)	(15,675)	-	(6,866)	(6,866)	(1,943)	(15,675)
				<u>(474,109)</u>	<u>(474,109)</u>		<u>(207,661)</u>	<u>(207,660)</u>	<u>(58,788)</u>	<u>(474,109)</u>	-				
30	IV 8	10-4600	Unrestricted Contributions	(15,821)	(15,821)	PT DAYS	(7,249)	(6,797)	(1,775)	(15,821)	-				NOT PART OF ADMIN ALLOCATION
30	IV 8	10-4840	Management Contract Income	(32,135)	(32,135)	ADMIN	(19,723)	(10,596)	(1,816)	(32,135)	-				
30	IV 8	10-4845	Maintenance Contract Income	(64,761)	(64,761)	SO FEET	(27,523)	(27,523)	(9,715)	(64,761)	-				
30	IV 8	10-4315	Relief Stimulus	-	-	PT DAYS	-	-	-	-	-				
30	IV 8	10-4951	PPP Loan Forgiveness	-	-	PT DAYS	-	-	-	-	-				
30	IV 8	10-4850	CEO & A/R Services - Pierce	(242,983)	(242,983)	ADMIN	(149,136)	(80,118)	(13,729)	(242,983)	-				
30	IV 8	10-4925	ERC Credit	(1,283,891)	(1,283,891)	PT DAYS	(545,654)	(545,654)	(192,583)	(1,283,891)	-				
30	IV 8	10-4950	Other Income	(100)	(100)	FIN	(44)	(44)	(12)	(100)	-	(44)	(44)	(12)	(100)
30	IV 8	10-4705	Other Income	-	-	FIN	-	-	-	-	-	-	-	-	-
				<u>(1,639,691)</u>	<u>(1,639,691)</u>		<u>(749,329)</u>	<u>(670,732)</u>	<u>(219,630)</u>	<u>(1,639,691)</u>	-				
Page 30 Total				(8,489,841)	(8,489,841)		(4,384,728)	(3,568,065)	(537,028)	(8,489,841)	-				
10	a01	10-6102x	Salaries - Owner/Operator	-	92,328	ADMIN	56,668	30,443	5,217	92,328	-	-	-	-	-
10	a02	10-6102	Salaries - Administrator	259,516	(92,328)	ADMIN	102,615	55,126	9,447	167,188	-	-	-	-	-
10	a03	6103X	Salaries - Assit Administrator	-	-	ADMIN	-	-	-	-	-	-	-	-	-
10	a04	10-6104	Salaries - Business Office	323,075	-	# BEDS	121,153	121,153	80,769	323,075	-	121,153	121,153	80,769	323,075
10	a05c	10-6200	Salaries & Wages-Dietary Wks	406,703	406,703	MEALS	186,354	174,723	45,626	406,703	-	186,354	174,723	45,626	406,703
10	a06b	10-6300	Salaries & Wages-House Keeping	132,655	132,655	SO FEET	56,378	56,378	19,899	132,655	-	56,378	56,378	19,899	132,655
10	a07a	10-6600	Salaries & Wages-Maintenance	49,788	49,788	SO FEET	21,160	21,160	7,468	49,788	-	21,160	21,160	7,468	49,788
10	a08b	10-6400	Salaries & Wages- Laundry	68,489	68,489	WEIGHT	32,457	33,190	2,842	68,489	-	32,457	33,190	2,842	68,489
10	a12a	10-6500	Salary-Director of Nursing	124,059	124,059	50/50	62,030	62,029	-	124,059	-	62,030	62,029	-	124,059
10	a12b1	10-6502	Salaries & Wages-RN'S	780,832	(168,465)	Med Hrs	612,367	-	-	612,367	-	612,367	-	-	612,367
10	a12b2	10-6502x	Salaries & Wages - RN Administrative	-	168,465	50/50	84,233	84,232	-	168,465	-	84,233	84,232	-	168,465
10	a12c1	10-6504	Salaries & Wages-LPN'S	312,814	312,814	Med Hrs	312,814	-	-	312,814	-	312,814	-	-	312,814
10	a12d	10-6506	Salaries & Wages- Aides	1,284,351	1,284,351	Med Hrs	960,695	323,656	-	1,284,351	-	960,695	323,656	-	1,284,351
10	a12h	10-6800	Salaries & Wages-Recreation	74,987	74,987	50/50	37,494	37,493	-	74,987	-	37,494	37,493	-	74,987
10	a12m	10-6700	Salaries & Wages-Social Servcs	119,514	119,514	50/50	59,757	59,757	-	119,514	-	59,757	59,757	-	119,514
10	a12o	10-6750	Salary-Chaplain	32,912	32,912	PT DAYS	15,081	14,139	3,692	32,912	-	15,081	14,139	3,692	32,912
Page 10 Total				3,969,695	3,969,695		2,721,256	1,073,479	174,960	3,969,695	-				
13	b2	10-6516	Dental Consulting Fees	6,516	6,516	50/50	3,258	3,258	-	6,516	-	3,258	3,258	-	6,516
13	b3	10-6514	Pharmacy Consulting Fees	9,112	9,112	50/50	4,556	4,556	-	9,112	-	4,556	4,556	-	9,112
13	b5a	10-6593	PT Expenses Managed Care - SNF	3,746	3,746	THERAPY	1,401	2,345	-	3,746	-	1,401	2,345	-	3,746
13	b5a	10-6580	PT Expenses Part B	120,477	37,854	THERAPY	59,216	99,115	-	158,331	-	59,216	99,115	-	158,331
				<u>124,223</u>	<u>162,077</u>		<u>60,617</u>	<u>101,460</u>	<u>-</u>	<u>162,077</u>	<u>-</u>				
13	b8a	10-6518	Medical Director's Fees	18,000	18,000	50/50	9,000	9,000	-	18,000	-	9,000	9,000	-	18,000
13	b9a	10-6562	ST Expenses Part A - SNF	7,225	7,225	THERAPY	4,602	2,623	-	7,225	-	4,602	2,623	-	7,225
13	b9a	10-6582	ST Expenses Part B - SNF	35,416	35,416	THERAPY	22,560	12,856	-	35,416	-	22,560	12,856	-	35,416
				<u>42,641</u>	<u>42,641</u>		<u>27,162</u>	<u>15,479</u>	<u>-</u>	<u>42,641</u>	<u>-</u>				
13	b10a	10-6561	OT Expenses Part A - SNF	29,442	29,442	THERAPY	16,576	12,866	-	29,442	-	16,576	12,866	-	29,442
13	b10a	10-6581	OT Expenses Part B - SNF	122,012	122,012	THERAPY	68,693	53,319	-	122,012	-	68,693	53,319	-	122,012
13	b10a	10-6594	OT Expenses Managed Care - SNF	3,336	3,336	THERAPY	1,878	1,458	-	3,336	-	1,878	1,458	-	3,336
				<u>154,790</u>	<u>154,790</u>		<u>87,147</u>	<u>67,643</u>	<u>-</u>	<u>154,790</u>	<u>-</u>				
13	N/A	10-6517	Nursing Pool	-	-	-	-	-	-	-	-	-	-	-	-
13	b11a1	N/A	RN Direct Care	-	-	POOL HRS	-	-	-	-	-	-	-	-	-
13	b11b1	N/A	LPN Direct Care	-	-	POOL HRS	-	-	-	-	-	-	-	-	-
13	b11c	N/A	Aides	-	-	POOL HRS	-	-	-	-	-	-	-	-	-
Page 13 Total				355,282	393,136		191,740	201,396	-	393,136	-				
15	1a1	10-6110	Workers Comp Insurance	63,175	63,175	SALARY	43,307	17,084	2,784	63,175	-				NOT PART OF ADMIN ALLOCATION
15	1a3	10-6108	Unemployment Comp. Insurance	-	-	SALARY	-	-	-	-	-				
15	1a4	10-6106	Fica Payroll Taxes	285,938	285,938	SALARY	196,013	77,323	12,602	285,938	-				
15	1a5	10-6111	Health Insurance	-	-	SALARY	-	-	-	-	-				
15	1a5	10-6114	Employee Insurance	372,226	372,226	ADMIN	228,462	122,732	21,032	372,226	-				

20	5c	10-6522	Medical Supplies	164,253	(37,854)	126,399	Med A Days	126,399	-	-	126,399	-	126,399	-	-	126,399
20	5e2	10-6528	Oxygen Supplies	3,071	-	3,071	Med A Days	3,071	-	-	3,071	-	3,071	-	-	3,071
20	5f	10-6550	X-Ray Expenses Part A	2,403	-	2,403	Med A Days	2,403	-	-	2,403	-	2,403	-	-	2,403
20	5i	10-6755	Program & Supplies - Christ	3,503	-	3,503	50/50	1,752	1,752	-	3,503	-	1,752	1,752	-	3,503
20	5i	10-6805	Recreation-Program	17,149	(10,692)	6,457	50/50	3,229	3,229	-	6,457	-	3,229	3,229	-	6,457
20	5i	10-6810	Recreation-Supplies	5,961	-	5,961	50/50	2,981	2,980	-	5,961	-	2,981	2,980	-	5,961
				<u>26,613</u>		<u>15,921</u>		<u>7,961</u>	<u>7,960</u>		<u>15,921</u>					
20	5i	10-6805x	Recreation-Program - Cable TV	-	10,692	10,692	50/50	5,346	5,346	-	10,692	-	5,346	5,346	-	10,692
20	5k	10-6240	Management Fee - Unidine	54,978	-	54,978	MEALS	25,191	23,619	6,168	54,978	-	25,191	23,619	6,168	54,978
20	5k	10-6250	Overhead Support - Unidine	46,520	-	46,520	MEALS	21,316	19,985	5,219	46,520	-	21,316	19,985	5,219	46,520
				<u>101,498</u>		<u>101,498</u>		<u>46,507</u>	<u>43,604</u>	<u>11,387</u>	<u>101,498</u>					
20	5m	10-6754	Religious Services	1,379	-	1,379	PT DAYS	632	592	155	1,379	-	632	592	155	1,379
Total Resident Care Expenses				331,765	(27,162)	293,911		224,867	57,502	11,542	293,911					
22	6a	10-6620	Repairs & Maint Supp-Buildings	52,347	-	52,347	SQ FEET	22,248	22,247	7,852	52,347	-	22,248	22,247	7,852	52,347
22	6a	10-6621	Repairs & Maint Supp-Equipment	1,700	-	1,700	SQ FEET	723	723	254	1,700	-	723	723	254	1,700
22	6a	10-6622	Repairs & maint Supp - Truck	1,216	-	1,216	SQ FEET	517	517	182	1,216	-	517	517	182	1,216
22	6a	10-6631	Grounds Supplies	-	-	-	SQ FEET	-	-	-	-	-	-	-	-	-
23	6a	10-6630	Maintenance-Service	-	-	-	SQ FEET	-	-	-	-	-	-	-	-	-
				<u>55,263</u>		<u>55,263</u>		<u>23,488</u>	<u>23,487</u>	<u>8,288</u>	<u>55,263</u>					
22	6b	10-6653	Propane	51,359	-	51,359	SQ FEET	21,828	21,828	7,703	51,359	-	21,828	21,828	7,703	51,359
22	6c	10-6640	Electricity	88,734	-	88,734	SQ FEET	37,712	37,712	13,310	88,734	-	37,712	37,712	13,310	88,734
22	6d	10-6655	Water	44,780	-	44,780	SQ FEET	19,032	19,032	6,716	44,780	-	19,032	19,032	6,716	44,780
22	6f	10-6610	Heating & Cooling Main Cont	35,652	-	35,652	SQ FEET	15,152	15,152	5,348	35,652	-	15,152	15,152	5,348	35,652
22	6f	10-6611	Elevator Maint Contract	7,179	-	7,179	SQ FEET	3,051	3,051	1,077	7,179	-	3,051	3,051	1,077	7,179
22	6f	10-6612	Repairs Contract	129,257	-	129,257	SQ FEET	54,934	54,934	19,389	129,257	-	54,934	54,934	19,389	129,257
22	6f	10-6613	Refrigeration Main Contract	6,292	-	6,292	SQ FEET	2,674	2,674	944	6,292	-	2,674	2,674	944	6,292
22	6f	6614X	Sprinkler/Fire Equip Main Cont	-	-	-	SQ FEET	-	-	-	-	-	-	-	-	-
22	6f	10-6615	Security/Payroll Main Contract	-	-	-	SQ FEET	-	-	-	-	-	-	-	-	-
22	6f	6630X	Trash Removal	-	-	-	SQ FEET	-	-	-	-	-	-	-	-	-
22	6f	10-6632	Pest Control	2,243	-	2,243	SQ FEET	953	953	337	2,243	-	953	953	337	2,243
				<u>180,623</u>		<u>180,623</u>		<u>76,764</u>	<u>76,764</u>	<u>27,095</u>	<u>180,623</u>					
Total Maintenance and Operating Expenses				420,759		420,759		178,824	178,823	63,112	420,759					
22	7	10-7000	Depreciation Expense	289,578	-	289,578	SPEC	123,523	121,540	44,515	289,578	-	123,523	121,540	44,515	289,578
22	8b	7010X/7015X	Amortization of Def Fin Exp	-	-	-	FIN	-	-	-	-	-	-	-	-	-
				<u>-</u>		<u>-</u>		<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>					
Total Property Expenses				289,578		289,578		123,523	121,540	44,515	289,578					
26	12a1	10-7200	Interest Expense	47,256	-	47,256	FIN	20,698	20,698	5,860	47,256	-	20,698	20,698	5,860	47,256
Total Building Interest Expense				47,256		47,256		20,698	20,698	5,860	47,256					
27	12D	10-7300	Interest Expense - Other	-	-	-	FIN	-	-	-	-	-	-	-	-	-
27	14a	10-6670	Insurance on Property	34,907	-	34,907	BLDG %	14,591	14,591	5,725	34,907	-	14,591	14,591	5,725	34,907
27	14b	10-6118	Insurance - Auto	2,947	-	2,947	ADMIN	1,809	972	166	2,947	-	-	-	-	-
27	14c1	10-6665	Insurance-Liability	58,829	141	58,970	BLDG %	24,649	24,649	9,672	58,970	-	24,649	24,649	9,672	58,970
				<u>96,683</u>	<u>141</u>	<u>96,824</u>		<u>41,049</u>	<u>40,212</u>	<u>15,563</u>	<u>96,824</u>					
				<u>96,683</u>		<u>96,824</u>		<u>41,049</u>	<u>40,212</u>	<u>15,563</u>	<u>96,824</u>					
TOTAL REVENUES				(8,489,841)		TOTAL (8,489,841)		(4,384,728)	(3,568,085)	(537,028)	(8,489,841)		Admin Allocation:			
PER GL				(8,489,841)		PER CR (8,489,841)		(7,952,813)	(3,568,085)	(537,028)	(8,489,841)		3,770,805	2,025,725	347,138	6,143,668
VARIANCE				-		VAR. -		3,568,085	(3,568,085)	-	-		61.38%	32.97%	5.65%	100.00%
TOTAL EXPENSES				7,752,890		TOTAL 7,752,890		4,747,136	2,558,352	447,402	7,752,890					
PER GL				7,752,890		PER CR 7,752,890		7,305,488	2,558,352	447,402	7,752,890					
VARIANCE				-		VAR. -		(2,558,352)	2,558,352	(0)	-					

**Please note, CCNH and RHNS are now combined in one column within the annual report of long-term care. These amounts net to \$0.

General Information and Questionnaire
Other Lines of Business

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		53,000		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		Yes		
<i>If yes, please complete the following:</i>				
0	Square footage of apartments			
0	Square footage of independent living			
0	Square footage of assisted living			
Please identify the services provided: See "Other" column expenses report				

**General Information and Questionnaire
 Other Lines of Business (Continued)**

Name of Facility Connecticut Baptist H	License No. 1023C	Report for Year Ended 9/30/2023	Page 7	of 37
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Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

Schedule of Resident Statistics

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2023				Page 8	of 37			
	Total All Levels	Total CCNH / RHNS Level	Total	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH / RHNS	(Specify)	Other	Total	CCNH / RHNS	(Specify)	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	80	60		20	80	60		20					
B. On last day of THIS report period	80	60		20					80	60			20
2. Number of Residents													
A. As of midnight of PREVIOUS report period	66	58		8	66	58		8					
B. As of midnight of THIS report period	66	59		7					66	59			7
3. Total Number of Days Care Provided During Period													
A. Medicare	874	874			790	790			84	84			
B. Medicaid (Conn.)	17,964	17,964			13,287	13,287			4,677	4,677			
C. Medicaid (other states)													
D. Private Pay	5,149	2,458		2,691	3,838	1,791		2,047	1,311	667			644
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	23,987	21,296		2,691	17,915	15,868		2,047	6,072	5,428			644
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	23,987	21,296		2,691	17,915	15,868		2,047	6,072	5,428			644

Schedule of Resident Statistics (Cont'd)

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C			Report for Year Ended 9/30/2023			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH / RHNS	(Specify)	Other	Lost			Gained			CCNH / RHNS	(Specify)	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)		
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH / RHNS	(Specify)	Other		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	Other	R.C.H.	ICF-MR					
No. of Residents		50		10		7							
Per Diem Rate													
a. One bed rm.	Various - PDPM	237.97		505.00		105.00							
b. Two bed rms.	Various - PDPM	237.97		455.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments				TOTAL	CCNH / RHNS	(Specify)	Outpatient	Other					
A. Medicare - Part B				4,598	4,598								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments				4,598	4,598								
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B				523	523								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments				523	523								
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B				4,323	4,323								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments				4,323	4,323								

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of					
Connecticut Baptist Homes, Inc.	1023C	9/30/2023	10	37					
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No									
	Total Cost and Hours								
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Other	Adjustment	Hours
A. Salaries and Wages*									
1. Operators/Owners (Complete also Sec. I of Schedule A1)	87,111		740				5,217		42
2. Administrator(s) (Complete also Sec. III of Schedule A1)	157,741		1,340				9,447		76
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	242,306		10,721				80,769		2,680
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor									
c. Dietary Workers	361,077		21,513				45,626		2,413
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers	112,756		7,994				19,899		1,199
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	42,320		2,090				7,468		314
b. Other Maintenance Workers									
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	65,647		4,323				2,842		179
9. Barber and Beautician Services									
10. Protective Services									
11. Accounting Services									
a. Head Accountant									
b. Other Accountants									
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	124,059		2,080						
b. RN									
1. Direct Care	612,367		14,590						
2. Administrative**	168,465		3,592						
c. LPN									
1. Direct Care	312,814		7,631						
2. Administrative**									
d. Aides and Attendants	1,284,351		56,693						
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	74,987		3,669						
i. Physicians									
1. Medical Director									
2. Utilization Review									
3. Resident Care***									
4. Other (Specify)									
j. Dentists									
k. Pharmacists									
l. Podiatrists									
m. Social Workers/Case Management	119,514		4,146						
n. Marketing									
o. Other (Specify)									
See Attached Schedule	29,220		740				3,692		93
<i>A-13. Total Salary Expenditures</i>	<i>3,794,735</i>		<i>141,862</i>				<i>174,960</i>		<i>6,996</i>

* 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 in the Adjustment column.

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Connecticut Baptist Homes, Inc.				1023C	9/30/2023			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	Other							
Section I - Operators/Owners										
Mary Patricia Morse	87,111		5,217		CEO	782	A1			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)			License No.	Report for Year Ended			Page	of		
Connecticut Baptist Homes, Inc.			1023C	9/30/2023			12	37		
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	Other							
Section III - Administrators***										
Mary Patricia Morse	157,741		9,447		Administrator	1,416	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of					
Connecticut Baptist Homes, Inc.	1023C	9/30/2023	13	37					
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Other	Adjustment	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	6,516		117						
3. Pharmacist	9,112		246						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	162,077		1,906						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	18,000		180						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify)									
9. Speech Therapist									
a. Resident Care	42,641		1,628						
b. Other									
10. Occupational Therapist									
a. Resident Care	154,790	(154,790)	1,822						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care									
2. Administrative***									
b. LPN									
1. Direct Care									
2. Administrative***									
c. Aides									
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	393,136	(154,790)	5,899						

* 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 in the Adjustment column.
 *** 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 63,175	60,391				2,784		
2. Disability Insurance	\$							
3. Unemployment Insurance	\$							
4. Social Security (F.I.C.A.)	\$ 285,938	273,336				12,602		
5. Health Insurance	\$ 372,226	351,194				21,032		
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 67,068	64,112				2,956		
8. Uniform Allowance	\$ 2,172	1,928				244		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 19,159	18,076				1,083		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$							
d. Accounting and Auditing	\$ 103,058	97,977				5,081		
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 530	3,791	(3,320)			479	(420)	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 83,018	78,327				4,691		
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 1,942	12,940	(11,216)			1,635	(1,417)	
2. Cellular Phones	\$ 2,688	2,387				301		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$							
k. Other Taxes (<i>Not related to property - See Page 22</i>)								
1. Income*	\$							
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 429,270	429,270						
Subtotal	\$ 1,430,244	1,393,729	(14,536)			52,888	(1,837)	

* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

General Information and Questionnaire
Accounting Basis

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 CliftonLarsonAllen LLP	29 South Main Street, West Hartford, CT 06127
2 Whittlessey, P.C.	280 Trumbull Street, Hartford, CT 06103
3	
4	

Services Provided by This Firm (*describe fully*)

1 General accounting services in lieu of internal staff, Medicaid and Medicare cost reports	\$ 83,013
2 Annual audit & Form 990 preparation	\$ 20,045
3	\$
4	\$
	Charge for Services Provided
	\$ 103,058

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Wiggin	203-498-4400
2 Hinckley Allen & Snyder	860-725-6200
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)
 1 One Century Tower, 265 Church Street, 17th Floor, New Haven, CT 06510
 2 20 Church St, #18, Hartford, CT 06103
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 General legal fees	\$ 530
2 Merger related fees (Disallowed)	\$ 3,740
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 4,270

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

Connecticut Baptist Home, Inc.
Cell Phone Disallowance
September 30, 2023

<u>Beds</u>	<u>Total</u>
0-200	<u>Allowable</u>
	\$ 2,800
Cell Phone Expense	\$ 2,387 TB Linked
Amount Allowable	2,800
Disallowed Cell Phone Expense	<u><u>\$ -</u></u> Page 15, Line 1h2

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

Name of Facility	License No.	Report for Year Ended					Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment	
Subtotals Brought Forward:		1,430,244	1,393,729	(14,536)		52,888	(1,837)	
I. Travel and Entertainment								
1. Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	\$ 10,100	13,883	(3,783)					
3. Gifts to Staff and Residents	\$ 1,644	1,644						
4. Employee Travel	\$ 3,347	8,083	(4,925)			484	(295)	
5. Education Expenses Related to Seminars and Conventions	\$ 5,485	8,714	(3,750)			521		
6. Automobile Expense (not purchase or depreciation)	\$							
7. Other (Specify) See Attached Schedule	\$							
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (all such expenses)	\$ 18,980	17,907				1,073		
2. Advertising Telephone Directory (all such expenses)***	\$							
3. Advertising Other (Specify)*** See Attached Schedule	\$	1,553	(1,553)			93	(93)	
4. Fund-Raising***	\$							
5. Medical Records	\$ 12,440	12,440						
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$							
7. Postage	\$ 7,101	6,700				401		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 7,795	7,355				440		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$							
9. Subscriptions	\$ 2,817	2,658				159		
10. Contributions*** See Attached Schedule	\$							
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$	212,543	(212,543)			26,857	(26,857)	
12. Administrative Management Services**	\$							
13. Other (Specify) See Attached Schedule	\$ (275,706)	69,297	(323,361)			4,341	(25,983)	
C-14 Total Administrative & General Expenditures	\$ 1,224,247	1,756,506	(564,451)			87,257	(55,065)	

* 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 in the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	-				-	
Total Other Travel and Entertainment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	-				-	
Advertising/Marketing Expense	\$ 1,553	\$ (1,553)			\$ 93	\$ (93)
Total Other Advertising	\$ 1,553	\$ (1,553)	\$ -	\$ -	\$ 93	\$ (93)

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	-				-	
Leading Age Connecticut	\$ 6,605				\$ 395	
ALTCFM	90				5	
CT Association of Health Care Facilities	660				40	
Total Dues	\$ 7,355	\$ -	\$ -	\$ -	\$ 440	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	-				-	
Total Contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
	-				-	
Directors & Officers insurance	\$ 10,235				\$ 613	
Consult fees	340	(340)			20	(20)
Background checks	5,118				306	
Bank fees / service charges	3,171				190	
Misc. Admin.	6,220	(2,657)			372	(159)
Amortization of bond discount	2,356	(2,356)			334	(334)
Waiver letter fee	3,301	(3,301)			198	(198)
Paychex service charges	38,556				2,308	
Other income		(88)				(12)
CEO & A/R Services		(229,254)				(13,729)
Management contract income		(30,319)				(1,816)
Maintenance contract income		(55,046)				(9,715)
Total Other Administrative and General	\$ 69,297	\$ (323,361)	\$ -	\$ -	\$ 4,341	\$ (25,983)

Schedule C-1 - Management Services*

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2023	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Unidine	101,498	Food services contract	Pg. 20 / Line 5k

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

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

Name of Facility	License No.	Report for Year Ended				Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 193,069	181,483	(10,073)			22,932	(1,273)
2. Non-Food Supplies	\$ 9,906	8,795				1,111	
3. Other (Specify) _____	\$ _____						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 148,290	131,654				16,636	
c. Other (Specify) _____ Dietary equipment	\$ 9,027	8,014				1,013	
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 360,292	329,946	(10,073)			41,692	(1,273)
2E. Dietary Questionnaire	Total	CCNH / RHNS		(Specify)	Other		
F. Resident Meals: Total no. of meals served per day:*							
G. Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No					
H. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.	11346		
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					Pg. 30, Line IV1		
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	See above		
K. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.	See above		
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)							
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.			
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.			
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)							

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

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

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	9,648	9,248			400	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.						
		Amt. \$						
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.						
		Amt. \$						
4. Repair and/or purchase of linens.***		Lbs.						
		Amt. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify)		\$						
3D. Total Laundry Expenditures (3a + b + c)		\$	9,648	9,248			400	
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended				Page	of	
Connecticut Baptist Homes, Inc.		1023C	9/30/2023				20	37	
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel							
a.	In-House Care	Amt.	\$ 16,239	13,804				2,435	
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)								
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel							
		Amt.	\$						
	C. Other (<i>Specify</i>) Uniforms		\$ 443	377				66	
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 16,682	14,181				2,501	
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
	1. Own Pharmacy		\$						
	2. Purchased from Pharmacy		\$	27,867	(27,867)				
b.	Medicine Cabinet Drugs		\$ 4,681	4,681					
c.	Medical and Therapeutic Supplies		\$ 126,399	126,399					
d.	Ambulance/Limousine***		\$						
e.	Oxygen								
	1. For Emergency Use		\$						
	2. Other***		\$	3,071	(3,071)				
f.	X-rays and Related Radiological Procedures***		\$	2,403	(2,403)				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$						
h.	Laboratory***		\$						
i.	Recreation		\$ 15,921	15,921					
j.	Direct Management Services*		\$						
k.	Indirect Management Services*		\$ 101,498	90,111				11,387	
l.	Cable TV		\$ 7,200	10,692	(3,492)				
m.	Other (Specify)**** See Attached Schedule		\$ 1,379	1,224				155	
n.	Physical Therapy Expense		\$						
o.	Speech Therapy Expense		\$						
5P.	Total Resident Care Expenditures (5a - 5o)		\$ 257,078	282,369	(36,833)			11,542	

* 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 in the Adjustment column.
 **** ICFMR's should provide a detailed schedule of all Day Program Costs.

**Connecticut Baptist Home, Inc.
Disallowance Schedule for Cable TV
September 30, 2023**

Pg. 20b

	<u>Amount</u>	
Total Cable TV Expense	10,692	Pg. 20, line 5L
Monthly Allowable amount	\$ 600	
Months in Cost Report Year	<u>12</u>	
Total Allowable Cost	\$ 7,200	
Disallowed Cable TV	<u><u>\$ 3,492</u></u>	Page 20, line 5m

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

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2023				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	Other	Pg	Line
All Waste Inc.	143 Murphy Road, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Garbage removal	11,533		2,035	22	6a/f
B-G Mechanical	12 Second Ave, Chicopee, MA 01020	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HVAC Refrigeration	37,021		6,533	22	6a/f
Unidine	1000 Washington Street, Boston, MA 02118	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary services / expenses	414,446		52,387	18	2b
Paychex	714 Brook St, #120, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll services	38,556		2,308	16	m13
Facilities Compliance Services	221 West Main Street, Plantville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Outsourced maintenance	89,775		15,843	22	6a/f
Technical Gas Products	66 Leonardo Dr, North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Gas services / supplies	13,857			20	Var
Geriatric Medical	28 Torrice Drive, Woburn, MA 01801	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Medical supplies & services	79,804			20	5c
Coastal Creations	Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow removal	18,700		3,300	22	6f
The Russell Hall Co.	19 N George St, Meriden, CT 06451	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Housekeeping supplies	11,823		2,086	20	4a1
Mountain View Landscape	1100 Corporate Row, Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping services	9,015		1,592	22	6a
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 55,263	46,975				8,288		
b. Heat	\$ 51,359	43,656				7,703		
c. Light & Power	\$ 88,734	75,424				13,310		
d. Water	\$ 44,780	38,064				6,716		
e. Equipment Lease (<i>Provide detail on page 22b</i>)	\$							
f. Other (<i>itemize</i>) See Attached Schedule	\$ 180,623	153,528				27,095		
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 420,759	357,647				63,112		
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$ 2,387	2,020				367		
b. Building & Building Improvements	\$ 167,688	141,910				25,778		
c. Non-Movable Equipment	\$ 12,297	10,407				1,890		
d. Movable Equipment	\$ 107,206	90,726				16,480		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 289,578	245,063				44,515		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other (<i>Specify</i>)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$							
9. Rental payments on leased real property less real estate taxes included in item 10b	\$							
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$							
c. Personal property taxes	\$							
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 289,578	245,063				44,515		

* 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	Adjustment	(Specify)	Adjustment	Other	Adjustment
	-				-	
Heating and Cooling Contract	\$ 30,304				\$ 5,348	
Elevator Maint Contract	6,102				1,077	
Repairs Contract	109,868				19,389	
Refrigeration Maint Contract	5,348				944	
Pest Control	1,906				337	
Total Other Repairs and Maintenance	\$ 153,528	\$ -	\$ -	\$ -	\$ 27,095	\$ -

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2023			Page 22b	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Quadient Leasing USA	<input type="radio"/>	<input checked="" type="radio"/>	Postage machine (See attached)	05/04/23	63 months	828	828
	<input checked="" type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?							
<input type="radio"/> Yes <input type="radio"/> No						Total ***	828

* 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.

Depreciation Schedule

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C		Report for Year Ended 9/30/2023				Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		67,298		67,298	55,588	S/L	Various	2,387					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									2,387				
B. Building and Building Improvements													
1. Acquired prior to this report period		7,490,078		7,490,078	4,814,777	S/L	Various	167,650					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		2,300		2,300		S/L	20 Yrs	38					
B-4. Subtotal									167,688				
C. Non-Movable Equipment													
1. Acquired prior to this report period		321,465		321,465	307,051	S/L	Various	8,641					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		47,147		47,147		S/L	Various	3,656					
C-4. Subtotal									12,297				
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
a. Truck						40,498		40,498	40,498	S/L	5		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	1,630,460		1,630,460	1,352,052	S/L	Various	101,416	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative				Var	Var	60,581		60,581		S/L	Various	5,278	
d. Standard Resident				Var	Var	3,227		3,227		S/L	Various	512	
e. Specialized Resident													
Total Acquired during this report period						63,808		63,808				5,790	
D-3. Subtotal									107,206				
E. Total Depreciation									289,578				

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
See attached	See attached	\$ 2,300	20	\$ 38
Total additions for Building Improvements		\$ 2,300		\$ 38 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
See attached	See attached	\$ 47,147	Various	\$ 3,656
Total additions for Non-Movable Equipment		\$ 47,147		\$ 3,656 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
See attached	See attached	Standard Resident	\$ 3,227	5	\$ 512
See attached	See attached	Administrative	60,581	Various	5,278
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 63,808		\$ 5,790 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

**Connecticut Baptist Home, Inc.
Depreciation Schedule
September 30, 2023**

Asset Class ID	Asset Description	Place in Service Date	Orig Life Years / Days	Cost Basis	2022	2023	2023	NBV
					Accum Dep.	Depreciation	Accum Dep.	
Land Improvements								
Various	Roll Forward from FY2022	Various	Various	67,298	55,588	2,387	57,975	9,323
Building Improvements								
Various	Roll Forward from FY2022	Various	Various	7,490,078	4,814,777	167,650	4,982,427	2,507,651
Bldg Imp	C&P Improv. - Sheetrock replaced in kitchen	6/22/2023	20	2,300	-	38	38	2,262
				<u>7,492,378</u>	<u>4,814,777</u>	<u>167,688</u>	<u>4,982,465</u>	<u>2,509,913</u>
Non-Movable Equipment								
Various	Roll Forward from FY2022	Various	Various	321,465	307,051	8,641	315,692	5,773
Kitchen Equip	Facilities Compliance Fire Protection, L - hydrostatic maint.kitchen suppression	3/2/2023	10	3,779	-	220	220	3,559
Kitchen Equip	B-G Mechanical Service - compressor for freezer	6/1/2023	10	2,003	-	40	40	1,963
Kitchen Equip	Facilities Compliance Fire Protection, L - plumbing lines,new wall guard water piping	6/13/2023	10	1,076	-	33	33	1,043
Kitchen Equip	B-G Mechanical Service, Inc. - repairs to walk in freezer	6/7/2023	10	7,693	-	192	192	7,501
Maintenance Equip	Huntington Power Equipment - generator service	11/7/2022	5	1,154	-	211	211	943
Maintenance Equip	B-G Mechanical Service, Inc. - change compressor & inverter board	11/17/2022	5	9,475	-	1,737	1,737	7,738
Maintenance Equip	Hartford Elevator - replace relay board check inductors magnets	4/13/2023	5	6,994	-	699	699	6,295
Maintenance Equip	B-G Mechanical Service, Inc. - pipe repair	4/21/2023	5	2,318	-	232	232	2,086
Maintenance Equip	Facilities Compliance Fire Protection, L - emer serv water leak on boiler	5/27/2023	5	1,215	-	101	101	1,114
Maintenance Equip	Hartford Elevator - furnish & install 2 new elev tel car guide shoes p	9/19/2023	5	11,440	-	191	191	11,249
				<u>368,612</u>	<u>307,051</u>	<u>12,297</u>	<u>319,348</u>	<u>49,264</u>
Movable Equipment								
Various	Roll Forward from FY2022	Various	Various	1,630,460	1,352,052	101,416	1,453,468	176,992
Medical Equip	Hydrocolator with thermemeter	11/1/2022	5	1,637	-	300	300	1,337
Medical Equip	Medline Industries, Inc. - electric bed	2/2/2023	5	1,590	-	212	212	1,378
Kitchen Equip	Commercial Appliance Repair Inc. - grill thermometers repair and replace, knobs, co2	12/7/2022	10	1,983	-	128	128	1,855
Kitchen Equip	Warehouse Store Fixture Co - dishwasher deposit due	5/9/2023	10	7,727	-	322	322	7,405
Kitchen Equip	Commercial Appliance Repair Inc. - repair dish machine	5/10/2023	10	1,607	-	49	49	1,558
Kitchen Equip	Warehouse Store Fixture Co - balance of dishwasher	6/8/2023	10	7,622	-	254	254	7,368
Kitchen Equip	Hobart Service - dishwasher installation	6/15/2023	10	3,038	-	101	101	2,937
Kitchen Equip	Commercial Appliance Repair Inc. - steamer repair	6/8/2023	10	1,815	-	37	37	1,778
Kitchen Equip	E. Haberli Electric - rewire dishwasher booster	8/3/2023	10	884	-	15	15	869
Office Equip	Fully Managed Inc. - kiosk stylus wall mount poc image	10/1/2022	5	2,695	-	539	539	2,156
Office Equip	Fully Managed Inc. - kiosks,stylus, wall mount kits	11/18/2022	5	2,538	-	465	465	2,073
Office Equip	Compass	11/1/2022	5	8,125	-	1,490	1,490	6,635
Office Equip	Fully Managed Inc - balance due on kiosks	12/2/2022	5	3,976	-	663	663	3,313
Office Equip	CompassMSP, LLC - sonic wall upgrade laptop dell optiplex .etc	1/13/2023	5	7,376	-	1,106	1,106	6,270
Office Equip	CompassMSP, LLC - labor downpayment firewall upgrade windows 7 upgra	1/13/2023	5	1,535	-	23	23	1,512
Office Equip	CompassMSP, LLC - firewall upgrade windows 7 updrages	3/31/2023	5	1,535	-	18	18	1,517
Office Equip	CompassMSP, LLC - CBH onboarding	5/31/2023	5	8,125	-	68	68	8,057
				<u>1,694,268</u>	<u>1,352,052</u>	<u>107,206</u>	<u>1,459,258</u>	<u>235,010</u>
Vehicles								
Various	Roll Forward from FY2022	Various	5	40,498	40,498	-	40,498	-
				<u>40,498</u>	<u>40,498</u>	<u>-</u>	<u>40,498</u>	<u>-</u>
TOTAL				9,663,054	6,569,966	289,578	6,859,544	2,803,510
Financial Statement				9,689,857	6,560,972	289,578	6,850,549	2,839,308
Immaterial Variance				-	-	-	-	-
F/S vs C/R				(26,803)	8,994	-	8,995	(35,798)

Depreciation Expense Allocation	A.022	A.022	
	84.6276%	15.3724%	
	CCNH/RHNS	Other	
Land Improvement	2,020	367	- Check
Building & Building Improvement	141,910	25,778	- Check
Non-movable	10,407	1,890	- Check
Movable	<u>90,726</u>	<u>16,480</u>	- Check
Total	245,063	44,515	

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Connecticut Baptist Homes, Inc.			License No. 1023C		Report for Year Ended 9/30/2023			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2023	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		01/01/83		
4. Date of Initial Licensure		01/01/83		
5. Total Licensed Bed Capacity		80		
6. Square Footage		53,000		
7. Acquisition Cost				
a. Land		133,155		
b. Building		319,500		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		05/01/22		
c. Interest Rate for the Cost Year		4.87%		
d. Term of Mortgage (number of years)		30		
e. Amount of Principal Borrowed		996,421		
f. Principal balance outstanding as of 9/30/2023		965,975		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Connecticut Baptist Homes, Inc.		License No. 1023C	Report for Year Ended 9/30/2023				Page 26	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$ 47,256	41,396				5,860	
Name of Lender M&T Bank		Rate 4.87%						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 47,256	41,396				5,860	

(Carry Subtotals forward to next page)

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

Name of Facility		License No.	Report for Year Ended				Page	of	
Connecticut Baptist Homes, Inc.		1023C	9/30/2023				27	37	
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Other	Adjustment
Subtotals Brought Forward:			47,256	41,396				5,860	
12. C. Movable Equipment									
1. Automotive Equipment									
A. Item			Rate	Amount					
Lender									
Address of Lender									
2. Other (Specify)									
A. Item			Rate	Amount					
Lender									
Address of Lender									
B. Item			Rate	Amount					
Lender									
Address of Lender									
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)									
12. D. Other Interest Expense (Specify)									
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$ 47,256	41,396				5,860	
14. Insurance									
a. Insurance on Property (buildings only)			\$ 34,907	29,182				5,725	
b. Insurance on Automobiles			\$ 2,947	2,781				166	
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)			\$ 58,970	49,298				9,672	
2. Fire and Extended Coverage			\$						
3. Other (Specify)			\$						
14d. Total Insurance Expenditures (14a + b + c)			\$ 96,824	81,261				15,563	
15. Total All Expenditures (A-13 thru C-14)			\$ 6,930,405	7,305,488	(766,147)			447,402	(56,338)

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2023			30	37
Item	Total	CCNH / RHNS	(Specify)	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,849,939	7,849,939				
b. Medicaid Room and Board Contractual Allowance **	\$ (3,776,581)	(3,776,581)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 361,230	361,230				
b. Medicare Room and Board Contractual Allowance **	\$ 198,449	198,449				
4. a. Private-Pay Residents and Other	\$ 1,372,393	1,116,418		255,975		
b. Private-Pay Room and Board Contractual Allowance **	\$ (13,094)	(13,094)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 24,792	24,792				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (24,792)	(24,792)				
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 768	768				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (768)	(768)				
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 205,696	205,696				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (70,548)	(70,548)				
c. Physical Therapy - Non-Medicare	\$ 9,310	9,310				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 64,964	64,964				
b. Speech Therapy - Medicare Contractual Allowance **	\$ 12,534	12,534				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 200,568	200,568				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (70,612)	(70,612)				
c. Occupational Therapy - Non-Medicare	\$ 8,306	8,306				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (492)	(437)		(55)		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,352,062	6,096,142		255,920		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 11,346	10,073		1,273		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 12,633	11,216		1,417		
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 474,109	415,321		58,788		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,639,691	1,420,061		219,630		
V. Total Other Revenue (1 thru 8)	\$ 2,137,779	1,856,671		281,108		
VI. Total All Revenue (III+V)	\$ 8,489,841	7,952,813		537,028		

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	565,453
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	204,931
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,327,426
4. Inventories			\$	104,160
5. Prepaid Expenses			\$	73,177
a. Prepaid insurance	67,038			
b. Prepaid other	6,139			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	251,026
Investments	251,026			

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,526,173
B. Fixed Assets				
1. Land			\$	133,155
2. Land Improvements	*Historical Cost	67,298	\$	9,323
	Accum. Depreciation	57,975		Net
3. Buildings	*Historical Cost	7,492,378	\$	2,509,913
	Accum. Depreciation	4,982,465		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	368,612	\$	49,264
	Accum. Depreciation	319,348		Net
6. Movable Equipment	*Historical Cost	1,694,268	\$	235,010
	Accum. Depreciation	1,459,258		Net
7. Motor Vehicles	*Historical Cost	40,498	\$	
	Accum. Depreciation	40,498		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	35,798
CR vs FS NBV	35,798			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,972,463

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

Page Ref	Line Ref	Description	
Total Other Long-Term Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	5,498,636
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	2,423,389
Name and Address	Amount	Loan Date		
Due to/from	2,423,389			
7. Other Assets (<i>itemize</i>)			\$	3,441,683
Investments		3,327,364		
Perpetual Trust		114,319		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	5,865,072
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	11,363,708

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.		1023C	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	517,874
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	285,598
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	21,597
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	22,104
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	3,920
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	59,129
Accrued Provider Tax - CT		112,332			
Resident Funds		32,450			
Accrued Accounting Fees		11,900			
Suspense Account		(97,553)	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	910,222

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2023	Page 34	of 37
Account			Amount	
Total Brought Forward:			910,222	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
\$				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 883,610
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 2,024,627
Name and Address of Lender	Amount	Loan Date		
Due to PMBH	1,984,627			
Due to 288 Thorpe	40,000			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,908,237
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,818,459

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

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	6,808,298
6. Gain or Loss for Period			\$	736,951
	10/1/2022	thru 9/30/2023		
7. Total Net Worth			\$	7,545,249
C. Total Reserves and Net Worth			\$	7,545,249
D. Total Liabilities, Reserves, and Net Worth			\$	11,363,708

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Connecticut Baptist Homes, Inc.	1023C	9/30/2023	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	6,768,994
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	8,489,841
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	7,752,890
D. Net Income or Deficit			\$	736,951
E. Balance			\$	7,505,945
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Prior period adjustment		39,304		
F-3. Total Additions			\$	39,304
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/23	\$	7,545,249

I. Preparer's/Reviewer's Certification

Name of Facility Connecticut Baptist Homes, Inc.	License No. 1023C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	<input checked="" type="checkbox"/> (Specify)	<input checked="" type="checkbox"/> Other		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Matthew S Bavalack</i>	Title Principal	Date Signed 02/14/2024		
Printed Name of Preparer Matthew S. Bavalack				
Address Address 555 Long Wharf Drive, 8th Floor, New Haven, CT 06511		Phone Number 203-781-9600		
Contacted Person Regarding Additional Information Needed Regarding This Report Matthew S. Bavalack		Phone Number 203-781-9600		
Contact Email Address Matthew.Bavalack@marcumllp.com				

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Connecticut Baptist Homes, Inc. for the year ended September 30, 2023, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Connecticut Baptist Homes, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Connecticut Baptist Homes, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
February 8, 2024

Annual Report of Long-Term Care Facility Cost Year 2023 Checklist

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

Facility Name Connecticut Baptist Homes, Inc.

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

- Yes No
 1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

- Yes No
 2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _____

- Yes No
 3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

- Yes No
 4. Do equipment leases listed on Page 22b agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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?

Explanation: _____

Yes No

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?

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: _____

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation: _____

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: _____

Yes No

20. Have detailed schedules been provided for all “other” line items, fixed asset and movable equipment additions (ensure that the Movable Equipment Category is select for all movable equipment additions.)? *If detail is not provided, appropriate disallowances will be made.*

Explanation: _____

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on the applicable expense lines of the Annual Report? If applicable, have pages 6 and 7 been completed for the non-nursing home businesses?

Explanation: _____

Yes No

22. Has all required documentation, including the working trial balance, crosswalk, Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor?

Explanation: _____

Client: **Connecticut Baptist Homes, Inc.**
 Engagement: **Medicaid - Connecticut Baptist Home, Inc.**
 Period Ending: **9/30/2023**
 Trial Balance: **A.01 - TB**

Account	Description	UNADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		9/30/2023			9/30/2023	9/30/2022
00-1007	Cash-Operating Berkshire-CBH	450,898.00			450,898.00	192,866.00
00-1011	Cash Payroll - Berkshire - CBH	12,080.00			12,080.00	14,451.00
00-1016	Cash - Peoples - CBH	38,642.00			38,642.00	65,636.00
00-1017	Peoples - Friends of CBH	11,020.00			11,020.00	11,040.00
00-1021	Money Market - Berkshire - CBH	19,563.00			19,563.00	34,523.00
00-1035	Petty Cash	800.00			800.00	800.00
00-1045	Res Fund Cash - People's - CBH	32,450.00			32,450.00	36,243.00
00-1111	A/R Tenant - Hospice	15,163.00			15,163.00	0.00
00-1112	A/R Tenant - Insurance	5,850.00			5,850.00	3,231.00
00-1113	A/R Tenant - Applied Income	(5,853.00)			(5,853.00)	3,463.00
00-1114	A/R Tenant - Co-Insurance	19,318.00			19,318.00	20,959.00
00-1115	A/R Tenant - Private	(312.00)			(312.00)	7,904.00
00-1120	A/R Tenant - Medicaid	139,303.00			139,303.00	285,223.00
00-1125	A/R Tenant - Medicare A	12,602.00			12,602.00	79,606.00
00-1126	A/R Tenant - Medicare B	18,695.00			18,695.00	19,600.00
00-1140	A/R Tenant - Residential	165.00			165.00	165.00
00-1145	AR - Other Misc.	1,283,891.00			1,283,891.00	0.00
00-1148	AR - Wash Acct.	0.00			0.00	37.00
00-1150	A/R Related Parties	43,535.00			43,535.00	46,794.00
00-1151	Payroll Wash	0.00			0.00	(453.00)
00-1155	Due To / From Pierce	(1,984,627.00)			(1,984,627.00)	(262,708.00)
00-1157	Due To/From 288 Thorpe	(40,000.00)			(40,000.00)	(40,000.00)
00-1158	Due to/From	2,423,389.00			2,423,389.00	0.00
00-1200	Prepaid Insurance	67,038.00			67,038.00	0.00
00-1210	Prepaid Other	6,139.00			6,139.00	7,451.00
00-1310	CBH Inventories	104,160.00			104,160.00	120,190.00
00-1501	Land - CBH	133,155.00			133,155.00	133,155.00
00-1502	Land Improvements - CBH	68,427.00			68,427.00	68,427.00
00-1503	A/D - Land Improvement - CBH	(58,545.00)			(58,545.00)	(56,158.00)
00-1506	Buildings - CBH	6,356,701.00			6,356,701.00	6,390,021.00
00-1507	A/D - Buildings - CBH	(4,462,755.00)			(4,462,755.00)	(4,306,644.00)
00-1508	Building Improvements - CBH	1,370,799.00			1,370,799.00	1,368,499.00
00-1509	Res For Depr-Bldg Improve-CBH	(792,691.00)			(792,691.00)	(745,424.00)
00-1511	Furniture - CBH	528,195.00			528,195.00	528,195.00
00-1512	A/D - Furniture - CBH	(518,511.00)			(518,511.00)	(515,187.00)
00-1513	Furnishings - CBH	196,661.00			196,661.00	196,661.00
00-1514	A/D - Furnishings - CBH	(193,101.00)			(193,101.00)	(188,188.00)
00-1516	Medical Equipment - CBH	214,118.00			214,118.00	210,891.00
00-1517	A/D - Medical Equipment - CBH	(195,615.00)			(195,615.00)	(183,900.00)
00-1518	Kitchen Equipment - CBH	135,649.00			135,649.00	96,422.00
00-1519	A/D - Kitchen Equipment - CBH	(83,326.00)			(83,326.00)	(76,615.00)
00-1522	Maintenance Equipment - CBH	327,545.00			327,545.00	294,949.00
00-1523	A/D -Maintenance Equipment-CBH	(120,729.00)			(120,729.00)	(81,545.00)
00-1526	Office Equipment - CBH	301,815.00			301,815.00	265,911.00
00-1527	A/D - Office Equipment - CBH	(246,107.00)			(246,107.00)	(232,583.00)
00-1528	Motor Vehicle - CBH	40,498.00			40,498.00	40,498.00
00-1529	A/D - Motor Vehicle - CBH	(40,498.00)			(40,498.00)	(40,498.00)
00-1531	Miscellaneous Equipment - CBH	149,449.00			149,449.00	149,449.00
00-1532	A/D - Misc Equipment - CBH	(138,671.00)			(138,671.00)	(134,230.00)
00-1800	Raymond James - Unrestricted	1,246,420.00			1,246,420.00	1,095,894.00
00-1801	Raymond James - Restricted	299,904.00			299,904.00	263,640.00
00-1802	Investments - American Funds	1,781,040.00			1,781,040.00	2,796,292.00
00-1803	Investments - LLC (Corp)	251,026.00			251,026.00	256,155.00
00-1851	Perpetual Trust-SmithTrust-CBH	114,319.00			114,319.00	107,305.00
00-1860	Deferred Financing Costs	60,261.00			60,261.00	0.00
00-1861	Deferred Financing costs for Construction loan	0.00			0.00	29,631.00
00-2000	Accounts Payable - Vendors	(518,996.00)			(518,996.00)	(154,383.00)
00-2005	Accrued Accounts Payable	0.00			0.00	30,050.00
00-2100	401K Withholding Payable	0.00			0.00	(68.00)
00-2115	Compensated Absences	(211,991.00)			(211,991.00)	(206,282.00)

Account	Description	UNADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		9/30/2023			9/30/2023	9/30/2022
00-2120	Accrued Wages	(73,607.00)			(73,607.00)	(67,379.00)
00-2121	Payroll Taxes Accrued	(21,597.00)			(21,597.00)	(20,533.00)
00-2125	Life Insurance Payable	0.00			0.00	(15.00)
00-2200	Patient Refunds Due	1,122.00			1,122.00	950.00
00-2214	Construction Loan - M&T - S/T	(22,104.00)			(22,104.00)	(21,167.00)
00-2300	Accrued Provider Tax - CT	(112,332.00)			(112,332.00)	(109,788.00)
00-2305	Resident Funds	(32,450.00)			(32,450.00)	(36,243.00)
00-2350	Accrued Accounting Fees	(11,900.00)			(11,900.00)	(21,000.00)
00-2360	Suspense Account	97,553.00			97,553.00	0.00
00-2510	Interest Payable	(3,920.00)			(3,920.00)	(4,006.00)
00-2814	Construction Loan - M&T - L/T	(943,871.00)			(943,871.00)	(966,896.00)
00-3100	NA without Donor Restrictions	(6,517,948.00)			(6,517,948.00)	(7,917,118.00)
00-3110	NA with Donor Restrictions	(290,350.00)			(290,350.00)	(283,336.00)
10-4040	Patient Revenue - Medicare ICF	(388,061.00)			(388,061.00)	(279,150.00)
10-4100	Room & Board - Private Pay	(602,771.00)			(602,771.00)	(575,180.00)
10-4110	Room & Board - Medicaid	(4,011,679.00)			(4,011,679.00)	(3,856,711.00)
10-4115	C/A - R&B - Medicaid	3,773,123.00			3,773,123.00	3,168,195.00
10-4125	C/A - R&B - Medicare	(198,449.00)			(198,449.00)	(170,407.00)
10-4128	Medicare Sequestration	26,831.00			26,831.00	11,933.00
10-4145	C/A - R&B - Hospice	13,094.00			13,094.00	0.00
10-4150	Patient Revenue - Residential	(255,975.00)			(255,975.00)	(225,275.00)
10-4155	Patient Revenue - Pvt Pay ICF	(513,647.00)			(513,647.00)	(957,698.00)
10-4160	Patient Revenue - Medicaid ICF	(3,838,260.00)			(3,838,260.00)	(2,948,710.00)
10-4230	PT - Medicare A	(36,657.00)			(36,657.00)	(49,040.00)
10-4231	OT - Medicare A	(30,679.00)			(30,679.00)	(38,766.00)
10-4232	ST - Medicare A	(14,417.00)			(14,417.00)	(8,256.00)
10-4234	C/A ST Med A - ICF	(29,750.00)			(29,750.00)	0.00
10-4235	C/A - PT - Medicare A	36,657.00			36,657.00	49,040.00
10-4236	C/A - OT - Medicare A	30,679.00			30,679.00	38,766.00
10-4237	C/A - ST - Medicare A	14,417.00			14,417.00	8,256.00
10-4240	PT - Medicare B	(169,039.00)			(169,039.00)	(199,780.00)
10-4241	OT - Medicare B	(169,889.00)			(169,889.00)	(190,794.00)
10-4242	ST - Medicare B	(50,547.00)			(50,547.00)	(30,913.00)
10-4245	C/A - PT - Medicare B	33,891.00			33,891.00	40,736.00
10-4246	C/A - OT - Medicare B	39,933.00			39,933.00	45,344.00
10-4247	C/A - ST - Medicare B	2,799.00			2,799.00	871.00
10-4250	Laboratory - Medicare A	(768.00)			(768.00)	(333.00)
10-4251	Pharmacy - Medicare A	(24,792.00)			(24,792.00)	(10,413.00)
10-4252	X-Ray - Medicare A	(278.00)			(278.00)	(143.00)
10-4255	C/A - Laboratory - Medicare A	768.00			768.00	333.00
10-4256	C/A - Pharmacy - Medicare A	24,792.00			24,792.00	10,413.00
10-4257	C/A - X-Ray - Medicare A	278.00			278.00	143.00
10-4258	C/A Ancillaries Insurance	492.00			492.00	163.00
10-4301	OT - Insurance	(8,306.00)			(8,306.00)	(1,132.00)
10-4302	PT - Insurance	(9,310.00)			(9,310.00)	(6,651.00)
10-4315	Relief Stimulus	0.00			0.00	(198,188.00)
10-4400	Telephone Charge	(12,633.00)			(12,633.00)	(13,104.00)
10-4405	Meals Charge	(11,346.00)			(11,346.00)	(10,597.00)
10-4445	Meal Income (4830)	0.00			0.00	(566.00)
10-4600	Unrestricted Contributions	(15,821.00)			(15,821.00)	(10,989.00)
10-4705	Other Income	0.00			0.00	(45.00)
10-4840	Management Contract Income	(32,135.00)			(32,135.00)	(25,813.00)
10-4845	Maintenance Contract Income	(64,761.00)			(64,761.00)	(82,249.00)
10-4850	CEO & A/R Services - Pierce	(242,983.00)			(242,983.00)	(271,444.00)
10-4925	ERC Credit	(1,283,891.00)			(1,283,891.00)	0.00
10-4950	Other Income	(100.00)			(100.00)	106,280.00
10-6102	Salary-Administrator	259,516.00			259,516.00	349,933.00
10-6104	Salaries - Business Office	323,075.00			323,075.00	284,596.00
10-6106	FICA Expense	285,938.00			285,938.00	278,732.00
10-6108	Unemployment Comp. Insurance	0.00			0.00	4,758.00
10-6109	HSA Contribution Expense	19,159.00			19,159.00	22,548.00
10-6110	Workers Comp Insurance	63,175.00			63,175.00	97,283.00
10-6111	Health Insurance	0.00			0.00	146.00
10-6112	Pension Plan Expense	67,068.00			67,068.00	57,969.00

Account	Description	UNADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		9/30/2023			9/30/2023	9/30/2022
10-6114	Employee Insurance	372,226.00			372,226.00	338,200.00
10-6116	Directors & Officers Insurance	10,848.00			10,848.00	32,182.00
10-6118	Insurance-Auto	2,947.00			2,947.00	2,342.00
10-6122	Consult Fees	360.00			360.00	433.00
10-6124	Accounting & Audit Fees	103,058.00			103,058.00	120,050.00
10-6126	Attorney's Fees	4,270.00			4,270.00	0.00
10-6130	Office Supplies	25,549.00			25,549.00	22,236.00
10-6132	Postage Expense	7,101.00			7,101.00	6,366.00
10-6134	Computer Supply & Expense	57,469.00			57,469.00	31,970.00
10-6142	Telephone Expense	17,263.00			17,263.00	18,359.00
10-6148	Advertising/Marketing Expense	1,646.00			1,646.00	207.00
10-6152	Dues & Fees	52,613.00			52,613.00	50,102.00
10-6154	Subscriptions & Books	2,817.00			2,817.00	3,763.00
10-6156	Help Wanted	18,980.00			18,980.00	27,351.00
10-6158	Resident Parties & Gifts	1,644.00			1,644.00	658.00
10-6162	Employee Parties & Gifts	13,883.00			13,883.00	18,111.00
10-6164	Education Seminars	5,485.00			5,485.00	3,930.00
10-6166	Tuition Reimbursement	3,750.00			3,750.00	3,600.00
10-6168	Employee Travel	8,567.00			8,567.00	6,515.00
10-6172	Background Checks	5,424.00			5,424.00	4,998.00
10-6174	State of CT Provider Fees	429,270.00			429,270.00	410,479.00
10-6176	Bank Fees/Service Charges	3,251.00			3,251.00	3,661.00
10-6178	Bad Debt Expense	3,458.00			3,458.00	19,842.00
10-6186	Miscellaneous-Admin.	2,889.00			2,889.00	1,838.00
10-6200	Salaries & Wages - Dietary Wks	406,703.00			406,703.00	384,330.00
10-6210	Salaries & Wages - Unidine	148,290.00			148,290.00	134,301.00
10-6220	Food	204,415.00			204,415.00	208,491.00
10-6225	Dietary Supplies	9,906.00			9,906.00	8,409.00
10-6230	Uniform Allowance - Dietary	2,172.00			2,172.00	2,137.00
10-6235	Dietary Equipment	9,027.00			9,027.00	1,632.00
10-6240	Unidine Management Fee	54,978.00			54,978.00	54,560.00
10-6250	Overhead Support - Unidine	46,520.00			46,520.00	46,166.00
10-6300	Salaries & Wages-Housekeeping	132,655.00			132,655.00	128,577.00
10-6310	Housekeeping - Supplies	16,239.00			16,239.00	15,406.00
10-6315	Housekeeping Uniforms	443.00			443.00	0.00
10-6400	Salaries & Wages - Laundry	68,489.00			68,489.00	75,286.00
10-6410	Laundry -Supplies & Equipment	9,648.00			9,648.00	17,596.00
10-6500	Salary-Director of Nursing	124,059.00			124,059.00	120,368.00
10-6502	Salary - RNs	780,832.00			780,832.00	850,482.00
10-6504	Salary - LPNs	312,814.00			312,814.00	267,555.00
10-6506	Salary - CNAs	1,284,351.00			1,284,351.00	1,107,127.00
10-6512	Consult-Medical Records	12,440.00			12,440.00	12,318.00
10-6514	Consult-Pharmacist	9,112.00			9,112.00	8,405.00
10-6516	Consult-Dental	6,516.00			6,516.00	6,883.00
10-6518	Consult-Medical Director	18,000.00			18,000.00	18,000.00
10-6522	Medical Supplies	164,253.00			164,253.00	159,071.00
10-6524	Medications - OTC	4,681.00			4,681.00	9,855.00
10-6526	Medications - Med A	27,867.00			27,867.00	10,948.00
10-6528	Oxygen Supplies	3,071.00			3,071.00	4,637.00
10-6550	X-Ray Expenses Part A	2,403.00			2,403.00	1,725.00
10-6561	OT Expenses Part A - SNF	29,442.00			29,442.00	21,529.00
10-6562	ST Expenses Part A - SNF	7,225.00			7,225.00	4,463.00
10-6580	PT Expenses Part B - SNF	120,477.00			120,477.00	143,783.00
10-6581	OT Expenses Part B - SNF	122,012.00			122,012.00	137,962.00
10-6582	ST Expenses Part B - SNF	35,416.00			35,416.00	22,358.00
10-6593	PT Expenses Managed Care - SNF	3,746.00			3,746.00	2,575.00
10-6594	OT Expenses Managed Care - SNF	3,336.00			3,336.00	531.00
10-6600	Salaries & Wages - Maintenance	49,788.00			49,788.00	72,618.00
10-6610	Heating and Cooling Contract	35,652.00			35,652.00	34,809.00
10-6611	Elevator Maint Contract	7,179.00			7,179.00	8,710.00
10-6612	Repairs Contract	129,257.00			129,257.00	127,695.00
10-6613	Refrigeration Maint Contract	6,292.00			6,292.00	6,143.00
10-6620	Repairs & Maint Supplies-Build	52,347.00			52,347.00	65,765.00
10-6621	Repairs & Maint Supplies-Equip	1,700.00			1,700.00	2,633.00

Account	Description	UNADJ 9/30/2023	JE Ref #	RJE	FINAL 9/30/2023	1st PP-FINAL 9/30/2022
10-6622	Repairs & Maint Supplies-Truck	1,216.00			1,216.00	2,994.00
10-6630	Maintenance-Service	0.00			0.00	(398.00)
10-6632	Pest Control	2,243.00			2,243.00	2,013.00
10-6640	Electricity	88,734.00			88,734.00	97,293.00
10-6653	Propane	51,359.00			51,359.00	40,803.00
10-6655	Sewer/Water	44,780.00			44,780.00	38,815.00
10-6665	Insurance-Liability	58,829.00			58,829.00	15,347.00
10-6670	Insurance-Property	34,907.00			34,907.00	36,196.00
10-6700	Salaries&Wages-Social Service	119,514.00			119,514.00	113,593.00
10-6750	Salary-Chaplain	32,912.00			32,912.00	30,762.00
10-6754	Religious Services	1,379.00			1,379.00	3,640.00
10-6755	Programs&Supplies-Christ.Min.	3,503.00			3,503.00	4,349.00
10-6800	Salaries & Wages - Recreation	74,987.00			74,987.00	100,441.00
10-6805	Recreation Program Expense	17,149.00			17,149.00	16,498.00
10-6810	Recreation Supplies	5,961.00			5,961.00	6,095.00
10-7000	Depreciation Expense	289,578.00			289,578.00	314,453.00
10-7100	Amortization of Bond Discount	2,690.00			2,690.00	1,067.00
10-7200	Interest Expense Bonds	47,256.00			47,256.00	21,388.00
10-7401	ERC Fees	239,400.00			239,400.00	0.00
10-7501	Waiver Letter Fee	3,499.00			3,499.00	0.00
1021-AUD	Cash equivalents - investments	76,039.00			76,039.00	42,455.00
1400-AUD	Investments - cash portion	(76,039.00)			(76,039.00)	(42,455.00)
40-4500	Interest Income	(298.00)			(298.00)	(1,555.00)
40-4505	Dividend Income	(90,359.00)			(90,359.00)	(99,926.00)
40-4506	Trust Income	(157,524.00)			(157,524.00)	(6,145.00)
40-4515	Realized Gains (Losses) Invest	(15,675.00)			(15,675.00)	(65,820.00)
40-4520	Unrealized Gains (Losses) Inv.	(223,731.00)			(223,731.00)	868,754.00
40-6187	Investment Fees	13,478.00			13,478.00	11,392.00
Total		0.00		0.00	0.00	2.00
	Net (Income) Loss	(736,951.00)		0.00	(736,951.00)	1,399,172.00

Client: **Connecticut Baptist Homes, Inc.**
 Engagement: **Medicaid - Connecticut Baptist Home, Inc.**
 Period Ending: **9/30/2023**
 Trial Balance: **A.01 - TB**
 Workpaper: **A.03 - TB Grouping Schedule**

Account	Description	UNADJ 9/30/2023	JE Ref #	RJE 9/30/2023	FINAL 9/30/2023	1st PP-FINAL 9/30/2022
Group : [10-A]	Salaries and Wages					
Subgroup : [2]	Administrators					
10-6102	Salary-Administrator	259,516.00		0.00	259,516.00	349,933.00
Subtotal [2]	Administrators	259,516.00		0.00	259,516.00	349,933.00
Subgroup : [4]	Other Administrative Salaries					
10-6104	Salaries - Business Office	323,075.00		0.00	323,075.00	284,596.00
Subtotal [4]	Other Administrative Salaries	323,075.00		0.00	323,075.00	284,596.00
Subgroup : [5C]	Dietary Workers					
10-6200	Salaries & Wages - Dietary Wks	406,703.00		0.00	406,703.00	384,330.00
Subtotal [5C]	Dietary Workers	406,703.00		0.00	406,703.00	384,330.00
Subgroup : [6B]	Other Housekeeping Workers					
10-6300	Salaries & Wages-Housekeeping	132,655.00		0.00	132,655.00	128,577.00
Subtotal [6B]	Other Housekeeping Workers	132,655.00		0.00	132,655.00	128,577.00
Subgroup : [7B]	Other Maintenance Workers					
10-6600	Salaries & Wages - Maintenance	49,788.00		0.00	49,788.00	72,618.00
Subtotal [7B]	Other Maintenance Workers	49,788.00		0.00	49,788.00	72,618.00
Subgroup : [8B]	Other Laundry Workers					
10-6400	Salaries & Wages - Laundry	68,489.00		0.00	68,489.00	75,286.00
Subtotal [8B]	Other Laundry Workers	68,489.00		0.00	68,489.00	75,286.00
Subgroup : [12A]	Director of Nurses					
10-6500	Salary-Director of Nursing	124,059.00		0.00	124,059.00	120,368.00
Subtotal [12A]	Director of Nurses	124,059.00		0.00	124,059.00	120,368.00
Subgroup : [12B1]	RNs - Direct Care					
10-6502	Salary - RNs	780,832.00		0.00	780,832.00	850,482.00
Subtotal [12B1]	RNs - Direct Care	780,832.00		0.00	780,832.00	850,482.00
Subgroup : [12C1]	LPNs - Direct Care					
10-6504	Salary - LPNs	312,814.00		0.00	312,814.00	267,555.00
Subtotal [12C1]	LPNs - Direct Care	312,814.00		0.00	312,814.00	267,555.00
Subgroup : [12D]	Aides and Attendants					
10-6506	Salary - CNAs	1,284,351.00		0.00	1,284,351.00	1,107,127.00
Subtotal [12D]	Aides and Attendants	1,284,351.00		0.00	1,284,351.00	1,107,127.00
Subgroup : [12H]	Recreation Workers					
10-6800	Salaries & Wages - Recreation	74,987.00		0.00	74,987.00	100,441.00
Subtotal [12H]	Recreation Workers	74,987.00		0.00	74,987.00	100,441.00
Subgroup : [12M]	Social Workers/Case Management					
10-6700	Salaries&Wages-Social Service	119,514.00		0.00	119,514.00	113,593.00
Subtotal [12M]	Social Workers/Case Management	119,514.00		0.00	119,514.00	113,593.00
Subgroup : [12O]	Other					
10-6750	Salary-Chaplain	32,912.00		0.00	32,912.00	30,762.00
Subtotal [12O]	Other	32,912.00		0.00	32,912.00	30,762.00
Total [10-A]	Salaries and Wages	3,969,695.00		0.00	3,969,695.00	3,885,668.00
Group : [13-B]	Professional Fees					
Subgroup : [2]	Dentist					
10-6516	Consult-Dental	6,516.00		0.00	6,516.00	6,883.00
Subtotal [2]	Dentist	6,516.00		0.00	6,516.00	6,883.00
Subgroup : [3]	Pharmacist					
10-6514	Consult-Pharmacist	9,112.00		0.00	9,112.00	8,405.00
Subtotal [3]	Pharmacist	9,112.00		0.00	9,112.00	8,405.00
Subgroup : [5A]	PT - Resident Care					
10-6580	PT Expenses Part B - SNF	120,477.00		0.00	120,477.00	143,783.00
10-6593	PT Expenses Managed Care - SNF	3,746.00		0.00	3,746.00	2,575.00
Subtotal [5A]	PT - Resident Care	124,223.00		0.00	124,223.00	146,358.00
Subgroup : [8A]	Medical Director					
10-6518	Consult-Medical Director	18,000.00		0.00	18,000.00	18,000.00
Subtotal [8A]	Medical Director	18,000.00		0.00	18,000.00	18,000.00

Subgroup : [9A]	ST - Resident Care				
10-6562	ST Expenses Part A - SNF	7,225.00	0.00	7,225.00	4,463.00
10-6582	ST Expenses Part B - SNF	35,416.00	0.00	35,416.00	22,358.00
Subtotal [9A]	ST - Resident Care	42,641.00	0.00	42,641.00	26,821.00
Subgroup : [10A]	OT - Resident Care				
10-6561	OT Expenses Part A - SNF	29,442.00	0.00	29,442.00	21,529.00
10-6581	OT Expenses Part B - SNF	122,012.00	0.00	122,012.00	137,962.00
10-6594	OT Expenses Managed Care - SNF	3,336.00	0.00	3,336.00	531.00
Subtotal [10A]	OT - Resident Care	154,790.00	0.00	154,790.00	160,022.00
Total [13-B]	Professional Fees	355,282.00	0.00	355,282.00	366,489.00
Group : [15]	Expenditures Other than Salaries				
Subgroup : [1A1]	Workmen's Compensation				
10-6110	Workers Comp Insurance	63,175.00	0.00	63,175.00	97,283.00
Subtotal [1A1]	Workmen's Compensation	63,175.00	0.00	63,175.00	97,283.00
Subgroup : [1A3]	Unemployment Insurance				
10-6108	Unemployment Comp. Insurance	0.00	0.00	0.00	4,758.00
Subtotal [1A3]	Unemployment Insurance	0.00	0.00	0.00	4,758.00
Subgroup : [1A4]	Social Security (FICA)				
10-6106	FICA Expense	285,938.00	0.00	285,938.00	278,732.00
Subtotal [1A4]	Social Security (FICA)	285,938.00	0.00	285,938.00	278,732.00
Subgroup : [1A5]	Health Insurance				
10-6111	Health Insurance	0.00	0.00	0.00	146.00
10-6114	Employee Insurance	372,226.00	0.00	372,226.00	338,200.00
Subtotal [1A5]	Health Insurance	372,226.00	0.00	372,226.00	338,346.00
Subgroup : [1A7]	Pensions				
10-6112	Pension Plan Expense	67,068.00	0.00	67,068.00	57,969.00
Subtotal [1A7]	Pensions	67,068.00	0.00	67,068.00	57,969.00
Subgroup : [1A8]	Uniform Allowance				
10-6230	Uniform Allowance - Dietary	2,172.00	0.00	2,172.00	2,137.00
10-6315	Housekeeping Uniforms	443.00	0.00	443.00	0.00
Subtotal [1A8]	Uniform Allowance	2,615.00	0.00	2,615.00	2,137.00
Subgroup : [1A9]	Other				
10-6109	HSA Contribution Expense	19,159.00	0.00	19,159.00	22,548.00
Subtotal [1A9]	Other	19,159.00	0.00	19,159.00	22,548.00
Subgroup : [1C]	Bad Debts				
10-6178	Bad Debt Expense	3,458.00	0.00	3,458.00	19,842.00
Subtotal [1C]	Bad Debts	3,458.00	0.00	3,458.00	19,842.00
Subgroup : [1D]	Accounting and Auditing				
10-6124	Accounting & Audit Fees	103,058.00	0.00	103,058.00	120,050.00
Subtotal [1D]	Accounting and Auditing	103,058.00	0.00	103,058.00	120,050.00
Subgroup : [1E]	Legal				
10-6126	Attorney's Fees	4,270.00	0.00	4,270.00	0.00
Subtotal [1E]	Legal	4,270.00	0.00	4,270.00	0.00
Subgroup : [1G]	Office Supplies				
10-6130	Office Supplies	25,549.00	0.00	25,549.00	22,236.00
10-6134	Computer Supply & Expense	57,469.00	0.00	57,469.00	31,970.00
Subtotal [1G]	Office Supplies	83,018.00	0.00	83,018.00	54,206.00
Subgroup : [1H1]	Telephone and Telegraph				
10-6142	Telephone Expense	17,263.00	0.00	17,263.00	18,359.00
Subtotal [1H1]	Telephone and Telegraph	17,263.00	0.00	17,263.00	18,359.00
Subgroup : [1K3]	Resident Day User Fee				
10-6174	State of CT Provider Fees	429,270.00	0.00	429,270.00	410,479.00
Subtotal [1K3]	Resident Day User Fee	429,270.00	0.00	429,270.00	410,479.00
Total [15]	Expenditures Other than Salaries	1,450,518.00	0.00	1,450,518.00	1,424,709.00
Group : [16]	Expenditures Other than Salaries (cont'd) - Admin. and General				
Subgroup : [2]	Holiday Parties for Staff				
10-6162	Employee Parties & Gifts	13,883.00	0.00	13,883.00	18,111.00
Subtotal [2]	Holiday Parties for Staff	13,883.00	0.00	13,883.00	18,111.00
Subgroup : [3]	Gifts to Staff				
10-6158	Resident Parties & Gifts	1,644.00	0.00	1,644.00	658.00
Subtotal [3]	Gifts to Staff	1,644.00	0.00	1,644.00	658.00

Subgroup : [4]	Employee Travel				
10-6168	Employee Travel	8,567.00	0.00	8,567.00	6,515.00
Subtotal [4]	Employee Travel	8,567.00	0.00	8,567.00	6,515.00
Subgroup : [5]	Education Expense				
10-6164	Education Seminars	5,485.00	0.00	5,485.00	3,930.00
10-6166	Tuition Reimbursement	3,750.00	0.00	3,750.00	3,600.00
Subtotal [5]	Education Expense	9,235.00	0.00	9,235.00	7,530.00
Subgroup : [M1]	Advertising Help Wanted				
10-6156	Help Wanted	18,980.00	0.00	18,980.00	27,351.00
Subtotal [M1]	Advertising Help Wanted	18,980.00	0.00	18,980.00	27,351.00
Subgroup : [M3]	Advertising Other				
10-6148	Advertising/Marketing Expense	1,646.00	0.00	1,646.00	207.00
Subtotal [M3]	Advertising Other	1,646.00	0.00	1,646.00	207.00
Subgroup : [M5]	Medical Records				
10-6512	Consult-Medical Records	12,440.00	0.00	12,440.00	12,318.00
Subtotal [M5]	Medical Records	12,440.00	0.00	12,440.00	12,318.00
Subgroup : [M7]	Postage				
10-6132	Postage Expense	7,101.00	0.00	7,101.00	6,366.00
Subtotal [M7]	Postage	7,101.00	0.00	7,101.00	6,366.00
Subgroup : [M8]	Dues				
10-6152	Dues & Fees	52,613.00	0.00	52,613.00	50,102.00
Subtotal [M8]	Dues	52,613.00	0.00	52,613.00	50,102.00
Subgroup : [M9]	Subscriptions				
10-6154	Subscriptions & Books	2,817.00	0.00	2,817.00	3,763.00
Subtotal [M9]	Subscriptions	2,817.00	0.00	2,817.00	3,763.00
Subgroup : [M11]	Services Provided by Contract				
10-7401	ERC Fees	239,400.00	0.00	239,400.00	0.00
Subtotal [M11]	Services Provided by Contract	239,400.00	0.00	239,400.00	0.00
Subgroup : [M13]	Other				
10-6116	Directors & Officers Insurance	10,848.00	0.00	10,848.00	32,182.00
10-6122	Consult Fees	360.00	0.00	360.00	433.00
10-6172	Background Checks	5,424.00	0.00	5,424.00	4,998.00
10-6176	Bank Fees/Service Charges	3,251.00	0.00	3,251.00	3,661.00
10-6186	Miscellaneous-Admin.	2,889.00	0.00	2,889.00	1,838.00
10-7100	Amortization of Bond Discount	2,690.00	0.00	2,690.00	1,067.00
10-7501	Waiver Letter Fee	3,499.00	0.00	3,499.00	0.00
Subtotal [M13]	Other	28,961.00	0.00	28,961.00	44,179.00
Total [16]	Expenditures Other than Salaries (cor	397,287.00	0.00	397,287.00	177,100.00
Group : [18]	Dietary Basis for Allocation of Costs				
Subgroup : [2A1]	Raw Food				
10-6220	Food	204,415.00	0.00	204,415.00	208,491.00
Subtotal [2A1]	Raw Food	204,415.00	0.00	204,415.00	208,491.00
Subgroup : [2A2]	Non-Food Supplies				
10-6225	Dietary Supplies	9,906.00	0.00	9,906.00	8,409.00
Subtotal [2A2]	Non-Food Supplies	9,906.00	0.00	9,906.00	8,409.00
Subgroup : [2B]	Purchased Services				
10-6210	Salaries & Wages - Unidine	148,290.00	0.00	148,290.00	134,301.00
Subtotal [2B]	Purchased Services	148,290.00	0.00	148,290.00	134,301.00
Subgroup : [2C]	Other				
10-6235	Dietary Equipment	9,027.00	0.00	9,027.00	1,632.00
Subtotal [2C]	Other	9,027.00	0.00	9,027.00	1,632.00
Total [18]	Dietary Basis for Allocation of Costs	371,638.00	0.00	371,638.00	352,833.00
Group : [19]	Laundry-Basis for Allocation of Costs				
Subgroup : [3A1]	Bed Linens, etc...washed, ironed..				
10-6410	Laundry -Supplies & Equipment	9,648.00	0.00	9,648.00	17,596.00
Subtotal [3A1]	Bed Linens, etc...washed, ironed..	9,648.00	0.00	9,648.00	17,596.00
Total [19]	Laundry-Basis for Allocation of Costs	9,648.00	0.00	9,648.00	17,596.00
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Costs				
Subgroup : [4A1]	In-Houe Care Supplies				
10-6310	Housekeeping - Supplies	16,239.00	0.00	16,239.00	15,406.00
Subtotal [4A1]	In-Houe Care Supplies	16,239.00	0.00	16,239.00	15,406.00

Subgroup : [5A2]	Purchased From				
10-6524	Medications - OTC	4,681.00	0.00	4,681.00	9,855.00
10-6526	Medications - Med A	27,867.00	0.00	27,867.00	10,948.00
Subtotal [5A2]	Purchased From	32,548.00	0.00	32,548.00	20,803.00
Subgroup : [5C]	Medical and Therapeutic Supplies				
10-6522	Medical Supplies	164,253.00	0.00	164,253.00	159,071.00
Subtotal [5C]	Medical and Therapeutic Supplies	164,253.00	0.00	164,253.00	159,071.00
Subgroup : [5E2]	Oxygen - Other				
10-6528	Oxygen Supplies	3,071.00	0.00	3,071.00	4,637.00
Subtotal [5E2]	Oxygen - Other	3,071.00	0.00	3,071.00	4,637.00
Subgroup : [5F]	X-Rays and related radiological				
10-6550	X-Ray Expenses Part A	2,403.00	0.00	2,403.00	1,725.00
Subtotal [5F]	X-Rays and related radiological	2,403.00	0.00	2,403.00	1,725.00
Subgroup : [5I]	Recreation				
10-6755	Programs&Supplies-Christ.Min.	3,503.00	0.00	3,503.00	4,349.00
10-6805	Recreation Program Expense	17,149.00	0.00	17,149.00	16,498.00
10-6810	Recreation Supplies	5,961.00	0.00	5,961.00	6,095.00
Subtotal [5I]	Recreation	26,613.00	0.00	26,613.00	26,942.00
Subgroup : [5K]	Management fee indirect				
10-6240	Unidine Management Fee	54,978.00	0.00	54,978.00	54,560.00
10-6250	Overhead Support - Unidine	46,520.00	0.00	46,520.00	46,166.00
Subtotal [5K]	Management fee indirect	101,498.00	0.00	101,498.00	100,726.00
Subgroup : [5M]	Other				
10-6754	Religious Services	1,379.00	0.00	1,379.00	3,640.00
Subtotal [5M]	Other	1,379.00	0.00	1,379.00	3,640.00
Total [20]	Housekeeping and Resident Care Bas	348,004.00	0.00	348,004.00	332,950.00
Group : [22]	Maintenance and Property				
Subgroup : [6A]	Repairs and Maintenance				
10-6620	Repairs & Maint Supplies-Build	52,347.00	0.00	52,347.00	65,765.00
10-6621	Repairs & Maint Supplies-Equip	1,700.00	0.00	1,700.00	2,633.00
10-6622	Repairs & Maint Supplies-Truck	1,216.00	0.00	1,216.00	2,994.00
10-6630	Maintenance-Service	0.00	0.00	0.00	(398.00)
Subtotal [6A]	Repairs and Maintenance	55,263.00	0.00	55,263.00	70,994.00
Subgroup : [6B]	Heat				
10-6653	Propane	51,359.00	0.00	51,359.00	40,803.00
Subtotal [6B]	Heat	51,359.00	0.00	51,359.00	40,803.00
Subgroup : [6C]	Light & Power				
10-6640	Electricity	88,734.00	0.00	88,734.00	97,293.00
Subtotal [6C]	Light & Power	88,734.00	0.00	88,734.00	97,293.00
Subgroup : [6D]	Water				
10-6655	Sewer/Water	44,780.00	0.00	44,780.00	38,815.00
Subtotal [6D]	Water	44,780.00	0.00	44,780.00	38,815.00
Subgroup : [6F]	Other				
10-6610	Heating and Cooling Contract	35,652.00	0.00	35,652.00	34,809.00
10-6611	Elevator Maint Contract	7,179.00	0.00	7,179.00	8,710.00
10-6612	Repairs Contract	129,257.00	0.00	129,257.00	127,695.00
10-6613	Refrigeration Maint Contract	6,292.00	0.00	6,292.00	6,143.00
10-6632	Pest Control	2,243.00	0.00	2,243.00	2,013.00
Subtotal [6F]	Other	180,623.00	0.00	180,623.00	179,370.00
Subgroup : [7A]	Land Improvements				
10-7000	Depreciation Expense	289,578.00	0.00	289,578.00	314,453.00
Subtotal [7A]	Land Improvements	289,578.00	0.00	289,578.00	314,453.00
Total [22]	Maintenance and Property	710,337.00	0.00	710,337.00	741,728.00
Group : [26]	Building Interest				
Subgroup : [12A1]	First Mortgage				
10-7200	Interest Expense Bonds	47,256.00	0.00	47,256.00	21,388.00
Subtotal [12A1]	First Mortgage	47,256.00	0.00	47,256.00	21,388.00
Total [26]	Building Interest	47,256.00	0.00	47,256.00	21,388.00
Group : [27]	Interest and Insurance				
Subgroup : [14A]	Insurance on Property				
10-6670	Insurance-Property	34,907.00	0.00	34,907.00	36,196.00
Subtotal [14A]	Insurance on Property	34,907.00	0.00	34,907.00	36,196.00

Subgroup : [14B]	Insurance of Automobiles				
10-6118	Insurance-Auto	2,947.00	0.00	2,947.00	2,342.00
Subtotal [14B]	Insurance of Automobiles	2,947.00	0.00	2,947.00	2,342.00
Subgroup : [14C3]	Other				
10-6665	Insurance-Liability	58,829.00	0.00	58,829.00	15,347.00
Subtotal [14C3]	Other	58,829.00	0.00	58,829.00	15,347.00
Total [27]	Interest and Insurance	96,683.00	0.00	96,683.00	53,885.00
Group : [30]	Statement of Revenue				
Subgroup : [1A]	Medicaid Residents (CT only)				
10-4110	Room & Board - Medicaid	(4,011,679.00)	0.00	(4,011,679.00)	(3,856,711.00)
10-4160	Patient Revenue - Medicaid ICF	(3,838,260.00)	0.00	(3,838,260.00)	(2,948,710.00)
Subtotal [1A]	Medicaid Residents (CT only)	(7,849,939.00)	0.00	(7,849,939.00)	(6,805,421.00)
Subgroup : [1B]	Medicaid room and board contractual allowance				
10-4115	C/A - R&B - Medicaid	3,773,123.00	0.00	3,773,123.00	3,168,195.00
Subtotal [1B]	Medicaid room and board contractual	3,773,123.00	0.00	3,773,123.00	3,168,195.00
Subgroup : [3A]	Medicare Residents (All inclusive)				
10-4040	Patient Revenue - Medicare ICF	(388,061.00)	0.00	(388,061.00)	(279,150.00)
Subtotal [3A]	Medicare Residents (All inclusive)	(388,061.00)	0.00	(388,061.00)	(279,150.00)
Subgroup : [3B]	Medicare room and board contractual allowance				
10-4125	C/A - R&B - Medicare	(198,449.00)	0.00	(198,449.00)	(170,407.00)
10-4128	Medicare Sequestration	26,831.00	0.00	26,831.00	11,933.00
Subtotal [3B]	Medicare room and board contractual	(171,618.00)	0.00	(171,618.00)	(158,474.00)
Subgroup : [4A]	Private-pay residents and other				
10-4100	Room & Board - Private Pay	(602,771.00)	0.00	(602,771.00)	(575,180.00)
10-4150	Patient Revenue - Residential	(255,975.00)	0.00	(255,975.00)	(225,275.00)
10-4155	Patient Revenue - Pvt Pay ICF	(513,647.00)	0.00	(513,647.00)	(957,698.00)
Subtotal [4A]	Private-pay residents and other	(1,372,393.00)	0.00	(1,372,393.00)	(1,758,153.00)
Subgroup : [4B]	Private-pay room and board contractual allowance				
10-4145	C/A - R&B - Hospice	13,094.00	0.00	13,094.00	0.00
Subtotal [4B]	Private-pay room and board contractu	13,094.00	0.00	13,094.00	0.00
Subgroup : [5A]	Prescription Drugs - Medicare				
10-4251	Pharmacy - Medicare A	(24,792.00)	0.00	(24,792.00)	(10,413.00)
Subtotal [5A]	Prescription Drugs - Medicare	(24,792.00)	0.00	(24,792.00)	(10,413.00)
Subgroup : [5B]	Prescription Drugs - Medicare Contractual Allowance				
10-4256	C/A - Pharmacy - Medicare A	24,792.00	0.00	24,792.00	10,413.00
Subtotal [5B]	Prescription Drugs - Medicare Contra	24,792.00	0.00	24,792.00	10,413.00
Subgroup : [7A]	Physical Therapy - Medicare				
10-4230	PT - Medicare A	(36,657.00)	0.00	(36,657.00)	(49,040.00)
10-4240	PT - Medicare B	(169,039.00)	0.00	(169,039.00)	(199,780.00)
Subtotal [7A]	Physical Therapy - Medicare	(205,696.00)	0.00	(205,696.00)	(248,820.00)
Subgroup : [7B]	Physical Therapy - Medicare Contractual Allowance				
10-4235	C/A - PT - Medicare A	36,657.00	0.00	36,657.00	49,040.00
10-4245	C/A - PT - Medicare B	33,891.00	0.00	33,891.00	40,736.00
Subtotal [7B]	Physical Therapy - Medicare Contract	70,548.00	0.00	70,548.00	89,776.00
Subgroup : [7C]	Physical Therapy - Non-medicare				
10-4302	PT - Insurance	(9,310.00)	0.00	(9,310.00)	(6,651.00)
Subtotal [7C]	Physical Therapy - Non-medicare	(9,310.00)	0.00	(9,310.00)	(6,651.00)
Subgroup : [8A]	Speech Therapy - Medicare				
10-4232	ST - Medicare A	(14,417.00)	0.00	(14,417.00)	(8,256.00)
10-4242	ST - Medicare B	(50,547.00)	0.00	(50,547.00)	(30,913.00)
Subtotal [8A]	Speech Therapy - Medicare	(64,964.00)	0.00	(64,964.00)	(39,169.00)
Subgroup : [8B]	Speech Therapy - Medicare Contractual Allowance				
10-4234	C/A ST Med A - ICF	(29,750.00)	0.00	(29,750.00)	0.00
10-4237	C/A - ST - Medicare A	14,417.00	0.00	14,417.00	8,256.00
10-4247	C/A - ST - Medicare B	2,799.00	0.00	2,799.00	871.00
Subtotal [8B]	Speech Therapy - Medicare Contractu	(12,534.00)	0.00	(12,534.00)	9,127.00
Subgroup : [9A]	Occupational Therapy - Medicare				
10-4231	OT - Medicare A	(30,679.00)	0.00	(30,679.00)	(38,766.00)
10-4241	OT - Medicare B	(169,889.00)	0.00	(169,889.00)	(190,794.00)
Subtotal [9A]	Occupational Therapy - Medicare	(200,568.00)	0.00	(200,568.00)	(229,560.00)
Subgroup : [9B]	Occupational Therapy - Medicare Contractual Allowance				
10-4236	C/A - OT - Medicare A	30,679.00	0.00	30,679.00	38,766.00

10-4246	C/A - OT - Medicare B	39,933.00	0.00	39,933.00	45,344.00
Subtotal [9B]	Occupational Therapy - Medicare Con	70,612.00	0.00	70,612.00	84,110.00
Subgroup : [9C]	Occupational Therapy - Non-medicare				
10-4301	OT - Insurance	(8,306.00)	0.00	(8,306.00)	(1,132.00)
Subtotal [9C]	Occupational Therapy - Non-medicare	(8,306.00)	0.00	(8,306.00)	(1,132.00)
Subgroup : [10A]	Other - Medicare				
10-4250	Laboratory - Medicare A	(768.00)	0.00	(768.00)	(333.00)
10-4252	X-Ray - Medicare A	(278.00)	0.00	(278.00)	(143.00)
10-4255	C/A - Laboratory - Medicare A	768.00	0.00	768.00	333.00
10-4257	C/A - X-Ray - Medicare A	278.00	0.00	278.00	143.00
Subtotal [10A]	Other - Medicare	0.00	0.00	0.00	0.00
Subgroup : [10B]	Other - Non-medicare				
10-4258	C/A Ancillaries Insurance	492.00	0.00	492.00	163.00
Subtotal [10B]	Other - Non-medicare	492.00	0.00	492.00	163.00
Subgroup : [11]	Meals sold to guests, employees, and others				
10-4405	Meals Charge	(11,346.00)	0.00	(11,346.00)	(10,597.00)
10-4445	Meal Income (4830)	0.00	0.00	0.00	(566.00)
Subtotal [11]	Meals sold to guests, employees, and	(11,346.00)	0.00	(11,346.00)	(11,163.00)
Subgroup : [13]	Telephone and Telegraph				
10-4400	Telephone Charge	(12,633.00)	0.00	(12,633.00)	(13,104.00)
Subtotal [13]	Telephone and Telegraph	(12,633.00)	0.00	(12,633.00)	(13,104.00)
Subgroup : [15]	Interest Income				
40-4500	Interest Income	(298.00)	0.00	(298.00)	(1,555.00)
40-4505	Dividend Income	(90,359.00)	0.00	(90,359.00)	(99,926.00)
40-4506	Trust Income	(157,524.00)	0.00	(157,524.00)	(6,145.00)
40-4515	Realized Gains (Losses) Invest	(15,675.00)	0.00	(15,675.00)	(65,820.00)
40-4520	Unrealized Gains (Losses) Inv.	(223,731.00)	0.00	(223,731.00)	868,754.00
40-6187	Investment Fees	13,478.00	0.00	13,478.00	11,392.00
Subtotal [15]	Interest Income	(474,109.00)	0.00	(474,109.00)	706,700.00
Subgroup : [18]	Other Revenue				
10-4315	Relief Stimulus	0.00	0.00	0.00	(198,188.00)
10-4600	Unrestricted Contributions	(15,821.00)	0.00	(15,821.00)	(10,989.00)
10-4705	Other Income	0.00	0.00	0.00	(45.00)
10-4840	Management Contract Income	(32,135.00)	0.00	(32,135.00)	(25,813.00)
10-4845	Maintenance Contract Income	(64,761.00)	0.00	(64,761.00)	(82,249.00)
10-4850	CEO & A/R Services - Pierce	(242,983.00)	0.00	(242,983.00)	(271,444.00)
10-4925	ERC Credit	(1,283,891.00)	0.00	(1,283,891.00)	0.00
10-4950	Other Income	(100.00)	0.00	(100.00)	106,280.00
Subtotal [18]	Other Revenue	(1,639,691.00)	0.00	(1,639,691.00)	(482,448.00)
Total [30]	Statement of Revenue	(8,493,299.00)	0.00	(8,493,299.00)	(5,975,174.00)
Group : [31-32]	Assets				
Subgroup : [A1]	Cash				
00-1007	Cash-Operating Berkshire-CBH	450,898.00	0.00	450,898.00	192,866.00
00-1011	Cash Payroll - Berkshire - CBH	12,080.00	0.00	12,080.00	14,451.00
00-1016	Cash - Peoples - CBH	38,642.00	0.00	38,642.00	65,636.00
00-1017	Peoples - Friends of CBH	11,020.00	0.00	11,020.00	11,040.00
00-1021	Money Market - Berkshire - CBH	19,563.00	0.00	19,563.00	34,523.00
00-1035	Petty Cash	800.00	0.00	800.00	800.00
00-1045	Res Fund Cash - People's - CBH	32,450.00	0.00	32,450.00	36,243.00
1021-AUD	Cash equivalents - investments	76,039.00	0.00	76,039.00	42,455.00
1400-AUD	Investments - cash portion	(76,039.00)	0.00	(76,039.00)	(42,455.00)
Subtotal [A1]	Cash	565,453.00	0.00	565,453.00	355,559.00
Subgroup : [A2]	A/R				
00-1111	A/R Tenant - Hospice	15,163.00	0.00	15,163.00	0.00
00-1112	A/R Tenant - Insurance	5,850.00	0.00	5,850.00	3,231.00
00-1113	A/R Tenant - Applied Income	(5,853.00)	0.00	(5,853.00)	3,463.00
00-1114	A/R Tenant - Co-Insurance	19,318.00	0.00	19,318.00	20,959.00
00-1115	A/R Tenant - Private	(312.00)	0.00	(312.00)	7,904.00
00-1120	A/R Tenant - Medicaid	139,303.00	0.00	139,303.00	285,223.00
00-1125	A/R Tenant - Medicare A	12,602.00	0.00	12,602.00	79,606.00
00-1126	A/R Tenant - Medicare B	18,695.00	0.00	18,695.00	19,600.00
00-1140	A/R Tenant - Residential	165.00	0.00	165.00	165.00
Subtotal [A2]	A/R	204,931.00	0.00	204,931.00	420,151.00
Subgroup : [A3]	A/R Other				
00-1145	AR - Other Misc.	1,283,891.00	0.00	1,283,891.00	0.00
00-1148	AR - Wash Acct.	0.00	0.00	0.00	37.00
00-1150	A/R Related Parties	43,535.00	0.00	43,535.00	46,794.00
00-1151	Payroll Wash	0.00	0.00	0.00	(453.00)
Subtotal [A3]	A/R Other	1,327,426.00	0.00	1,327,426.00	46,378.00

Subgroup : [A4]	Inventories				
00-1310	CBH Inventories	104,160.00	0.00	104,160.00	120,190.00
Subtotal [A4]	Inventories	104,160.00	0.00	104,160.00	120,190.00
Subgroup : [A5]	Prepaid Expenses				
00-1200	Prepaid Insurance	67,038.00	0.00	67,038.00	0.00
00-1210	Prepaid Other	6,139.00	0.00	6,139.00	7,451.00
Subtotal [A5]	Prepaid Expenses	73,177.00	0.00	73,177.00	7,451.00
Subgroup : [A8]	Other Current Assets				
00-1803	Investments - LLC (Corp)	251,026.00	0.00	251,026.00	256,155.00
Subtotal [A8]	Other Current Assets	251,026.00	0.00	251,026.00	256,155.00
Subgroup : [B1]	Land				
00-1501	Land - CBH	133,155.00	0.00	133,155.00	133,155.00
Subtotal [B1]	Land	133,155.00	0.00	133,155.00	133,155.00
Subgroup : [B2]	Land Improvements				
00-1502	Land Improvements - CBH	68,427.00	0.00	68,427.00	68,427.00
00-1503	A/D - Land Improvement - CBH	(58,545.00)	0.00	(58,545.00)	(56,158.00)
Subtotal [B2]	Land Improvements	9,882.00	0.00	9,882.00	12,269.00
Subgroup : [B3]	Buildings				
00-1506	Buildings - CBH	6,356,701.00	0.00	6,356,701.00	6,390,021.00
00-1507	A/D - Buildings - CBH	(4,462,755.00)	0.00	(4,462,755.00)	(4,306,644.00)
Subtotal [B3]	Buildings	1,893,946.00	0.00	1,893,946.00	2,083,377.00
Subgroup : [B4]	Leasehold Improvements				
00-1508	Building Improvements - CBH	1,370,799.00	0.00	1,370,799.00	1,368,499.00
00-1509	Res For Depr-Bldg Improve-CBH	(792,691.00)	0.00	(792,691.00)	(745,424.00)
Subtotal [B4]	Leasehold Improvements	578,108.00	0.00	578,108.00	623,075.00
Subgroup : [B5]	Non-Movable Equipment				
00-1518	Kitchen Equipment - CBH	135,649.00	0.00	135,649.00	96,422.00
00-1519	A/D - Kitchen Equipment - CBH	(83,326.00)	0.00	(83,326.00)	(76,615.00)
00-1522	Maintenance Equipment - CBH	327,545.00	0.00	327,545.00	294,949.00
00-1523	A/D -Maintenance Equipment-CBH	(120,729.00)	0.00	(120,729.00)	(81,545.00)
Subtotal [B5]	Non-Movable Equipment	259,139.00	0.00	259,139.00	233,211.00
Subgroup : [B6]	Movable Equipment				
00-1511	Furniture - CBH	528,195.00	0.00	528,195.00	528,195.00
00-1512	A/D - Furniture - CBH	(518,511.00)	0.00	(518,511.00)	(515,187.00)
00-1513	Furnishings - CBH	196,661.00	0.00	196,661.00	196,661.00
00-1514	A/D - Furnishings - CBH	(193,101.00)	0.00	(193,101.00)	(188,188.00)
00-1516	Medical Equipment - CBH	214,118.00	0.00	214,118.00	210,891.00
00-1517	A/D - Medical Equipment - CBH	(195,615.00)	0.00	(195,615.00)	(183,900.00)
00-1526	Office Equipment - CBH	301,815.00	0.00	301,815.00	265,911.00
00-1527	A/D - Office Equipment - CBH	(246,107.00)	0.00	(246,107.00)	(232,583.00)
00-1531	Miscellaneous Equipment - CBH	149,449.00	0.00	149,449.00	149,449.00
00-1532	A/D - Misc Equipment - CBH	(138,671.00)	0.00	(138,671.00)	(134,230.00)
Subtotal [B6]	Movable Equipment	98,233.00	0.00	98,233.00	97,019.00
Subgroup : [B7]	Motor Vehicles				
00-1528	Motor Vehicle - CBH	40,498.00	0.00	40,498.00	40,498.00
00-1529	A/D - Motor Vehicle - CBH	(40,498.00)	0.00	(40,498.00)	(40,498.00)
Subtotal [B7]	Motor Vehicles	0.00	0.00	0.00	0.00
Subgroup : [D6]	Loans to Owners or Related Parties				
00-1158	Due to/From	2,423,389.00	0.00	2,423,389.00	0.00
Subtotal [D6]	Loans to Owners or Related Parties	2,423,389.00	0.00	2,423,389.00	0.00
Subgroup : [D7]	Other Assets				
00-1800	Raymond James - Unrestricted	1,246,420.00	0.00	1,246,420.00	1,095,894.00
00-1801	Raymond James - Restricted	299,904.00	0.00	299,904.00	263,640.00
00-1802	Investments - American Funds	1,781,040.00	0.00	1,781,040.00	2,796,292.00
00-1851	Perpetual Trust-SmithTrust-CBH	114,319.00	0.00	114,319.00	107,305.00
Subtotal [D7]	Other Assets	3,441,683.00	0.00	3,441,683.00	4,263,131.00
Total [31-32]	Assets	11,363,708.00	0.00	11,363,708.00	8,651,121.00
Group : [33-34]	Liabilities				
Subgroup : [A1]	A/P				
00-2000	Accounts Payable - Vendors	(518,996.00)	0.00	(518,996.00)	(154,383.00)
00-2005	Accrued Accounts Payable	0.00	0.00	0.00	30,050.00
00-2200	Patient Refunds Due	1,122.00	0.00	1,122.00	950.00
Subtotal [A1]	A/P	(517,874.00)	0.00	(517,874.00)	(123,383.00)
Subgroup : [A4]	Accrued Payroll				
00-2115	Compensated Absences	(211,991.00)	0.00	(211,991.00)	(206,282.00)

00-2120	Accrued Wages	(73,607.00)	0.00	(73,607.00)	(67,379.00)
Subtotal [A4]	Accrued Payroll	(285,598.00)	0.00	(285,598.00)	(273,661.00)
Subgroup : [A6] Accrued Payroll Taxes Payable					
00-2121	Payroll Taxes Accrued	(21,597.00)	0.00	(21,597.00)	(20,533.00)
Subtotal [A6]	Accrued Payroll Taxes Payable	(21,597.00)	0.00	(21,597.00)	(20,533.00)
Subgroup : [A9] Mortgage Payable					
00-2214	Construction Loan - M&T - S/T	(22,104.00)	0.00	(22,104.00)	(21,167.00)
Subtotal [A9]	Mortgage Payable	(22,104.00)	0.00	(22,104.00)	(21,167.00)
Subgroup : [A10] Interest Payable					
00-2510	Interest Payable	(3,920.00)	0.00	(3,920.00)	(4,006.00)
Subtotal [A10]	Interest Payable	(3,920.00)	0.00	(3,920.00)	(4,006.00)
Subgroup : [A12] Other Current Liabilities					
00-2100	401K Withholding Payable	0.00	0.00	0.00	(68.00)
00-2125	Life Insurance Payable	0.00	0.00	0.00	(15.00)
00-2300	Accrued Provider Tax - CT	(112,332.00)	0.00	(112,332.00)	(109,788.00)
00-2305	Resident Funds	(32,450.00)	0.00	(32,450.00)	(36,243.00)
00-2350	Accrued Accounting Fees	(11,900.00)	0.00	(11,900.00)	(21,000.00)
00-2360	Suspense Account	97,553.00	0.00	97,553.00	0.00
Subtotal [A12]	Other Current Liabilities	(59,129.00)	0.00	(59,129.00)	(167,114.00)
Subgroup : [B2] Mortgages Payable					
00-1860	Deferred Financing Costs	60,261.00	0.00	60,261.00	0.00
00-1861	Deferred Financing costs for Constructio	0.00	0.00	0.00	29,631.00
00-2814	Construction Loan - M&T - L/T	(943,871.00)	0.00	(943,871.00)	(966,896.00)
Subtotal [B2]	Mortgages Payable	(883,610.00)	0.00	(883,610.00)	(937,265.00)
Subgroup : [B3] Loans from Owners or Related Parties					
00-1155	Due To / From Pierce	(1,984,627.00)	0.00	(1,984,627.00)	(262,708.00)
00-1157	Due To/From 288 Thorpe	(40,000.00)	0.00	(40,000.00)	(40,000.00)
Subtotal [B3]	Loans from Owners or Related Parties	(2,024,627.00)	0.00	(2,024,627.00)	(302,708.00)
Total [33-34]	Liabilities	(3,818,459.00)	0.00	(3,818,459.00)	(1,849,837.00)
Group : [35] Equity					
Subgroup : [B5] Cumulated Earnings					
00-3100	NA without Donor Restrictions	(6,517,948.00)	0.00	(6,517,948.00)	(7,917,118.00)
00-3110	NA with Donor Restrictions	(290,350.00)	0.00	(290,350.00)	(283,336.00)
Subtotal [B5]	Cumulated Earnings	(6,808,298.00)	0.00	(6,808,298.00)	(8,200,454.00)
Total [35]	Equity	(6,808,298.00)	0.00	(6,808,298.00)	(8,200,454.00)



Provider Name: Connecticut Baptist Homes, Inc.
Provider Number: 210231 & 95283
Period Ended: 9/30/23

Name of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE: To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion:



Quadi⁷ent Proposal for CONNECTICUT BAPTIST HOMES

Prepared for:

Patricia Morse
pmorse@ctbaptisthomes.org
CONNECTICUT BAPTIST HOMES

Prepared by:

Denise Merrill
d.merrill@quadi⁷ent.com
203-301-3518 Ext.
Quadi⁷ent, Inc.

5/4/2023



Overview

Dear Patricia Morse,

This exclusive offer includes the new **iX-3** postage meter with a 5lb scale, maintenance, and rate change protection for only **\$77.50** per month.

The new **iX-3 Mailing System** features:

- User friendly navigation and shortcut keys that simplify rate selection and ensure postage accuracy every time.
- Rate chaining that automatically switches items weighing over 13 oz to Priority rates
- An integrated scale, sealer, and large display
- Space saving, built-in weighing platform with Smart Start technology
- Convenient ATM-style postage downloads with High speed Internet connection or IMeter™ PC Link
- Up to 5,300 Impressions per ink cartridge with Low Ink E-mail Alerts for efficient planning
- Convenient access to postal and department usage on Myquadient for reporting at your fingertips
- Automated USPS ® Rate Change updates

[Click here to learn more about the iX-3 Mailing System today!](#)

We appreciate your business!

Sincerely,
Denise Merrill
d.merrill@quadient.com
203-301-3518 Ext.

***** Please Note: This meter connects through a high-speed digital connection for postage downloads and rate change and software updates.**

Any changes, addition, or modifications to the agreement must be accompanied by the signers initials.

If the address or company name on the form needs to be adjusted, please contact me before you sign and I will send you an updated copy. ***

Statement of Confidentiality

This proposal and supporting materials contain confidential and proprietary business information of Quadient, Inc. These materials may be printed or photocopied for use in evaluating the proposed project, but are not to be shared with other parties.



Product Lease Agreement

Product: Quadiant IX-3

Offer Includes

Products: 5 lb Scale
Service Products: Maintenance, , Rate Change Protection
EasyLink: (Quadiant Postage Funding and LAN required)

Billing Information

Billing CSN#: 60184430
Company Name: CONNECTICUT BAPTIST HOMES
DBA:
Address: 292 Thorpe Ave
MERIDEN, CT06450
Contact: Patricia Morse
Email: pmorse@ctbaptisthomes.org
Phone: (203) 237-1206 Fax:
Office: 2750 - Connecticut
Main Post Office / Mail Drop:
Post Office ZIP Code:

Agreement PO - Tax Exempt - ACH

Purchase Order #:
Tax Exempt:
ACH Payments (Lease Payment Only):
Previous Lease #:N19091441
Replaces Meter S/N: 10276947

Lease Payment Information and Schedule

Billing Frequency: Quarterly
Monthly Payment: \$77.50 (Plus applicable taxes)
Number of Months: 63

Installation Address

Company Name: CONNECTICUT BAPTIST HOMES
Address: 292 Thorpe Ave
MERIDEN, CT06450
Contact: Patricia Morse
Email: pmorse@ctbaptisthomes.org
Phone: (203) 237-1206 Fax:
Office#: 2750 - Connecticut
Main Post Office / Mail Drop Off:
Post Office ZIP Code:

Postage Meter Funding

Postage Funding Option: Quadiant Postage Funding
Use my POC/TMS Account #:
My POC/TMS Account#: 43438778
Date Sent: 5/3/2023
Offer Valid Until: 05/31/2023

Existing customers who currently fund the Postage account by ACH Debit will not be converted to a Postage Funding Account unless initialed here:

Approval & Terms

P.M.

Guided by Quadiant, Inc.'s Sustainable Design and Responsible Manufacturing Policy, our Products may contain reused components. For more information visit <https://www.quadiant.com/about-us/sustainable-design-and-manufacturing>.

This document consists of a Product Lease Agreement with Quadiant Leasing USA, Inc.; and a Postage Meter Rental Agreement, Maintenance Agreement and an Online Services and Software Agreement with Quadiant, Inc.; and a Postage Funding Account Agreement with Quadiant Finance USA, Inc. Your signature constitutes an offer to enter into such agreements, and acknowledges that you have received, read, and agree to all applicable terms and conditions (version Commercial-Equipment-Lease-Terms-USPS-Direct-V9-2020), which are also available at www.quadiant.com/Commercial-Equipment-Lease-Terms-USPS-Direct-V9-2020, and that you are authorized to sign the agreements on behalf of the customer identified above. The agreements will become binding on the companies identified above only after an authorized individual accepts your offer by signing below, or when the equipment is shipped to you.

Name: Patricia Morse
Title: President
Date: 05 / 04 / 2023

Authorized Signature: *Patricia Morse*

Denise Merrill d.merrill@quadiant.com PH: 203-301-3518 Ext. FAX: (203) 301-2653
Quadiant Leasing USA Inc. 478 Wheelers Farms Road, Milford, CT 06461

PRACTICAL MAILING SOLUTIONS FOR SMALL BUSINESSES

Compact. Cost-Effective. Effortless.



EXPERIENCE
A rich history of
world-class leadership



PROVEN RESULTS
96% customer
satisfaction rate



EXPERTISE
3 billion personalized
experiences annually



BACKED BY THE EXPERTS
Gartner, Forrester,
and Aspire

Powerful Performance with a Compact Design

The iX-3 Series offers small offices the most pragmatic choice for delivering effortless mailing and shipping operations. Don't let this compact design fool you — the iX-3 is extremely powerful. Coupled with Neoship ADVANCED and Neostats, this complete suite offers a one-stop approach to processing, tracking, reporting and reconciling postage expenses for mail and parcels.

6. USPS® Approved IMI Meter

Ensure compliance with an Intelligent Mail® Indicia (IMI). These new meters meet the latest USPS requirements for data and security management.

1. Weighing Platform

Standard 5 lb. integrated scale handles postcards, envelopes and small packages with ease. Optional 10, 30, and 70 lb. platforms available.

2. Catch Tray

From postcards to 10" x 13" envelopes, the catch tray holds a variety of items.

3. Shortcut Keys

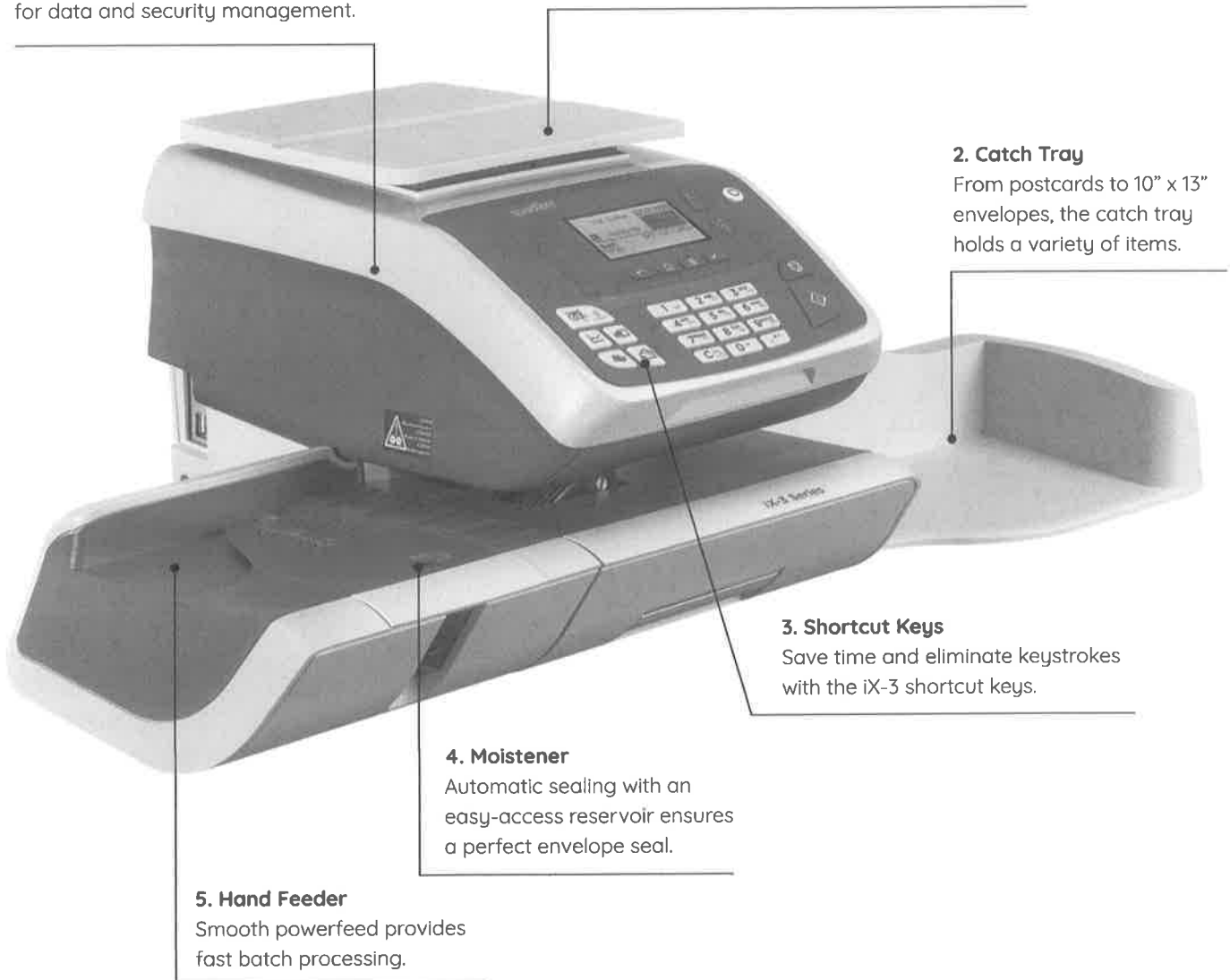
Save time and eliminate keystrokes with the iX-3 shortcut keys.

4. Moistener

Automatic sealing with an easy-access reservoir ensures a perfect envelope seal.

5. Hand Feeder

Smooth powerfeed provides fast batch processing.



MULTI-CARRIER SHIPPING WITH NEOSHIP ADVANCED

Times are changing and businesses want options when it comes to sending parcels. Some companies are extremely loyal to a specific carrier, while others are focused on the bottom line. Hitting a delivery target, or sending an item at the lowest cost are key priorities. Neoship ADVANCED provides the choices businesses are looking for.



- Multi-carrier shipping using USPS®, UPS® and FedEx®
- Cost and time saving opportunities with rate shopping:
 - Neoship automatically identifies the lowest cost or fastest delivery method for getting a parcel to its final destination
- An intuitive interface makes desktop shipping a breeze
- USPS® IM®pb compliant solution
- Discounted postage rates with Commercial Base Pricing
- Free address correction services
- Streamlined shipping workflow with batch processing

MANAGE, CONTROL AND TRACK POSTAGE EXPENSES WITH NEOSTATS

This robust application provides tools to reconcile postage dollars down to 1/10 of a cent in minutes!

- Analyze postage expense data in summary or detailed formats
- Tighten postage forecasting and budgets by understanding postage usage trends on a daily, weekly, or monthly basis
- Optimize potential cost savings by reviewing use of USPS Mail Classes and Weight Break detail
- Create spreadsheets and eye-catching colorful graphs
- Export and share data for additional analysis

This flexible solution supports predefined and user-defined reporting parameters based on Mail Class, Account/Department, Weight Break, Presort and Operator details.

Neostats Enhanced supports a single mailing system. Upgrade to Neostats Consolidated to centralize postage expense data for multiple mailing systems at one location or across many.



SPECIFICATIONS

USPS approved IMI meter	Standard
Processing speed	Up to 45 lpm
Weighing platform (integrated)	5 lb. Standard
On-screen DIM rating	Standard
Accounts/departments	50 Standard
Envelope minimum	3.5" X 5"
Envelope maximum	10" X 13"
Envelope thickness	Up to 3/8"
Envelope orientation	Landscape or portrait
Connectivity	LAN Standard
Rate shortcut keys	5
Job imprint memories	9
Neoslogan	Standard
Incoming mail date stamp	Standard
Default rate settings	Standard
Postage meter tapes	Standard
4-digit PIN code	Standard
Automatic postal rates download	Standard
Low-ink alerts	Standard
Neostats Basic postage expense reporting	Standard

OPTIONS

Differential weighing	Available
External weighing platform	Available 10, 30 or 70 lb.
Accounts/departments upgrade	100 or 300
Barcode scanner	Available
E-Services with Electronic Return Receipt™	Available
Neostats Enhanced Postage expense reporting	Available
Neostats Consolidated postage expense reporting	Available
Neoship PLUS online shipping software (USPS only)	Available
Neoship ADVANCED multi-carrier online shipping software	Available
WiFi adapter	Available
IPV6	Available

SYSTEM DIMENSIONS

iX-3 with integrated 5 lb. scale	10" X 17" X 10.5"
iX-3 with integrated feeder and catch tray	28.5" X 17" X 10.5"

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Because connections matter.

About Quadi^{ent}®

Quadi^{ent} is the driving force behind the world's most meaningful customer experiences. By focusing on four key solution areas including Customer Experience Management, Business Process Automation, Mail-related Solutions, and Parcel Locker Solutions, Quadi^{ent} helps simplify the connection between people and what matters. Quadi^{ent} supports hundreds of thousands of customers worldwide in their quest to create relevant, personalized connections and achieve customer experience excellence. Quadi^{ent} is listed in compartment B of Euronext Paris (QDT) and belongs to the SBF 120 index.

For more information about Quadi^{ent}, visit quadi^{ent}.com

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