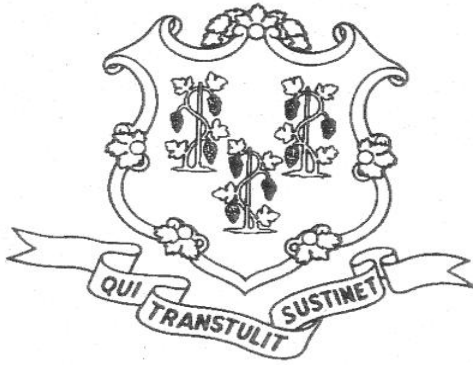


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Monsignor Bojnowski Manor	
Address (No. & Street, City, State, Zip Code) 50 Pulaski St., New Britain, CT 06053	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 993-C	RHNS	(Specify)	Medicare Provider 07-5374
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Medicaid Provider Numbers:	CCNH 000009332	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2017	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 Monsignor Bojnowski Manor [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Monsignor Bojnowski Manor		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 50 Pulaski St., New Britain, CT 06053				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date 3/27/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-229-0336		Report for Year Ended 9/30/2017		Page 2	of 37
Name of Facility (as shown on license) Monsignor Bojnowski Manor			Address (No. & Street, City, State, Zip) 50 Pulaski St., New Britain, CT 06053		
License Numbers:	CCNH 993-C	RHNS	(Specify)	Medicare Provider No. 07-5374	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Martin Julmisse			Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Related Parties*

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2017	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	%**				
Immaculate Conception, Inc.	314 Osgood Ave., New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Lessor of Land	22/9	12,000	12,000
Immaculate Conception, Inc.	314 Osgood Ave., New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Financing	26/12A	122,250	122,250
Immaculate Conception, Inc.	314 Osgood Ave., New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Employee Services	10/A12m	69,294	69,294
		<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 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 Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Monsignor Bojnowski Manor			993-C	9/30/2017			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
Pitney Bowes, Global Financing	<input type="radio"/>	<input checked="" type="radio"/>	Postage Equipment	Prior Period	Quarterly	398		398
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?								
<input type="radio"/> Yes <input type="radio"/> No								
Total ***								398

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

General Information and Questionnaire
Accounting Basis

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 CJLC LLC	225 Pitkin Street, East Hartford, CT 06108
2 Whittlesley & Hadley	280 Trumbull St., Hartford, CT 06103
3	
4	

Services Provided by This Firm (*describe fully*)

1 Medicaid Wage & Benefit Analysis; Medicaid and Medicare Cost Report	\$ 5,000
2 Financial Statements, 990 Tax Return	\$ 18,300
3	\$
4	\$
	Charge for Services Provided
	\$ 23,300

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

- Yes No Pg 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha Cullina	860-246-3000
2 Michalik, Bauer, Silvia	
3	
4	
5	

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

1 City Place, Hartford, CT
2 Pearl Street, New Britain, CT
3
4
5

Services Provided by This Firm (*describe fully*)

1 Employee Issues	\$ 3,608
2 Resident Issues	\$ 1,775
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 5,383

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

- Yes No Pg 15/1e

Schedule of Resident Statistics

Name of Facility Monsignor Bojnowski Manor			License No. 993-C			Report for Year Ended 9/30/2017				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	60			60	60			60	60		
B. On last day of THIS report period	60	60			60	60			60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	52	52			52	52			48	48		
B. As of midnight of THIS report period	47	47			48	48			47	47		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,068	3,068			2,448	2,448			620	620		
B. Medicaid (Conn.)	10,903	10,903			8,224	8,224			2,679	2,679		
C. Medicaid (other states)												
D. Private Pay	5,051	5,051			3,789	3,789			1,262	1,262		
E. State SSI for RCH												
F. Other (Specify) Managed Care	168	168			76	76			92	92		
G. Total Care Days During Period (3A thru F)	19,190	19,190			14,537	14,537			4,653	4,653		
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)	19,190	19,190			14,537	14,537			4,653	4,653		

Schedule of Resident Statistics (Cont'd)

Name of Facility Monsignor Bojnowski Manor			License No. 993-C			Report for Year Ended 9/30/2017			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)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID				
No. of Residents	7		26		14								
Per Diem Rate													
a. One bed rm.					390.00								
b. Two bed rms.					375.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,954	1,954			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									7,402	7,402			
D. Total Physical Therapy Treatments									9,356	9,356			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									395	395			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									729	729			
D. Total Speech Therapy Treatments									1,124	1,124			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,219	2,219			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									8,386	8,386			
D. Total Occupational Therapy Treatments									10,605	10,605			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Monsignor Bojnowski Manor	993-C	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	109,404	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	175,152	5,900				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	71,245	2,200				
c. Dietary Workers	263,254	16,195				
6. Housekeeping Service						
a. Head Housekeeper	35,131	1,111				
b. Other Housekeeping Workers	117,829	7,354				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	37,326	1,315				
b. Other Maintenance Workers	119,509	5,799				
8. Laundry Service						
a. Supervisor	11,714	390				
b. Other Laundry Workers	94,662	6,653				
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	175,733	4,030				
b. RN						
1. Direct Care	392,077	10,924				
2. Administrative**	69,722	1,678				
c. LPN						
1. Direct Care	497,154	17,319				
2. Administrative**	80,516	1,950				
d. Aides and Attendants	853,883	53,852				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	71,453	3,391				
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	78,579	2,560				
n. Marketing						
o. Other (Specify) See Attached Schedule	88,072	3,668				
<i>A-13. Total Salary Expenditures</i>	3,342,415	148,367				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Salaries & Wages - Medical Records	\$ 34,806	2,068				
Salaries & Wages - Admissions & Marketing	\$ 53,266	1,600				
Total	\$ 88,072	3,668	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Monsignor Bojnowski Manor				993-C	9/30/2017			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)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Sister Mary Catherine Sirotnak (10/1/16 - 9/30/17)	69,294				Social Service	2,080	A12m			

* 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	
Monsignor Bojnowski Manor				993-C	9/30/2017			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)							
Section III - Administrators***										
Carol Anne Salvietti (10/1/16 - 9/30/17)	109,404				Administrator	2,080	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		
Monsignor Bojnowski Manor	993-C	9/30/2017	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	16,943	331				
2. Dentist	6,858	82				
3. Pharmacist	4,653	82				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	161,215	2,748				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	19,200	192				
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	46,255	642				
b. Other						
10. Occupational Therapist						
a. Resident Care	184,890	3,969				
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	440,014	8,046				

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

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

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

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

Name of Facility Monsignor Bojnowski Manor		License No. 993-C	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Debra Weeks Jameson Glastonbury, CT 06033	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
OmniCare Pharmacy 525 Knotter Dr, Cheshire, CT 06410	Pharmacy	<input type="radio"/>	<input checked="" type="radio"/>		
Preferred Therapy Services 850 Silas Dean Hwy, Wethersfield, CT 06109	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>		
Stephen Zebrowski, MD 120 W Main St, Plainville, CT 06062	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive 1 Prestige Dr. # 107, Meriden, CT 06450	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 204,530	204,530		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 11,404	11,404		
4. Social Security (F.I.C.A.)	\$ 238,918	238,918		
5. Health Insurance	\$ 667,007	667,007		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,621	4,621		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 8,942	8,942		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 32,532	32,532		
d. Accounting and Auditing	\$ 23,300	23,300		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,383	5,383		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 18,475	18,475		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 10,026	10,026		
2. Cellular Phones	\$			
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	\$ 336,783	336,783		
Subtotal	\$ 1,561,921	1,561,921		

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Monsignor Bojnowski Manor
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor	993-C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	1,561,921	1,561,921			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 6,847	6,847			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 139	139			
5. Education Expenses Related to Seminars and Conventions	\$ 5,268	5,268			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 3,563	3,563			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$ 22,190	22,190			
See Attached Schedule					
4. Fund-Raising***	\$ 2,329	2,329			
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,629	1,629			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 13,657	13,657			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 235	235			
9. Subscriptions	\$ 45	45			
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>)	\$ 73,685	73,685			
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 1,691,508	1,691,508			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Expense	\$ 9,201		
Marketing Expenses	\$ 12,989		
Total Other Advertising	\$ 22,190	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 85		
Catholic Health Association	\$ 140		
CAHCF	\$ 4,444		
Leading Age	\$ 5,638		
ICNC	\$ 40		
Polish National Home of Hartford	\$ 25		
CTPC	\$ 3,285		
Total Dues	\$ 13,657	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees	\$ 4,538		
Background Checks	\$ 1,983		
Taxes - General	\$ 197		
Bank Fees & Service Charges	\$ 2,981		
Computer Supplies Expense	\$ 3,907		
Computer Maintenance	\$ 54,482		
Miscellaneous Expense	\$ 481		
Meeting Expenses	\$ 1,256		
Miscellaneous	\$ 100		
License & Fees	\$ 3,760		
Total Other Administrative and General	\$ 73,685	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2017	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 #
N/A			

* 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 Monsignor Bojnowski Manor		License No. 993-C	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 130,356	130,356		
2.	Non-Food Supplies	\$ 17,394	17,394		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Management Services**					
d. Other (Specify) _____					
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 147,750	147,750		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. 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.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility		License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor		993-C	9/30/2017	19	37
Item		Total	CCNH	RHNS	(Specify)
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. \$	1,507	1,507	
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. \$	102	102	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Supplies		\$	642	642	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	2,251	2,251	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* 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 3E.

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

*** 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	
Monsignor Bojnowski Manor	993-C	9/30/2017	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	8,447	8,447		
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. Management Services*		\$			
d. Other (<i>Specify</i>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 8,447	8,447		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from		\$ 123,390	123,390		
b. Medicine Cabinet Drugs		\$ 7,919	7,919		
c. Medical and Therapeutic Supplies		\$ 70,013	70,013		
d. Ambulance/Limousine***		\$			
e. Oxygen					
1. For Emergency Use		\$			
2. Other****		\$ 11,949	11,949		
f. X-rays and Related Radiological Procedures***		\$ 9,387	9,387		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h. Laboratory***		\$ 17,154	17,154		
i. Recreation		\$ 13,623	13,623		
j. Other (Specify)***** See Attached Schedule		\$ 25,967	25,967		
5K. Total Resident Care Expenditures (5a - 5j)		\$ 279,402	279,402		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Religious Services	\$ 1,287		
I. V. Supplies	\$ 116		
Small Equipment Repairs	\$ 341		
Small Equipment Purchase	\$ 7,446		
Supplements	\$ 4,099		
Wound Care Supplies	\$ 5,207		
Equipment Rental	\$ 1,870		
Enteral Feedings	\$ 1,797		
Equipment Rental	\$ 100		
I.V. Setup	\$ 3,470		
Equipment Rental	\$ 234		
Total Other Resident Care	\$ 25,967	\$ -	\$ -

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

Name of Facility Monsignor Bojnowski Manor			License No. 993-C	Report for Year Ended 9/30/2017	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)	Pg	Line
N/A		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input 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
Monsignor Bojnowski Manor	993-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 72,330	72,330				
b. Heat	\$ 39,392	39,392				
c. Light & Power	\$ 71,384	71,384				
d. Water	\$ 52,223	52,223				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 398	398				
f. Other (<i>itemize</i>)	\$ 14,648	14,648				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 250,375	250,375				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 638	638				
b. Building & Building Improvements	\$ 143,425	143,425				
c. Non-Movable Equipment	\$ 2,106	2,106				
d. Movable Equipment	\$ 58,120	58,120				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 204,290	204,290				
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	\$ 12,000	12,000				
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)	\$ 216,290	216,290				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Pest Control	\$ 1,752		
Trash Removal	\$ 7,932		
Small Equipment Purchase	\$ 4,964		
Total Other Repairs and Maintenance	\$ 14,648	\$ -	\$ -

Monsignor Bojnowski Manor
9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/29/2017	Improvements-Trees/Shrubs	\$ 5,545	10	\$ 555
Total additions for Land Improvements		\$ 5,545		\$ 555
Deletions:				
Total deletions for Land Improvements		\$ -		\$ -

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/31/2017	Arch MW LLC-Improvements	\$ 755,500	10	\$ 75,550
6/7/2017	Flying Locksmiths	\$ 1,034	10	\$ 103
7/19/2017	Trane-AC Compressor	\$ 4,383	15	\$ 292
7/21/2017	Trane-Compressor for Resident Room	\$ 1,897	15	\$ 126
9/27/2017	Eastern Electric - AC Relays	\$ 2,436	10	\$ 244
Total additions for Building Improvements		\$ 765,251		\$ 76,316
Deletions:				
Total deletions for Building Improvements		\$ -		\$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/12/2017	Life Systems	\$ 6,116	5	\$ 612
1/26/2017	Direct Supply - Ice Maker	\$ 3,309	5	\$ 662
5/19/2017	Sterling Mfg - Steampro	\$ 4,555	5	\$ 911
7/21/2017	Eastern Electric - Wiring Steam Unit	\$ 549	5	\$ 110
9/27/2017	Triple A - Steam Table	\$ 6,138	5	\$ 1,228
11/4/2016	New Wave - Laptops	\$ 3,647	5	\$ 729
11/18/2016	Simplex Timeclock	\$ 2,217	5	\$ 443
12/14/2016	New Wave - Hardware	\$ 1,080	5	\$ 216
12/14/2016	New Wave - Probook Norebooks	\$ 2,612	5	\$ 522
2/15/2017	Prism-Copier	\$ 1,425	5	\$ 285
1/20/2017	New Wave - Hardware - 1 Computer	\$ 2,006	5	\$ 401
1/31/2017	New Wave - Monitors and Computers	\$ 1,804	5	\$ 361
2/28/2017	Matrix - Clinical Software	\$ 6,437	5	\$ 1,287
2/6/2017	New Wave - New Software	\$ 1,215	5	\$ 243
2/1/2017	New Wave - Fix Main Cisco Switch	\$ 1,256	5	\$ 251
3/31/2017	New Wave - Software	\$ 1,215	5	\$ 243
12/1/2016	Mckesson - Beds	\$ 3,388	5	\$ 678
11/15/2016	Arch MW LLC - Furniture & Fixtures	\$ 60,000	5	\$ 12,000
2/28/2017	Hill-Rom - Wound Mattresses	\$ 2,958	5	\$ 592
2/27/2017	Catholic Purchasing - Chairs	\$ 903	5	\$ 181
Total additions for Movable Equipment		\$ 112,829		\$ 21,954 *
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
Additions:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Monsignor Bojnowski Manor			993-C		9/30/2017			24	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	7	1999	15	156,128	156,128	SL			
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 Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2017	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		1/1/1974			
2. Date Structure Completed		9/30/1975			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		10/1/1975			
5. Total Licensed Bed Capacity		60			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Private	Private		
b. Date Mortgage Obtained		10/01/74	10/01/74		
c. Interest Rate for the Cost Year		6.00%	6.00%		
d. Term of Mortgage (number of years)		Interest only	Interest only		
e. Amount of Principal Borrowed		2,000,000	400,000		
f. Principal balance outstanding as of _____		2,000,000	141,426		
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor		993-C	9/30/2017		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 122,250	122,250		
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 122,250	122,250		

(Carry Subtotals forward to next page)

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

Name of Facility Monsignor Bojnowski Manor		License No. 993-C		Report for Year Ended 9/30/2017		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				122,250	122,250		
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)				\$ 122,250	122,250		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 37,840	37,840		
b. Insurance on Automobiles				\$ 3,469	3,469		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 7,783	7,783		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 49,092	49,092		
15. Total All Expenditures (A-13 thru C-14)				\$ 6,549,793	6,549,793		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Monsignor Bojnowski Manor			993-C	9/30/2017	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	10a	Occupational Therapy	\$ 184,890	184,890		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 32,532	32,532		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m13	Unallowable Advertising *	\$ 22,190	22,190		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 235	235		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 239,847	239,847		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce	\$ 235		
Total Other A&G Adjustments			\$ 235	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Monsignor Bojnowski Manor			993-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 239,847	239,847		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 123,390	123,390		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 9,387	9,387		
30.			Laboratory	\$ 17,154	17,154		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 11,949	11,949		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 8,677	8,677		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 18,348	18,348		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 2,777	2,777		
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 19,500	19,500		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 451,029	451,029		

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

Monsignor Bojnowski Manor
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Wound Care Supplies	\$ 5,207		
20	5j	IV Set Up	\$ 3,470		
Total Other Ancillary Costs			\$ 8,677	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22		Allocation of R&M and Utility Costs to Personal Space for Sisters	\$ 18,348		
Total Other Property Adjustments			\$ 18,348	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22		Allocation of Depreciation to Personal Space for Sisters	\$ 10,527		
26		Allocation of Interest to Personal Space for Sisters	\$ 8,973		
Total Other Adjustments			\$ 19,500	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Monsignor Bojnowski Manor	993-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,057,230	4,057,230				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,453,354)	(1,453,354)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 967,365	967,365				
b. Medicare Room and Board Contractual Allowance **	\$ (193,910)	(193,910)				
4. a. Private-Pay Residents and Other	\$ 2,227,920	2,227,920				
b. Private-Pay Room and Board Contractual Allowance **	\$ (176,763)	(176,763)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 35,335	35,335				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 266,970	266,970				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 54,301	54,301				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 83,904	83,904				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 12,178	12,178				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 320,150	320,150				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 65,650	65,650				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 118,029	118,029				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 4,009	4,009				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,389,014	6,389,014				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 1,620	1,620				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 784,762	784,762				
V. Total Other Revenue (1 thru 8)	\$ 786,382	786,382				
VI. Total All Revenue (III +V)	\$ 7,175,396	7,175,396				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Med A Ancillaries	\$ 150,708		
	Contractuals	\$ (32,679)		
	Total Other Resident Revenue - Medicare	\$ 118,029	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Non-Medicare Ancillaries	\$ 4,009		
	Total Other Resident Revenue	\$ 4,009	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Dividend Income		\$ 1,155		
	Interest Income		\$ 465		
	Total Interest Income		\$ 1,620	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Unrestricted Contributions	\$ 5,110		
	Restricted Contributions	\$ 1,505		
	Fund Raising Income	\$ 14,335		
	Discounts Earned	\$ 1,758		
	Other Income	\$ 19,851		
	Other Revenue--Renovations	\$ 742,203		
	Total Other Revenue	\$ 784,762	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	786,997
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	402,130
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	6,611
4 Inventories			\$	21,513
5. Prepaid Expenses			\$	17,179
a. Prepaid - Insurance	15,702			
b. Prepaid - Other Expenses	1,477			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	19,513
Cash - Resident Trust	19,513			
A-9. Total Current Assets (Lines A1 thru 8)				
			\$	1,253,943
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	106,375	\$	5,829
	Accum. Depreciation	100,546	Net	
3. Buildings	*Historical Cost	5,127,562	\$	1,146,015
	Accum. Depreciation	3,981,547	Net	
4. Leasehold Improvements	*Historical Cost	156,128	\$	
	Accum. Depreciation	156,128	Net	
5. Non-Movable Equipment	*Historical Cost	40,355	\$	406
	Accum. Depreciation	39,949	Net	
6. Movable Equipment	*Historical Cost	1,290,509	\$	232,359
	Accum. Depreciation	1,058,150	Net	
7. Motor Vehicles	*Historical Cost	59,713	\$	3,942
	Accum. Depreciation	55,771	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(168)
Book Vs Cost Report		(168)		
B-10. Total Fixed Assets (Lines B1 thru 9)				
			\$	1,388,383

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,642,326	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
3. Buildings			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
4. Non-Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
5. Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
6. Motor Vehicles			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 2,642,326	

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

G. Balance Sheet (cont'd)

Name of Facility Monsignor Bojnowski Manor		License No. 993-C	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	153,412
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	55,194
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	138,069
Accrued Vacation & Sick Pay		117,426	Deferred Income	3,259	
Employee 401K W/H		193			
Employee Suspense		(120)			
Resident Trust		17,311			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	346,675

* 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 Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount
Total Brought Forward:				346,675
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				
				\$ 1,958,198
3. Loans from Owners or Related Parties (<i>itemize</i>)				
				\$ 105,461
Name and Address of Lender	Amount	Loan Date		
DOM - Daughters of Mary	105,461	3/1/06		
4. Other Long-Term Liabilities (<i>itemize</i>)				
_____				\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,063,659
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,410,334

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

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2017	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			\$	(393,611)
6. Gain or Loss for Period			\$	625,603
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	231,992
C. Total Reserves and Net Worth			\$	231,992
D. Total Liabilities, Reserves, and Net Worth			\$	2,642,326

H. Changes in Total Net Worth

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(450,035)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	7,175,396
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	6,549,793
D. Net Income or Deficit			\$	625,603
E. Balance			\$	175,568
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	175,568
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
CJLC LLC				
Address		Phone Number		
225 Pitkin Street, East Hartford, CT 06108		860-610-9009		