

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

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 checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

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

General Information

Name of Facility (as licensed) Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2018	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, 2017 and ending September 30, 2018, 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)

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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 Monsignor Bojnowski Manor	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 50 Pulaski St., New Britain, CT 06053				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	Date 2/15/2019		
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 9/30/2018	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 checked="" 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 9/30/2018	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	115,835	115,835
Immaculate Conception, Inc.	314 Osgood Ave., New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Employee Services	10/A12m	68,054	68,054
		<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 Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2018	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 Monsignor Bojnowski Manor		License No. 993-C	Report for Year Ended 9/30/2018			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Pitney Bowes, Global Financing	<input type="radio"/>	<input checked="" type="radio"/>	Postage Equipment	Prior Period	Quarterly	628	628
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***						628	

* 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 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

1 Medicaid Wage & Benefit Analysis; Medicaid and Medicare Cost Report	\$ 7,600
2 Financial Statements, 990 Tax Return	\$ 19,200
3	\$
4	\$
	Charge for Services Provided
	\$ 26,800

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 Michalik, Bauer, Silvia 3 4 5	Telephone Number 860-246-3000
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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	\$ 6,447
2 Resident Issues	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 6,447

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

Schedule of Resident Statistics

Name of Facility Monsignor Bojnowski Manor			License No. 993-C		Report for Year Ended 9/30/2018				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	47	47			47	47			52	52		
B. As of midnight of THIS report period	58	58			52	52			58	58		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,889	1,889			1,516	1,516			373	373		
B. Medicaid (Conn.)	11,272	11,272			8,298	8,298			2,974	2,974		
C. Medicaid (other states)												
D. Private Pay	6,365	6,365			4,781	4,781			1,584	1,584		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	19,526	19,526			14,595	14,595			4,931	4,931		
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)	19,526	19,526			14,595	14,595			4,931	4,931		

Schedule of Resident Statistics (Cont'd)

Name of Facility Monsignor Bojnowski Manor			License No. 993-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input 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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	6	33		19									
Per Diem Rate													
a. One bed rm.		242.62		420.00									
b. Two bed rms.				395.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,734	1,734			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									6	6			
C. Other									6,376	6,376			
D. Total Physical Therapy Treatments									8,116	8,116			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									466	466			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									7	7			
C. Other									550	550			
D. Total Speech Therapy Treatments									1,023	1,023			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,034	2,034			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									15	15			
C. Other									7,277	7,277			
D. Total Occupational Therapy Treatments									9,326	9,326			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Monsignor Bojnowski Manor	993-C	9/30/2018	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)	101,848	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	178,341	5,360				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	71,296	2,226				
c. Dietary Workers	279,383	17,150				
6. Housekeeping Service						
a. Head Housekeeper	33,288	1,032				
b. Other Housekeeping Workers	118,728	7,581				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	23,117	742				
b. Other Maintenance Workers	123,178	6,256				
8. Laundry Service						
a. Supervisor	12,432	393				
b. Other Laundry Workers	92,654	6,377				
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	190,081	3,946				
b. RN						
1. Direct Care	436,215	12,566				
2. Administrative**	60,159	1,427				
c. LPN						
1. Direct Care	452,154	15,996				
2. Administrative**	87,913	2,145				
d. Aides and Attendants	787,966	50,692				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	74,087	3,438				
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	68,054	2,072				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	101,350	3,990				
A-13. Total Salary Expenditures	3,292,244	145,474				

* 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 and Wages Medical Records	\$ 32,260	1,868				
Wages-Do not use	\$ (48)					
Salary and Wages Admission/Marketing	\$ 69,138	2,122				
Total	\$ 101,350	3,990	\$ -	-	\$ -	-

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	9/30/2018			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	68,054				Social Service	2,072	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	9/30/2018			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	3,793				Administrator	72	A2			
Martin Julmisse	98,055				Administrator	2,014	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	9/30/2018	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	16,484	317				
2. Dentist	6,516	83				
3. Pharmacist	5,413	83				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	144,257	treatments				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	19,200	93				
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	35,304	treatments				
b. Other						
10. Occupational Therapist						
a. Resident Care	166,293	treatments				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	22,374	treatments				
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	415,841	576				

* 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 9/30/2018	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 checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
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		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 196,805	196,805		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 45,270	45,270		
4. Social Security (F.I.C.A.)	\$ 235,831	235,831		
5. Health Insurance	\$ 546,048	546,048		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,696	3,696		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 12,478	12,478		
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*	\$ 32,052	32,052		
d. Accounting and Auditing	\$ 26,800	26,800		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 6,447	6,447		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 13,578	13,578		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 9,793	9,793		
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	\$ 343,673	343,673		
Subtotal	\$ 1,472,471	1,472,471		

* 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
9/30/2018

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	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<i>Subtotals Brought Forward:</i>	1,472,471	1,472,471			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 5,641	5,641			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 450	450			
5. Education Expenses Related to Seminars and Conventions	\$ 3,408	3,408			
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>)	\$ 628	628			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 24,579	24,579			
4. Fund-Raising***	\$ 3,623	3,623			
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,501	2,501			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 13,737	13,737			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 461	461			
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>) See Attached Schedule	\$ 134,220	134,220			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 1,661,719	1,661,719			

* 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	\$ 11,136		
Marketing Expense	\$ 13,443		
Total Other Advertising	\$ 24,579	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues	\$ 13,737		
Total Dues	\$ 13,737	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees	\$ 24,114		
Background Checks	\$ 2,131		
Taxes-General	\$ 222		
Bank Fees and Service Charges	\$ 3,071		
Fines/Penalties/Settlements	\$ 22,643		
Computer Supplies Expense	\$ 4,754		
Miscellaneous Expense	\$ 7,119		
Meeting Expenses	\$ 1,209		
Licenses and Fees	\$ -		
Computer Maintenance	\$ 68,957		
Total Other Administrative and General	\$ 134,220	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2018	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		License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor		993-C	9/30/2018	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 140,283	140,283			
2. Non-Food Supplies	\$ 18,833	18,833			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____				
c. Other (Specify) _____	\$ _____				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 159,116	159,116			
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.

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	9/30/2018		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. \$	10,635	10,635		
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 (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	331	331		
c. Other (<i>Specify</i>)		\$	541	541		
3D. Total Laundry Expenditures (3a + b + c)		\$	11,507	11,507		
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.

*** 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	9/30/2018		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. \$	15,167	15,167		
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>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	15,167	15,167		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	89,343	89,343		
b.	Medicine Cabinet Drugs	\$	14,232	14,232		
c.	Medical and Therapeutic Supplies	\$	92,814	92,814		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	9,727	9,727		
f.	X-rays and Related Radiological Procedures***	\$	7,531	7,531		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	17,309	17,309		
i.	Recreation	\$	17,540	17,540		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	28,172	28,172		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	276,668	276,668		

* 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)
Supplies	\$ 33		
Religious Services	\$ 1,285		
I. V. Supplies	\$ 38		
Supplements	\$ 3,954		
Transportation	\$ 63		
Wound Care Supplies	\$ 2,135		
Equipment Rental	\$ 8,945		
Transportation	\$ 2,535		
Equipment Rental	\$ 874		
I.V. Setup	\$ 2,150		
I.V. Supplies	\$ 4		
I.V. Setup	\$ 4,485		
Other	\$ 120		
I.V. Supplies	\$ 101		
I.V. Setup	\$ 1,450		
Total Other Resident Care	\$ 28,172	\$ -	\$ -

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 9/30/2018	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 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"/>								
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		<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"/>								

* 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	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 67,631	67,631				
b. Heat	\$ 58,838	58,838				
c. Light & Power	\$ 35,022	35,022				
d. Water	\$ 58,985	58,985				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 628	628				
f. Other (<i>itemize</i>)	\$ 14,343	14,343				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 235,447	235,447				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 638	638				
b. Building & Building Improvements	\$ 157,495	157,495				
c. Non-Movable Equipment	\$ 406	406				
d. Movable Equipment	\$ 79,269	79,269				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 237,809	237,809				
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	\$ 28,206	28,206				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 278,015	278,015				

* 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)
Chemicals	\$ 1,775		
Pest Control	\$ 1,914		
Trash Removal	\$ 7,924		
Small Equipment Purchase	\$ 1,791		
Small Equipment Purchase	\$ 939		
Total Other Repairs and Maintenance	\$ 14,343	\$ -	\$ -

Depreciation Schedule

Name of Facility Monsignor Bojnowski Manor		License No. 993-C		Report for Year Ended 9/30/2018			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		106,376		106,376	100,546	SL	10	638					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									638				
B. Building and Building Improvements													
1. Acquired prior to this report period		5,127,562		5,127,562	3,981,547	SL	Various	139,292					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		182,028						18,203					
B-4. Subtotal									157,495				
C. Non-Movable Equipment													
1. Acquired prior to this report period		40,355		40,355	39,949	SL	Var	406					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal									406				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. tractor 2002 & Snow blowers			x	Var	Var	10,982		10,982	10,982	SL			
b. GMC Pickup / Truck			x		6 2004	27,231		27,231	27,231	SL			
c. 2017 GMC Sierra		x			12 2017	32,916		32,916		SL		6,583	
d. GMC Sierras		x		Var	Var	21,500		21,500	17,558	SL		4,300	
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	1,290,509		1,290,509	1,058,150	SL	Various	56,776	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						60,110						11,610	
D-3. Subtotal													79,269
E. Total Depreciation													237,809

Monsignor Bojnowski Manor
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2017	arch mw llc-improvements	\$ 30,558	10yr S/L	\$ 3,056
2/14/2018	ef & g fence works	\$ 3,000	10yr S/L	\$ 300
4/25/2018	eastern electric	\$ 1,877	10yr S/L	\$ 188
4/26/2018	door control	\$ 7,494	10yr S/L	\$ 749
4/30/2018	tyco-simplex	\$ 3,300	10yr S/L	\$ 330
6/6/2018	select mechanical services	\$ 2,330	10yr S/L	\$ 233
9/13/2018	unitech	\$ 3,598	10yr S/L	\$ 360
6/21/2018	cedar mt stone	\$ 2,010	10yr S/L	\$ 201
7/19/2018	arch mw llc-improvements	\$ 20,000	10yr S/L	\$ 2,000
2/28/2018	arch mw llc-improvements	\$ 87,862	10yr S/L	\$ 8,786
7/31/2018	arch mw llc-improvements	\$ 20,000	10yr S/L	\$ 2,000
Total additions for Building Improvement		\$ 182,028		\$ 18,203 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

Total deletions for Non-Movable Equipmen		\$ -		\$ - **

*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:				
2/22/2018	jule-art (screen covers for tvs)	\$ 1,127	5yr S/L	\$ 225
2/18/2018	lowes	\$ 522	5yr S/L	\$ 104
2/23/2018	webster bank-sally beauty 2 dryer chairs	\$ 566	5yr S/L	\$ 113
3/26/2018	webster-costco 3 tvs	\$ 606	5yr S/L	\$ 121
9/21/2018	direct supply beds	\$ 3,612	5yr S/L	\$ 722
1/8/2018	trane (repair tp heating in room)	\$ 2,729	5yr S/L	\$ 409
5/11/2018	direct supply	\$ 1,212	5yr S/L	\$ 121
6/2/2018	homedepot (lawnmower)	\$ 1,538	5yr S/L	\$ 154
3/7/2018	computer server	\$ 5,733	5yr S/L	\$ 1,147
1/29/2018	new software-microsoft	\$ 1,590	5yr S/L	\$ 318
3/14/2018	matrix-new software	\$ 500	5yr S/L	\$ 100
6/13/2018	matrix-new software (deposit)	\$ 7,885	5yr S/L	\$ 1,577
3/31/2018	webster bank-walmart 3 laptops	\$ 699	5yr S/L	\$ 140
12/6/2017	webster - restaurant store	\$ 693	5yr S/L	\$ 139
2/5/2018	culinary depot - drink service carts	\$ 3,672	5yr S/L	\$ 734
4/20/2018	proline	\$ 4,100	5yr S/L	\$ 820
2/13/2018	direct supply bed slide and bed	\$ 4,144	5yr S/L	\$ 829
3/22/2018	medline - lift patient to stand	\$ 11,561	5yr S/L	\$ 2,312
5/16/2018	medline - hoyer lift patient to stand	\$ 3,000	5yr S/L	\$ 600
9/27/2018	geriatric - bed	\$872.00	5yr S/L	\$174.40
11/20/2017	webster - culinary depot	3749.52	5yr S/L	749.9
Total additions for Movable Equipmen		\$ 60,110		\$ 11,610 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*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		9/30/2018			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 9/30/2018	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		01/01/74			
2. Date Structure Completed		09/30/75			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		10/01/75			
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	9/30/2018	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$ 115,835	115,835		
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)	\$ 115,835	115,835		

(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	
Monsignor Bojnowski Manor	993-C	9/30/2018	27	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		115,835	115,835		
12. C. Movable Equipment					
1. Automotive Equipment	\$	266	266		
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)	\$	266	266		
12. D. Other Interest Expense (Specify)	\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	116,101	116,101		
14. Insurance					
a. Insurance on Property (buildings only)	\$	41,158	41,158		
b. Insurance on Automobiles	\$	7,841	7,841		
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)	\$	7,239	7,239		
2. Fire and Extended Coverage	\$				
3. Other (Specify)	\$				
14d. Total Insurance Expenditures (14a + b + c)	\$	56,238	56,238		
15. Total All Expenditures (A-13 thru C-14)	\$	6,518,063	6,518,063		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor				993-C	9/30/2018	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	\$ 166,293	166,293		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 32,052	32,052		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 24,579	24,579		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 28,049	28,049		
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)				\$ 250,973	250,973		

* 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)
30	iv8	Restricted Contributions	\$ 2,515		
16	m8a	New Britain Chamber of Commerce	\$ 235		
16	m13	finances and penalties	\$ 22,643		
30	iv8	Discounts Earned	2656		
Total Other A&G Adjustments			\$ 28,049	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor				993-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 250,973	250,973		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 89,343	89,343		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 7,531	7,531		
30.	20	5h	Laboratory	\$ 17,309	17,309		
31.			Medical Supplies	\$			
32.	20	2	Oxygen (non emergency)	\$ 9,727	9,727		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 10,363	10,363		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 11,560	11,560		
36.	22	7b	Depreciation on Unallowable Motor Vehicles	\$			
37.	22	6a	Unallowable Property and Real Estate Taxes	\$ 17,282	17,282		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 4,128	4,128		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 8,502	8,502		
49. Total Amount of Decrease (Items 1 - 48)				\$ 426,718	426,718		

*** 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
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	j	wound care supplies	\$ 2,135		
20	l	IV Setup/ supplies	\$ 8,228		
Total Other Ancillary Costs			\$ 10,363	\$ -	\$ -

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)
Total Other Property Adjustments			\$ -	\$ -	\$ -

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
26	12	Interest	\$ 8,502		
Total Unallowable Building Interest			\$ 8,502	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Monsignor Bojnowski Manor	993-C	9/30/2018			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,278,952	4,278,952				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,664,253)	(1,664,253)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 745,325	745,325				
b. Medicare Room and Board Contractual Allowance **	\$ (111,691)	(111,691)				
4. a. Private-Pay Residents and Other	\$ 2,638,033	2,638,033				
b. Private-Pay Room and Board Contractual Allowance **	\$ (243,045)	(243,045)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 44,288	44,288				
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	\$ 158,097	158,097				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 123,682	123,682				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 35,394	35,394				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 45,104	45,104				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 188,335	188,335				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 154,608	154,608				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 68,509	68,509				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 11,044	11,044				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,472,382	6,472,382				
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>)	\$ 1,459	1,459				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 121,238	121,238				
V. Total Other Revenue (1 thru 8)	\$ 122,697	122,697				
VI. Total All Revenue (III +V)	\$ 6,595,079	6,595,079				

* 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)
	Medicare A - Pharmacy	\$ 70,318		
	Medicare A - Oxygen	\$ 1,674		
	Medicare A - X-Ray	\$ 3,683		
	Medicare A - Lab	\$ 12,185		
	Medicaid - Oxygen	\$ 44		
	Medicare B - Lab	\$ (19)		
	Medicare B - Contractual Adjustment	\$ (19,270)		
	Medicare B - Blue Cross Discounts	\$ (106)		
Total Other Resident Revenue - Medicare		\$ 68,509	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Managed Care Medicare - Oxygen	\$ 1,578		
	Managed Care Medicare - X-Ray	\$ 2,753		
	Managed Care Medicare - Lab	\$ 6,713		
Total Other Resident Revenue		\$ 11,044	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Dividend Income		\$ 1,253		
	Interest Income		\$ 206		
Total Interest Income			\$ 1,459	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Unrestricted Contributions	\$ 21,965		
	Restricted Contributions	\$ 2,515		
	Fund Raising Income	\$ 9,190		
	Discounts Earned	\$ 2,656		
	Other Revenue--Renovations	\$ 84,912		
Total Other Revenue		\$ 121,238	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	654,311
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	575,215
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(50,000)
4. Inventories			\$	12,423
5. Prepaid Expenses			\$	16,000
a. Prepaid Insurance	14,523			
b. Prepaid Expenses Other	1,477			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	20,861

See Schedule	20,861			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,228,810
B. Fixed Assets				
1. Land				
2. Land Improvements	*Historical Cost	106,376	\$	5,192
	Accum. Depreciation	101,184		Net
3. Buildings	*Historical Cost	5,309,590	\$	1,170,548
	Accum. Depreciation	4,139,042		Net
4. Leasehold Improvements	*Historical Cost	156,128	\$	
	Accum. Depreciation	156,128		Net
5. Non-Movable Equipment	*Historical Cost	40,355	\$	
	Accum. Depreciation	40,355		Net
6. Movable Equipment	*Historical Cost	1,350,619	\$	224,083
	Accum. Depreciation	1,126,536		Net
7. Motor Vehicles	*Historical Cost	92,630	\$	25,976
	Accum. Depreciation	66,654		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(57,703)

See Schedule	(57,703)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,368,096

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,596,906
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>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,596,906

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
		Cash-Resident Trust	\$ 20,861
Total Other Current Assets (Itemize)			\$ 20,861

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

Page Ref	Line Ref	Description	
		Book V Cost	\$ (57,703)
Total Other Other Fixed Assets (Itemize)			\$ (57,703)

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	
		Accrued Vacation & Sick Pay	\$ 99,215
		Employee Benefits	\$ (3,943)
		Employee 401k W/H	4096
		Employee Suspense	-120
		Resident Trust	18658
		Deferred Income	3259
Total Other Current Liabilities (Itemize)			\$ 121,165

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

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor		993-C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	175,791
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>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	67,466
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>)				\$	121,165

See Schedule					121,165
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	364,422

* 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 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				364,422	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 1,897,907	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 82,462	
Name and Address of Lender	Amount	Loan Date			
DOM - Daughters of Mary	82,462	3/1/06			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,980,369	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,344,791	

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	9/30/2018	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			\$	175,099
6. Gain or Loss for Period			\$	77,016
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	252,115
C. Total Reserves and Net Worth			\$	252,115
D. Total Liabilities, Reserves, and Net Worth			\$	2,596,906

H. Changes in Total Net Worth

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	175,568
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	6,595,079
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	(6,518,063)
D. Net Income or Deficit			\$	77,016
E. Balance			\$	252,584
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			\$	252,584

I. Preparer's/Reviewer's Certification

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2018	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 Address			Phone Number	
225 Pitkin Street, East Hartford, CT 06108			860-610-9009	
Annual Report Contact			Phone Number	
CJLC			860-610-9009	
Annual Report Contact Email Address				
annualreports@cjlc.com				