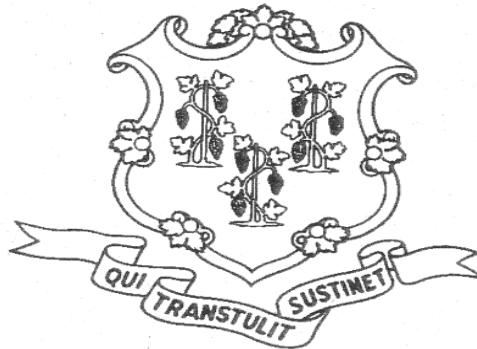


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) The Curtis Home	
Address (No. & Street, City, State, Zip Code) 380 Crown Street, Meriden, CT 06450	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home (RHNS)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 541C	RHNS	Residential Care Home 1273H	Medicare Provider 07-5365
------------------	--------------	------	--------------------------------	------------------------------

Medicaid Provider Numbers:	CCNH	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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) <u>The Curtis Home</u>	License No. <u>541C</u>	Report for Year Ended <u>9/30/2022</u>	Page <u>1</u>	of <u>37</u>
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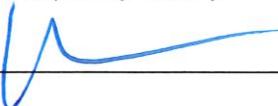
Administrator's/Owner's Certification

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 The Curtis Home [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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 <u>02/15/2023</u>	Signed (Owner)	Date
Printed Name (Administrator) <u>Albert Mislow</u>		Printed Name (Owner)	
Subscribed and Sworn to before me: <u>Albert Mislow</u>	State of <u>CT</u>	Date <u>2/15/23</u>	Signed (Notary Public) 
Address of Notary Public <u>17 Hillside Road Kensington CT 06037</u>		Comm. Expires <u>12/31/24</u>	

(Notary Seal)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1A Rev. 6/95

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 The Curtis Home	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 380 Crown Street, Meriden, CT 06450				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/15/2023		
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-237-4338	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) The Curtis Home		Address (No. & Street, City, State, Zip) 380 Crown Street, Meriden, CT 06450		
License Numbers:	CCNH 541C	RHNS	Residential Care Home 1273H	Medicare Provider No. 07-5365
Type of Facility (Check appropriate box(es)) <input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Residential Care Home <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Supervision only (RHNS)				
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		Date Opened	Date Closed	
If this facility opened or closed during report year provide:				
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 Al Mislow		Nursing Home Administrator's License No.:	001103	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Partners/Members

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

**General Information and Questionnaire
Corporate Owners**

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	Page of 3A 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
The Curtis Home	380 Crown Street, Meriden, CT 06450	CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See attached			
Names of Stockholders Owning at Least 10% of Shares			
N/A			



Board of Trustees 2021

	Address	Contact Phone
President David Cantor	86 Forest Glen Drive Woodbridge, CT 06525	860.214.6644
Vice President Ronald Stempien	450 Broad Street Meriden, CT 06450	860.573.6802
Members		
Art Erickson	480 Cook Ave. Meriden, CT 06450	203.265.4152
Robert Flyntz	12 Jonathon Road Wallingford, CT 06492	203.213.4681
Michael Gruber	42 Lydale Place Meriden, CT 06450	203.715.0858
Richard Pendred	909 Middle Street Middletown, CT 06457	860.558.7617

General Information and Questionnaire
Individual Proprietorship

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	Page of 3B 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> 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?				<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**			
The Curtis Home	380 Crown Street, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Elderly Apartments on Campus (unoccupied)	None - Excluded	
The Curtis Home	380 Crown Street, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Fixed Assets Elderly Apt & Adult Daycare	None - Excluded	
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	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.

Administrative, general costs, and insurance are based on patient days and number of beds, consistent with prior filings which were audited by the department.

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.

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

○ No

Total ***

942

* 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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	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 CliftonLarsonAllen LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, 4th Floor, West Hartford, CT 06107
--	---

Services Provided by This Firm (*describe fully*)

1 Independent Audit, Form 990, Medicare and Medicaid Cost Reports	\$ 62,482
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 62,482

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

Yes No |Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 State of Connecticut Treasurer 3 Berchem Moses PC 4 Schwartz Sladkus Reich Greenberg Atlas LLP 5 State Marshall	Telephone Number 860-240-6000 203-783-1200 212-743-7000
--	--

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

1 185 Asylum Street, Hartford, CT 06103	
2	
3 75 Broad St, Milford, CT 06460	
4 444 Madison Ave 6th floor, New York, NY 10022	
5	

Services Provided by This Firm (*describe fully*)

1 General legal services	\$ 208
2	\$ 922
3 General legal services	\$ 600
4 General legal services	\$ 2,133
5 Conservator Fees	\$ 78
	Charge for Services Provided \$ 3,941

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

Yes No |Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility The Curtis Home			License No. 541C				Report for Year Ended 9/30/2022				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	94	60		34	94	60		34				
B. On last day of THIS report period	94	60		34					94	60		34
2. Number of Residents												
A. As of midnight of PREVIOUS report period	74	47		27	74	47		27				
B. As of midnight of THIS report period	81	55		26					81	55		26
3. Total Number of Days Care Provided During Period												
A. Medicare	236	236			117	117			119	119		
B. Medicaid (Conn.)	10,821	10,821			8,039	8,039			2,782	2,782		
C. Medicaid (other states)												
D. Private Pay	909	909			705	705			204	204		
E. State SSI for RCH	9,292			9,292	7,035			7,035	2,257			2,257
F. Other (Specify) VA/ Optum/ Managed Care	8,180	8,180			6,156	6,156			2,024	2,024		
G. Total Care Days During Period (3A thru F)	29,438	20,146		9,292	22,052	15,017		7,035	7,386	5,129		2,257
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)	29,438	20,146		9,292	22,052	15,017		7,035	7,386	5,129		2,257

Schedule of Resident Statistics (Cont'd)

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home		
				(1)	(2)	(3)	(1)	(2)	(3)					

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days				CCNH	RHNS	Residential Care Home
1st change						
2nd change						
3rd change						
4th change						

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	5	27		23			26	
Per Diem Rate								
a. One bed rm.	PDPM	283.39		325.00			117.42	
b. Two bed rms.	PDPM			375.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments				TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B				1,839	1,839		
B. Medicaid (Exclusive of Part B)							
1. Maintenance Treatments							
2. Restorative Treatments							
C. Other				744	744		
D. Total Physical Therapy Treatments				2,583	2,583		

8. Total Number of Speech Therapy Treatments							
A. Medicare - Part B				136	136		
B. Medicaid (Exclusive of Part B)							
1. Maintenance Treatments							
2. Restorative Treatments							
C. Other				48	48		
D. Total Speech Therapy Treatments				184	184		

9. Total Number of Occupational Therapy Treatments							
A. Medicare - Part B				3,666	3,666		
B. Medicaid (Exclusive of Part B)							
1. Maintenance Treatments							
2. Restorative Treatments							
C. Other				1,280	1,280		
D. Total Occupational Therapy Treatments				4,946	4,946		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
The Curtis Home	541C	9/30/2022		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Item	CCNH	Hours	RHNS	Hours	Residential Care Home Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	119,567	1,511			67,754 856
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	227,297	8,259			128,801 4,680
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	47,367	1,404			21,693 643
c. Dietary Workers	232,218	9,798			106,352 4,487
6. Housekeeping Service					
a. Head Housekeeper	8,479	373			4,101 180
b. Other Housekeeping Workers	88,214	5,470			143 9
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	11,878	522			5,745 253
b. Other Maintenance Workers	83,426	3,051			40,351 1,476
8. Laundry Service					
a. Supervisor	6,291	277			41 2
b. Other Laundry Workers	44,185	2,593			291 17
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	108,826	2,032			
b. RN					
1. Direct Care	466,787	9,549			
2. Administrative**	169,479	4,784			
c. LPN					
1. Direct Care	431,857	12,601			
2. Administrative**	20,375	2,080			66,094 486
d. Aides and Attendants	417,341	21,065			239,896 11,543
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	70,105	2,373			3,361 114
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	61,446	1,965			
n. Marketing	1,775				819
o. Other (Specify)					
See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	2,616,913	89,706			685,442 24,746

* 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)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility The Curtis Home			License No. 541C		Report for Year Ended 9/30/2022			Page 11	of 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							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
The Curtis Home				541C		9/30/2022			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Paul Sprague (through 2/15/2022)	119,567		67,754			2,367	A2			
Al Mislow (2/15/2022-Present)							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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022		Page 13	of 37
Item	Total Cost and Hours				
	CCNH	Hours	RHNS	Hours	Residential Care Home
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	8,179	194			
2. Dentist	6,895	Disallowed			
3. Pharmacist	67,855	Disallowed			
4. Podiatrist	98	Disallowed			
5. Physical Therapy					
a. Resident Care	99,677	1,445			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	22,500	128			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	2,500				
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
VA Doctor Expense	17,874	Disallowed			
9. Speech Therapist					
a. Resident Care	11,915	306			
b. Other					
10. Occupational Therapist					
a. Resident Care	112,812	Disallowed			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	91,831	865			
2. Administrative***					
b. LPN					
1. Direct Care	68,165	880			
2. Administrative***					
c. Aides	427,953	12,818			
d. Other					
12. Other (Specify)					
See Attached Schedule	1,586	26			
B-13 Total Fees Paid in Lieu of Salaries	939,840	16,662			

* 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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Mary Jane Leonetti, 47 Ramona Ave, Waterbury, CT 06705	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
HealthPro Heritage at Home, LLC, 307 International Circle Suite 100, Hunt Valley, MD	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>		
Nurses Staffing Agency, PO Box 503, South Glastonbury, CT 06074	RN/ LPN	<input type="radio"/>	<input checked="" type="radio"/>		
Diligent Services Providers LLC, 110 Austin St, New Britain, CT 06053	RN/ LPN/ CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Favorite Healthcare Staffing, 7 S Main Street, West Hartford, CT 06107	RN/ CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Maxim Healthcare Staffing Services, Inc., 12558 Collections Center Dr, Chicago, IL 60693	LPN	<input type="radio"/>	<input checked="" type="radio"/>		
WW Staffing LLC, Academy Association, Inc., 2222 Sedwick Rd, Durham, NC 27713	CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Access Capital Inc., 400 Park Avenue, 19 Floor, New York, NY 10022-9467	LPN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
All American Healthcare Services, 494 Broad St, Suite 302, Newark, NJ 07102	RN/ LPN/ CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
CareerStaff Unlimited, 360 Bloomfield Ave #303, Windsor, CT 06095	CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Heritage Private Nursing, 265 Hazard Avenue, Enfield, CT 06082	RN	<input type="radio"/>	<input checked="" type="radio"/>		
Strategic Nursing Solutions	RN / CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Signature Staff Resource, 2460 FM 740, Heath, TX 75032	LPN / CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
LSQ Funding Group	CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Employer Solutions Staffing Group, 7480 Flying Cloud Dr #200, Eden Prairie, MN 55344	CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	Page 15	of 37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 136,762	108,375		28,387
2. Disability Insurance	\$ 30,963	24,536		6,427
3. Unemployment Insurance	\$ 59,817	47,401		12,416
4. Social Security (F.I.C.A.)	\$ 260,011	206,043		53,968
5. Health Insurance	\$ 153,841	121,910		31,931
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 52,790	41,833		10,957
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*	\$			
d. Accounting and Auditing	\$ 62,482	39,882		22,600
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 3,941	2,516		1,425
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 8,986	8,962		24
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 18,173	15,304		2,869
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	\$ 348,681	348,681		
Subtotal	\$ 1,136,447	965,443		171,004

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	Residential Care Home
	<i>Subtotals Brought Forward:</i>	1,136,447	965,443		171,004
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 621	425			196
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 1,286	1,286			
4. Employee Travel	\$ 86	86			
5. Education Expenses Related to Seminars and Conventions	\$ 810	810			
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>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 1,039	1,039			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,490	2,388			1,102
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 3,872	3,872			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
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	\$ 105,945	69,440			36,505
<i>C-14 Total Administrative & General Expenditures</i>	\$ 1,253,596	1,044,789			208,807

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Dues	\$ 3,872		
Total Dues	\$ 3,872	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Pre-Employment Screenings	\$ 4,385		\$ 1,148
Computer Supplies/Programs	\$ 20,090		\$ 11,384
SNF Administrative Contracts	\$ 2,036		
Bank Service Charges - Disallowed	\$ 611		\$ 346
Payroll Service Fees	\$ 14,552		\$ 8,246
Administrative Outside Services	\$ 19,900		\$ 11,277
Miscellaneous Expenses - Disallowed	\$ 7,866		\$ 4,104
Total Other Administrative and General	\$ 69,440	\$ -	\$ 36,505

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	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 #
None			

*** 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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022		Page 18 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 226,118	155,089		71,029
2. Non-Food Supplies	\$ 17,026	11,678		5,348
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ _____			
c. Other (Specify) _____	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 243,144	166,767		76,377
2E. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022		Page 19	of 37
Item	Total	CCNH	RHNS	Residential Care Home	
3. Laundry					
a. In-House Processing*	Lbs.	153,045	152,045		1,000
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	22,743	22,594		149
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>) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	22,743	22,594		149
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel	44,240	29,818		14,422
a. In-House Care	Amt. \$	40,170	27,490		12,680
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	40,170	27,490		12,680
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Pharmacy Third Party and Med A	\$	188,403	188,403		
b. Medicine Cabinet Drugs	\$	91,072	91,072		
c. Medical and Therapeutic Supplies	\$	61,684	61,684		
d. Ambulance/Limousine***	\$	671	671		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$	323	323		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	29,493	29,493		
i. Recreation	\$	6,553	6,216		337
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	11,855	11,855		
5M. Total Resident Care Expenditures (5a - 5j)	\$	390,054	389,717		337

* 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

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

* 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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	129,856	104,407			25,449
b. Heat	\$	80,238	40,930			39,308
c. Light & Power	\$	64,446	53,043			11,403
d. Water	\$	66,435	41,668			24,767
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	942	601			341
f. Other (<i>itemize</i>)	\$	127,757	87,416			40,341
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	469,674	328,065			141,609
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	2,972				2,972
b. Building & Building Improvements	\$	112,115	110,987			1,128
c. Non-Movable Equipment	\$	22,354	19,759			2,595
d. Movable Equipment	\$	34,207	32,003			2,204
*7e. Total Depreciation Costs (7a + b + c + d)	\$	171,648	162,749			8,899
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	171,648	162,749			8,899

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Storage Expense	\$ 950		\$ 460
Maintenance Services	\$ 3,325		\$ 1,534
Maintenance Services	\$ 15,169		\$ 6,996
Maintenance Contracts	\$ 3,039		\$ 1,401
Maintenance Contracts	\$ 62,703		\$ 28,921
Shredding Expense	\$ 2,230		\$ 1,029
Total Other Repairs and Maintenance	\$ 87,416	\$ -	\$ 40,341

Depreciation Schedule

Name of Facility The Curtis Home			License No. 541C			Report for Year Ended 9/30/2022			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			215,975		215,975	140,431	SL	Various	2,972		
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
A-4. Subtotal										2,972	
B. Building and Building Improvements											
1. Acquired prior to this report period			4,714,687		4,714,687	3,854,593	SL	Various	112,115		
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)			46,835		46,835		SL	Various			
B-4. Subtotal										112,115	
C. Non-Movable Equipment											
1. Acquired prior to this report period			426,432		426,432	234,460	SL	Various	22,354		
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
C-4. Subtotal										22,354	
	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. Truck & Plow			10	2016	37,904	37,904	37,904	SL	4		
b.											
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period					1,258,904	1,258,904	1,090,592	SL	Various	34,207	
b. Disposals (attach schedule)											
Acquired during this report period (attach schedule):											
c. Administrative											
d. Standard Resident					12,466	12,466		SL	Various		
e. Specialized Resident											
Total Acquired during this report period					12,466	12,466					
D-3. Subtotal										34,207	
E. Total Depreciation										171,648	

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

***Ties to Page 23, Line C3**

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
	FY22 Additions	Standard Resident	\$ 12,466		
Total additions for Movable Equipment			\$ 12,466		\$ -
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

Amortization Schedule*

Name of Facility The Curtis Home			License No. 541C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility
or leased from a Related Party?*

Yes

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	06/01/84			
2. Date Structure Completed	07/23/85			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	07/23/85			
5. Total Licensed Bed Capacity	94			
6. Square Footage	33,683			
7. Acquisition Cost				
a. Land	Gifted			
b. Building	3,300,000			

Part B - Owner and Related Parties

1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 9/30/2022				

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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022			Page 26	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$				
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)		\$				

(Carry Subtotals forward to next page)

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

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (<i>Specify</i>)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (<i>Specify</i>)		\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$				
14. Insurance						
a. Insurance on Property (buildings only)	\$	130,515	83,307			47,208
b. Insurance on Automobiles	\$					
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)	\$					
2. Fire and Extended Coverage	\$					
3. Other (<i>Specify</i>)	\$					
14d. Total Insurance Expenditures (14a + b + c)	\$	130,515	83,307			47,208
15. Total All Expenditures (A-13 thru C-14)	\$	6,963,739	5,782,231			1,181,508

D. Adjustments to Statement of Expenditures

Name of Facility The Curtis Home			License No. 541C	Report for Year Ended 9/30/2022		Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.	10	12n	Salaries not related to Resident Care	\$ 2,594	1,775		819
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 55,994			55,994
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 112,812	112,812		
7.			Other - See attached Schedule	\$ 92,722	92,722		
<i>Pages 15 & 16 - Administrative and General</i>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 78	50		28
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	15	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 810	810		
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	m2	Unallowable Advertising *	\$ 1,039	1,039		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 24,645	8,832		15,813
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$			
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 290,694	218,040			72,654

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	c1	LPN Reduction to CNA Rate			\$ 55,994
Total Other Salaries Adjustment			\$ -	\$ -	\$ 55,994

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B2	Dentist	\$ 6,895		
13	B8e	VA Doctor	\$ 17,874		
13	B3	Pharmacist	\$ 67,855		
13	B4	Podiatrist	\$ 98		
Total Other Fees Adjustments			\$ 92,722	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Bank Service Charges	\$ 611		\$ 346
16	m13	Miscellaneous Expense	\$ 7,866		\$ 4,104
		Benefits on Disallowed Salaries	\$ 355		\$ 11,363
Total Other A&G Adjustments			\$ 8,832	\$ -	\$ 15,813

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.	541C	9/30/2022		29 37
				Total Amount of Decrease	CCNH	RHNS
			Subtotals Brought Forward	\$ 290,694	218,040	72,654
Page 20 - Resident Care Supplies***						
27.	20	5a2	Prescription Drugs	\$ 188,403	188,403	
28.	20	5a2d	Ambulance/Limousine	\$ 671	671	
29.	20	5f	X-rays, etc	\$ 323	323	
30.	20	5h	Laboratory	\$ 29,493	29,493	
31.			Medical Supplies	\$		
32.			Oxygen (non emergency)	\$		
33.			Occupational Therapy	\$		
34.			Other - See Attached Schedule	\$ 11,855	11,855	
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	\$ 10,154	10,154	
Page 27 - Insurance						
40.			Mortgage Insurance	\$		
41.			Property Insurance	\$		
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	\$ 69,511	68,451	1,060
Not For Profit Providers Only						
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$		
49.	Total Amount of Decrease (Items 1 - 48)		\$ 601,104	527,390		73,714

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

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30 37
Item		Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 3,627,559	2,748,128			879,431
b. Medicaid Room and Board Contractual Allowance **	\$ (315,872)	(315,872)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 49,725	49,725			
b. Medicare Room and Board Contractual Allowance **	\$ (93,460)	(93,460)			
4. a. Private-Pay Residents and Other	\$ 3,293,518	3,293,518			
b. Private-Pay Room and Board Contractual Allowance **	\$ (557,367)	(558,046)			679
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 74,283	74,283			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 12,754	12,754			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 158,112	158,112			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ 57,978	57,978			
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,307,230	5,427,120			880,110
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 30	30			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 523	434			89
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 81,660	77,159			4,501
V. Total Other Revenue (1 thru 8)	\$ 82,213	77,623			4,590
VI. Total All Revenue (III +V)	\$ 6,389,443	5,504,743			884,700

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

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

Schedule of Other Resident Revenue - Medicare**Related Exp**

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, II6a	Contractual Allowances - Ancillaries - Medicare A	\$ 18,984		
30, II6a	Contractual Allowances - Medicare A	\$ 38,994		
Total Other Resident Revenue - Medicare		\$ 57,978	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue**Related Exp**

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

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30, IV5	Interest Income	\$ 434			\$ 89
Total Interest Income		\$ 434	\$ -	\$ -	\$ 89

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, IV8	Food Rebates - Disallowed	\$ 2,313		\$ 1,060
30, IV8	Donations	\$ 1,249		
30, IV8	Miscellaneous Income - Disallowed	\$ 66,138		
30, IV8	CARES Act Grant Income	\$ 7,459		\$ 3,441
Total Other Revenue		\$ 77,159	\$ -	\$ 4,501

G. Balance Sheet

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 689,547	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 2,368,339	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ 225	
4 Inventories			\$	
5. Prepaid Expenses			\$ 82,282	
a. <u>Prepaid Insurance</u>			115,182	
b. <u>Prepaid Other</u>			(32,900)	
c.				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$ 109,719	
Patient Personal Funds			109,719	
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 3,250,112	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements			\$ 72,572	
*Historical Cost 215,975				
Accum. Depreciation 143,403			Net	
3. Buildings			\$ 794,814	
*Historical Cost 4,761,522				
Accum. Depreciation 3,966,708			Net	
4. Leasehold Improvements			\$	
*Historical Cost				
Accum. Depreciation			Net	
5. Non-Movable Equipment			\$ 169,618	
*Historical Cost 426,432				
Accum. Depreciation 256,814			Net	
6. Movable Equipment			\$ 146,571	
*Historical Cost 1,271,370				
Accum. Depreciation 1,124,799			Net	
7. Motor Vehicles			\$	
*Historical Cost 37,904				
Accum. Depreciation 37,904			Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$ 116,092	
Construction in Progress 56,192				
See Schedule 59,900				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 1,299,667	

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

Total Prepaid Expenses		\$ -

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

Page Ref Line Ref Description

Total Other Current Assets (Itemize)		\$ -

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

Page Ref Line Ref Description

31	B9	Misc. Amount to Tie to Financial Statements	\$ 59,900
Total Other Other Fixed Assets (Itemize)			\$ 59,900

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Total Other Assets		\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Notes Payable		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)		\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	32	37
Account			Amount	
			Total Brought Forward:	\$ 4,549,779
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>)				\$ 913,850
Affiliate Assets not for Cost Report Purposes	913,850			
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ 913,850
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 5,463,629

* 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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 373,236
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>)				\$ 160,946
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$
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>)				\$ 401,679
Personal Funds		107,668	Due to Third Party	222,519
Accrued Water and Sewer		21,543		
Accrued Expenses		36,257		
Accrued Retirement Fund		13,692	See Schedule	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 935,861

* 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 The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			935,861	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$	
C. Total All Liabilities (Lines A-13 + B-5)			\$	935,861

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	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			\$	5,102,064
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ (574,296)
7. Total Net Worth			\$	4,527,768
C. Total Reserves and Net Worth				\$ 4,527,768
D. Total Liabilities, Reserves, and Net Worth				\$ 5,463,629

H. Changes in Total Net Worth

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	Page 36	of 37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	4,647,325
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	6,389,443
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	6,963,739
D. Net Income or Deficit			\$	(574,296)
E. Balance			\$	4,073,029
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Current Year Net Income Activities		145,583		
Affiliate (not in cost report)				
2. Other (<i>itemize</i>)				
Prior Period		309,156		
F-3. Total Additions			\$	454,739
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawals (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period	09/30/22		\$	4,527,768

I. Preparer's/Reviewer's Certification

Name of Facility The Curtis Home	License No. 541C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer 	Title	Date Signed 2/15/2023
Printed Name of Preparer CliftonLarsonAllen LLP		
Address 29 South Main Street, 4th Floor, West Hartford, CT 06107		Phone Number 860-561-4000
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink		Phone Number 860-561-4000
Contact Email Address Jonathan.Fink@CLAConnect.com		