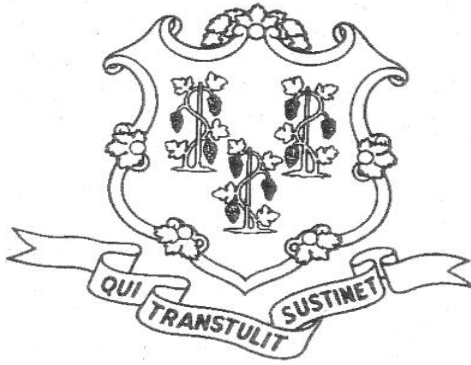


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Bridgeport Manor	
Address (No. & Street, City, State, Zip Code) 540 Bond Street Bridgeport CT 06610	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2079C	RHNS	(Specify)	Medicare Provider 07-5369
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Medicaid Provider Numbers:	CCNH 20793	RHNS	ICF-IID
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**For Department Use Only**

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

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### General Information

Name of Facility (as licensed) Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2016	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 Bridgeport Manor [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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) Carla Ward			Printed Name (Owner) Miriam Stern		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bridgeport Manor	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 540 Bond Street Bridgeport CT 06610				
Report Prepared By Burg & Weingarten CPA PC	Phone Number 718-845-6141	Date 2/7/2016		
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. <b>Total Wages Paid</b> \$				
7. Total salaries paid \$				
8. <b>Total Wages and Salaries Paid</b> (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 203-384-6400		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Bridgeport Manor		Address (No. & Street, City, State, Zip) 540 Bond Street Bridgeport CT 06610		
License Numbers:	CCNH 2079C	RHNS	(Specify)	Medicare Provider No. 07-5369
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input 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.				
<b>Administrator</b>				
Name of Administrator Carla Ward		Nursing Home Administrator's License No.:	001231	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Chaim Stern		License No.:		
Joseph Stern				
Rachel Blass				



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Bridgeport Health Care Center Inc	Business Address 600 Bond St Bridgeport CT 06610	State(s) in Which Incorporated CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Names of Stockholders Owning at Least 10% of Shares				
Miriam Stern			65	
Norma Loren			17.5	
Rachel Blass			17.5	





**General Information and Questionnaire**  
**Related Parties\***

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2016	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	%**				
Bridgeport Health Care Realty	600 Bond St Bridgeport CT 06610	<input type="radio"/>	<input checked="" type="radio"/>		Rental of Land & Building, Loans	P 22/9	533,334	251,735
New Coleman Park Health LLC / Paradise Realty	600 Bond St Bridgeport CT 06610	<input type="radio"/>	<input checked="" type="radio"/>		Loans			
The Rosegarden Health & Rehabilitation Center LLC	3845 E Main St Waterbury CT	<input checked="" type="radio"/>	<input type="radio"/>	100%	Loans, Allocation of cost, 401K			
Rachel Blass		<input type="radio"/>	<input checked="" type="radio"/>		Shareholder/Asst Admin	P 10 A 3	23,973	
Norma Loren		<input type="radio"/>	<input checked="" type="radio"/>		Shareholder			
Chaim Stern		<input type="radio"/>	<input checked="" type="radio"/>		Assistant Administrator	P 10 A3	109,474	
Joseph Stern		<input type="radio"/>	<input checked="" type="radio"/>		Assistant Administrator	P 10 A3	60,314	
Comprehensive Rehabilitation Services LLC	26 FIREMENS MEMORIAL DRIVE POMONA NY 10970	<input type="radio"/>	<input checked="" type="radio"/>		Therapy	P. 13 L 5, 9 & 10		
Paradise Realty of Waterbury	3845 E Main St Waterbury CT	<input type="radio"/>	<input checked="" type="radio"/>		Loans			

\* 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 Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2016	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.  
 Bridgeport Health Care Center Inc owns and operates Bridgeport Health Care Center and Bridgeport Manor. One set of corporate books exists and is allocated to each facility using various methods - some direct, some using patient days, and some using square

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.

N/A

## General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of	
Bridgeport Manor			2079C	9/30/2016			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Pitney Bowes POB 856179 Louisville KY 40285	<input type="radio"/>	<input checked="" type="radio"/>	Mail Machine Equipment	09/28/10	51 months	5,018	2,303		
Marlin Leasing 300 Fellowship Rd Mount Laurel NJ 08054	<input type="radio"/>	<input checked="" type="radio"/>	Copier Lease	09/10/11	60 months	2,536	2,460		
Accelerated Care Plus 9855 Double R Blvd Reno NV 89521	<input type="radio"/>	<input checked="" type="radio"/>	Therapy Equipment	02/01/13	12 months	12,771	12,771		
Great American Leasing PO BOX 606 Cedar Rapids IA 52406	<input type="radio"/>	<input checked="" type="radio"/>	Fax Machines	06/06/12	60 months	2,243	1,030		
CCP Solutions LLC 74 Marine Street Farmingdale NY 11735	<input type="radio"/>	<input checked="" type="radio"/>	Copier Lease	07/27/16	39 months	10,629	838		
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>	19,402

\* 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 Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Burg & Weingarten CPA PC	149-12 83rd St Howard Beach NY 11414
2 Zimmet Health Care Services Inc	4006 Rt 9 South Morganville NJ 07751
3 Craig J. Lubitski Consulting LLC	205 Pitkin Street E. Hartford CT 06108
4	

Services Provided by This Firm (*describe fully*)

1 General Accounting, Balance Sheet, Trial Balance, Cost Report	\$ 45,487
2 Medicare Cost Report	\$ 5,852
3 Audits	\$ 2,553
4	\$
	Charge for Services Provided
	\$ 53,892

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

Yes     No    Page 15 Line 1D

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha, Cullina LLP	860-240-6000
2 James Stedronsky LLC	860-567-9111
3 Berchem, Moses & Devlin	203-783-1200
4 Green & Sklarz LLC	203-285-8545
5 Rinaldi Linen/ Novack Burnbaum Crystal LLP	203-841-0017/646-912-7549

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

1 185 Asylum St Hartford CT 06103
2 62 West St Litchfield CT 06759
3 75 Broad St Milford CT 06460
4 700 State St Suite 100 New Haven CT 66511
5 47 Common CT Wtby/ New York NY

Services Provided by This Firm (*describe fully*)

1 Title 19	\$ 702
2 Real Estate Tax Reduction	\$ 2,906
3 All Labor Matters	\$ 79,905
4 IRS	\$ 9,112
5 Legal Service	\$ 446
	Charge for Services Provided
	\$ 93,071

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 Bridgeport Manor			License No. 2079C			Report for Year Ended 9/30/2016				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	240	240			240	240			240	240		
B. On last day of THIS report period	240	240			240	240			240	240		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	179	179			179	179			164	164		
B. As of midnight of THIS report period	164	164			164	164			164	164		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,842	1,842			1,241	1,241			601	601		
B. Medicaid (Conn.)	52,578	52,578			39,645	39,645			12,933	12,933		
C. Medicaid (other states)												
D. Private Pay	751	751			590	590			161	161		
E. State SSI for RCH	5,808	5,808			4,423	4,423			1,385	1,385		
F. Other (Specify)	1	1							1	1		
G. Total Care Days During Period (3A thru F)	60,980	60,980			45,899	45,899			15,081	15,081		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	27	27			19	19			8	8		
B. Other Bed Reserve Days	209	209			178	178			31	31		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	61,216	61,216			46,096	46,096			15,120	15,120		

### Schedule of Resident Statistics (Cont'd)

Name of Facility Bridgeport Manor			License No. 2079C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input 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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5		143	16									
Per Diem Rate													
a. One bed rm.	Various		240.59	305.00									
b. Two bed rms.	Various		240.59	295.00									
c. Three or more bed rms.	Various		240.59	275.00									
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	(Specify)					
A. Medicare - Part B					2,004	2,004							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments					4,715	4,715							
C. Other													
D. <b>Total Physical Therapy Treatments</b>					6,719	6,719							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					625	625							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments					1,996	1,996							
C. Other													
D. <b>Total Speech Therapy Treatments</b>					2,621	2,621							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					2,514	2,514							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments					4,176	4,176							
C. Other													
D. <b>Total Occupational Therapy Treatments</b>					6,690	6,690							

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bridgeport Manor	2079C	9/30/2016	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	100,485	2,120				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	193,761	1,997				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	302,249	19,267				
5. Dietary Service						
a. Head Dietitian	44,092	2,130				
b. Food Service Supervisor	57,760	2,320				
c. Dietary Workers	449,004	34,777				
6. Housekeeping Service						
a. Head Housekeeper	67,666	1,885				
b. Other Housekeeping Workers	539,236	41,389				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	21,753	961				
b. Other Maintenance Workers	108,438	6,456				
8. Laundry Service						
a. Supervisor	16,348	809				
b. Other Laundry Workers	67,899	7,513				
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	160,535	4,188				
b. RN						
1. Direct Care	734,590	23,854				
2. Administrative**						
c. LPN						
1. Direct Care	1,534,401	63,138				
2. Administrative**						
d. Aides and Attendants	1,913,007	143,166				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	143,289	8,155				
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	89,754	4,481				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,544,267	368,606				

\* 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
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



**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
Bridgeport Manor				2079C	9/30/2016				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)							
<b>Section I - Operators/Owners</b>										
Norma Loren				Health Ins				Bridgeport Health Care		
<b>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).</b>										

\* 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	
Bridgeport Manor				2079C	9/30/2016			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)							
<b>Section III - Administrators***</b>										
Carl Ward PO Box 112 Pound Ridge NY 10576	100,485				Administrator	2,120	A.2			
<b>Section IV - Assistant Administrators</b>										
Chaim Stern	109,474				Administrator Asst	973	A.3	Rosegarden, Bridgeport Health	1,147	129,032
Joseph Stern	60,314				Administrator Asst	973	A.3	Bridgeport Health, Carlton, Rosegarden	1,147	71,088
Rachel Blass	23,973				Administrator Asst	51	A.3	Rosegarden, Bridgeport Health	53	28,256

\*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		
Bridgeport Manor	2079C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b>						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	3,397	48				
3. Pharmacist	1,210	85				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	188,458	3,926				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	16,000	180				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	87,274	1,743				
b. Other						
10. Occupational Therapist						
a. Resident Care	176,287	3,008				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	443,009	8,594				
2. Administrative***						
b. LPN						
1. Direct Care	104,556	3,527				
2. Administrative***						
c. Aides	1,363,281	63,868				
d. Other						
12. Other (Specify)						
See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>2,383,472</b>	<b>84,979</b>				

\* 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 Bridgeport Manor		License No. 2079C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Eileen Mulrenan 107 Cindy Ln Guilford CT 06437	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Comprehensive Rehabilitations 26 Firemens Memorial Dr Suite 205 Pomona NY 10970	Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>		
Ct Medical Associates 1825 Barnum Ave Stratford CT 06614	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Nutrition Solutions 2 A Pearl Hill St Milford CT 06460	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics 21 Waterville RD Avon CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Medwiz Pharmacy 240 N Main St Spring Valley NY 10952	Nursing Registry	<input type="radio"/>	<input checked="" type="radio"/>		
Towne Nursing 2110 Boston Ave Bridgeport CT 06610	Nursing Registry	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare Pharmacy 525 Knotlep Dr Chesire CT 06421	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Omnicare Pharmacy 525 Knotlep Dr Chesire CT 06421	Nursing Registry	<input type="radio"/>	<input checked="" type="radio"/>		
Raintree Healthcare Staffing 116 West 23rd St New York NY 10011	Nursing Registry	<input type="radio"/>	<input checked="" type="radio"/>		
Comprehensive Rehabilitation Services LLC 26 Firemens Dr Suite 205 Pomona NY 10970	Physical Therapy	<input checked="" type="radio"/>	<input type="radio"/>		
Comprehensive Rehabilitation Services LLC 26 Firemens Dr Suite 205 Pomona NY 10970	Occupational Therapy	<input checked="" type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input checked="" type="radio"/>	<input type="radio"/>		
		<input checked="" type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Bridgeport Manor	2079C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 283,207	283,207			
2. Disability Insurance	\$ 57,932	57,932			
3. Unemployment Insurance	\$ 106,944	106,944			
4. Social Security (F.I.C.A.)	\$ 492,662	492,662			
5. Health Insurance	\$ 1,328,051	1,328,051			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 10,070	10,070			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 215,906	215,906			
8. Uniform Allowance	\$ 13,940	13,940			
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*	\$ 2,459,533	2,459,533			
d. Accounting and Auditing	\$ 53,892	53,892			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 93,071	93,071			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 32,080	32,080			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 15,386	15,386			
2. Cellular Phones	\$ 8,277	8,277			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )* Working Capital	\$ 5,416	5,416			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 344	344			
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	\$ 956,219	956,219			
<b>Subtotal</b>	\$ 6,132,930	6,132,930			

\* 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**

Bridgeport Manor  
9/30/2016

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Bridgeport Manor	2079C	9/30/2016	16	37	
Item		Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>		6,132,930	6,132,930		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	4,558	4,558		
3. Gifts to Staff and Residents	\$	5,318	5,318		
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$	646	646		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	15,371	15,371		
7. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	5,800	5,800		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
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	\$	4,032	4,032		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	931	931		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions***	\$	4,131	4,131		
See Attached Schedule					
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	60,957	60,957		
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> )	\$	82,090	82,090		
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>6,316,764</b>	<b>6,316,764</b>		

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
<b>Total Other Advertising</b>	\$ -	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CT Association Health Care Facilities	\$ 321		
Credit Cards	\$ 512		
Amazon	\$ 5		
Progressive Business	\$ 51		
Nortons	\$ 42		
<b>Total Dues</b>	\$ 931	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Talmudic Institute Of Connecticut	\$ 230		
Yeshiva Bais Binyomin	\$ 688		
Yeshiva Tzemach Tzadik	\$ 3,213		
<b>Total Contributions</b>	\$ 4,131	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 28,275		
Non Reimbursable	\$ 48,120		
Licenses	\$ 5,695		
<b>Total Other Administrative and General</b>	\$ 82,090	\$ -	\$ -



**Schedule C-1 - Management Services\***

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2016	Page 17 of 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 #

\* 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 Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2016	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 519,462	519,462		
2. Non-Food Supplies	\$ 171,676	171,676		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) _____	\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 691,138</b>	<b>691,138</b>		
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 checked="" type="radio"/> Yes <input type="radio"/> No                      If yes, specify cost.				\$500
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Bridgeport Manor		License No. 2079C	Report for Year Ended 9/30/2016	Page 19	of 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. \$	190,009	190,009	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	44,471	44,471	
c.	Management Services**	\$			
d.	Other (Specify)	\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>234,480</b>	<b>234,480</b>	
<b>3F. Laundry Questionnaire</b>					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Bridgeport Manor	2079C	9/30/2016	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. \$	235,833	235,833		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	235,833	235,833		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	188,034	188,034		
b. Medicine Cabinet Drugs	\$	15,454	15,454		
c. Medical and Therapeutic Supplies	\$	391,429	391,429		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	19,330	19,330		
f. X-rays and Related Radiological Procedures***	\$	5,480	5,480		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	19,910	19,910		
i. Recreation	\$	47,136	47,136		
j. Other (Specify)**** See Attached Schedule	\$	7,216	7,216		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	693,989	693,989		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
PT Supplies	\$ 11		
EKG	\$ 17		
IV Supplies	\$ 7,188		
<b>Total Other Resident Care</b>	\$ 7,216	\$ -	\$ -

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

Name of Facility Bridgeport Manor			License No. 2079C		Report for Year Ended 9/30/2016				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
ADL Data System	9 Skyline Dr Hawthorne NY 10532	<input type="radio"/>	<input checked="" type="radio"/>		Computer Software Maintenance	31,702			16	11
Smartlinx Solutions	7271-A Investment Dr N Charleston SC 29418	<input type="radio"/>	<input checked="" type="radio"/>		Time Clock Maintenance	13,427			16	11
Kone Elevator	16 Old Forge Road Rocky Hill CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	19,598			22	6.f
Fire Protection	1701 Highland Ave Chesire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Fire Safety	6,771			22	6.f
Interstate Fire & Safety	PO Box 502 Harrison NY 10528	<input type="radio"/>	<input checked="" type="radio"/>		Fire System	4,915			22	6.f
Winter Bros	307 White St Danbury CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	37,048			22	6.f
Securitas	1 New Haven Ave Milford CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Security	62,429			22	6.f
Ikes Exterminating	104 Norben Road Monsey NY 10952	<input type="radio"/>	<input checked="" type="radio"/>		Pest Control	7,029			22	6.f
Rinaldi Linen Service	47 Commons Court Waterbury CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	44,471			19	3.b
Accountemps	2 Corporate Dr Ste 750, Shelton, CT 06484	<input type="radio"/>	<input type="radio"/>		Employee Service	4,925			16	11
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

\*\* Refer to Page 4 for definition of related.

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

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

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2016			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 119,399	119,399				
b. Heat	\$ 184,916	184,916				
c. Light & Power	\$ 238,710	238,710				
d. Water	\$ 98,221	98,221				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 19,402	19,402				
f. Other ( <i>itemize</i> )	\$ 143,136	143,136				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 803,784	803,784				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 74,303	74,303				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 74,303	74,303				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 114,364	114,364				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 114,364	114,364				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 533,334	533,334				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 223,689	223,689				
c. Personal property taxes	\$ 30,862	30,862				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 976,552	976,552				

\* 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)
Security Contract Service	\$ 62,429		
Purchase Service	\$ 60,894		
Elevator Service	\$ 19,598		
Short Term Lease	\$ 215		
<b>Total Other Repairs and Maintenance</b>	\$ 143,136	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Bridgeport Manor			License No. 2079C			Report for Year Ended 9/30/2016			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					
<b>A. Land Improvements</b>													
1. Acquired prior to this report period	416,002												
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period	4,784,029												
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period	150,849		150,849	150,849									
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
			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							
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Schedule Attached				X			104,544		104,544	68,656	S/L	5 YEARS	5,080
b. Chevrolet Silverado			X		11	2010	13,678		13,678	13,221	S/L	5 YEARS	457
c. Ford E 350			X		2	2012	14,118		14,118	10,118	S/L	5 YEARS	2,823
d. Laundry Truck			X		10	2012	5,517		5,517	3,218	S/L	5 YEARS	1,103
2. Movable Equipment													
a. Acquired prior to this report period							677,123		677,123	471,932			59,046
b. Disposals (attach schedule)							(4,455)		(4,455)	(4,455)			
c. Acquired during this report period (attach schedule)							93,072						5,794
D-3. Subtotal													74,303
<b>E. Total Depreciation</b>													74,303

Bridgeport Manor  
9/30/2016

**Schedule of Land Improvements Acquired during this report period**

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
9/30/2016	Beds	\$ 21,267	10 Yrs	
3/31/2016	Freezer	\$ 3,829	5 Yrs	\$ 383
7/15/2016	Air Conditioning	2600	5 Yrs	87
8/31/2016	Computers	18576	5 Yrs	310
6/15/2016	Furniture	46800	7 Yrs	5014
<b>Total additions for Movable Equipment</b>		\$ 93,072		\$ 5,794 *
<b>Deletions:</b>				
9/30/2007	Time Clock	\$ (4,455)		
<b>Total deletions for Movable Equipment</b>		\$ (4,455)		\$ - **

\*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
<b>Additions:</b>				
5/31/2016	Boiler	\$ 19,648	20 Yrs	\$ 327
1/31/2016	Renovations	\$ 12,321	15 Yrs	\$ 548
10/31/2015	Roof	\$ 5,612	10 Yrs	\$ 514
<b>Total additions for Leasehold Improvement</b>		\$ 37,581		\$ 1,389 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
10/19/2010	Cadillac Disposed	0	5yrs	843
8/27/2002	Infinity	54058	5yrs	0
1/10/2003	Toyota Avalon	33036	5yrs	0
7/21/2005	Toyota Avalon	31748	5yrs	0
1/30/2009	Cadillac	43666	5yrs	0
12/30/2012	Lexus	46580	5yrs	9316
<b>Total</b>		<u>209088</u>		<u>10159</u>
Days				
50.00%	Bridgeport Health Care	104544		5080
50.00%	Bridgeport Manor	104544		5080
<b>Total</b>		<u>209088</u>		<u>10159</u>

**Annual Report of Long-Term Care Facility**

**Amortization Schedule\***

Name of Facility Bridgeport Manor			License No. 2079C		Report for Year Ended 9/30/2016			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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				4,697,963	2,612,038	S/L	Variot	112,975	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				37,581		S/L	Variot	1,389	
C-4. Subtotal									114,364
<b>D. Total Amortization</b>									114,364

\* 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 Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2016	Page 25	of 37																																																																											
<b>11. Property Questionnaire</b>																																																																															
<b>Part A</b>																																																																															
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																																																																															
2. Date Structure Completed																																																																															
3. If <b>NOT</b> Original Owner, Date of Purchase	04/01/90																																																																														
4. Date of Initial Licensure																																																																															
5. Total Licensed Bed Capacity	240																																																																														
6. Square Footage	145,790																																																																														
7. Acquisition Cost																																																																															
a. Land		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Part B - Owner and Related Parties</b></td> <td style="text-align: center;">1st Mortgage</td> <td style="text-align: center;">2nd Mortgage</td> <td style="text-align: center;">3rd Mortgage</td> <td style="text-align: center;">4th Mortgage</td> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">a. Type of Financing (e.g., fixed, variable)</td> <td style="text-align: center;">Variable</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">b. Date Mortgage Obtained</td> <td style="text-align: center;">08/28/07</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">c. Interest Rate for the Cost Year</td> <td style="text-align: center;">478.00%</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">d. Term of Mortgage (number of years)</td> <td style="text-align: center;">15</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">e. Amount of Principal Borrowed</td> <td style="text-align: center;">5.5M</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">f. Principal balance outstanding as of 9/30/16</td> <td style="text-align: center;">2,149,745</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;"><b>Complete if Mortgage was Refinanced During Current Cost Year</b></td> </tr> <tr> <td style="padding-left: 20px;">g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">h. Date of Refinancing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">i. New Interest Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)	Variable				b. Date Mortgage Obtained	08/28/07				c. Interest Rate for the Cost Year	478.00%				d. Term of Mortgage (number of years)	15				e. Amount of Principal Borrowed	5.5M				f. Principal balance outstanding as of 9/30/16	2,149,745				<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					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				
<b>Part B - Owner and Related Parties</b>	1st Mortgage				2nd Mortgage	3rd Mortgage	4th Mortgage																																																																								
1. Financing																																																																															
a. Type of Financing (e.g., fixed, variable)	Variable																																																																														
b. Date Mortgage Obtained	08/28/07																																																																														
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j. Term of Mortgage (number of years)																																																																															
k. Amount of Principal Borrowed																																																																															
l. Principal Outstanding on Note Paid-Off																																																																															
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>																																																																															
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 Bridgeport Manor		License No. 2079C	Report for Year Ended 9/30/2016		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

(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
Bridgeport Manor		2079C		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$ 424	424		
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$ 218	218		
A. Item		Rate	Amount				
Computers		5.42%	98,519				
Lender							
HP							
Address of Lender							
200 Connell Drive Suite 5000 Berkeley Heights NJ 07922							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 642	642		
12. D. Other Interest Expense (Specify)				\$ 368,611	368,611		
Insurance, Credit Line, Late Fees, Working Capital							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$ 369,253	369,253		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 20,533	20,533		
b. Insurance on Automobiles				\$ 9,669	9,669		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 48,213	48,213		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 143,461	143,461		
Package, Boiler, Pension, EPLI, Patient Fund							
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 221,876	221,876		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 19,471,408	19,471,408		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Bridgeport Manor				2079C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 2,459,533	2,459,533		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.	15	1 j	Income Tax / Corporate Business Tax	\$ 344	344		
20.	16	m 10	Fund Raising / Contributions	\$ 4,131	4,131		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 57,996	57,996		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 2,522,004	2,522,004		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m 13	Non Reimbursable	\$ 48,120		
16	l 2	Travel	\$ 4,558		
16	l 3	Patient Expense	\$ 749		
16	l 3	Other Employee Service	4569		
<b>Total Other A&amp;G Adjustments</b>			\$ 57,996	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bridgeport Manor			2079C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 2,522,004	2,522,004		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5 a 2	Prescription Drugs	\$ 188,034	188,034		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.	20	5 h	Laboratory	\$ 19,910	19,910		
31.	20	5 c	Medical Supplies	\$ 153	153		
32.	20	5 e 2	Oxygen (non emergency)	\$ 19,330	19,330		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 22,670	22,670		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$ 5,080	5,080		
37.	22	10 c	Unallowable Property and Real Estate Taxes	\$ 1,723	1,723		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 17,915	17,915		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 2,796,819	2,796,819		

\*\*\* 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.

Bridgeport Manor  
9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.j	IV Supplies	\$ 7,188		
20	5.j	EKG	\$ 17		
20	5.j	PT Supplies	\$ 11		
20	5.j	Emergency Replace Box	\$ 15,454		
<b>Total Other Ancillary Costs</b>			<b>\$ 22,670</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 b	Owners Auto Ins	\$ 5,700		
16	16	Auto Expense	\$ 12,215		
<b>Total Other Property Adjustments</b>			<b>\$ 17,915</b>	<b>\$ -</b>	<b>\$ -</b>

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Bridgeport Manor	2079C	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 15,163,624	15,163,624				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,611,461)	(2,611,461)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 582,959	582,959				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 2,082,559	2,082,559				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
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	\$ 105,961	105,961				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 73,741	73,741				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 52,594	52,594				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 43,747	43,747				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 117,174	117,174				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 100,886	100,886				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 32,434	32,434				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 15,744,218	15,744,218				
<b>IV. Other Revenue*</b>						
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> )	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 10,406	10,406				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 10,406	10,406				
<b>VI. Total All Revenue</b> (III +V)	\$ 15,754,624	15,754,624				

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
20 5h	Insurance - Lab	\$ 8,587		
	VA - Travel	\$ 23,847		
<b>Total Other Resident Revenue</b>		\$ 32,434	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
<b>Total Interest Income</b>			\$ -	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Part B Contractual Allowance	\$ (26,765)		
	Insurance Reimbursement	\$ 31,593		
	Gain On Sale - Auto	\$ 5,578		
<b>Total Other Revenue</b>		\$ 10,406	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Manor	2079C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	9,387
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,134,631
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	180,485
a. Prepaid Taxes	89,698			
b. Prepaid Insurance	90,787			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,324,503
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>4,735,544</u>		\$	2,009,142
	Accum. Depreciation <u>2,726,402</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>150,849</u>		\$	
	Accum. Depreciation <u>150,849</u>	Net		
6. Movable Equipment	*Historical Cost <u>765,740</u>		\$	233,423
	Accum. Depreciation <u>532,317</u>	Net		
7. Motor Vehicles	*Historical Cost <u>137,857</u>		\$	33,181
	Accum. Depreciation <u>104,676</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	2,275,746

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

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Manor	2079C	9/30/2016	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	4,600,249
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land				
\$				
2. Land Improvements				
	*Historical Cost	416,002		
	Accum. Depreciation	Net	\$	416,002
3. Buildings				
	*Historical Cost	4,784,029		
	Accum. Depreciation	Net	\$	4,784,029
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				
\$				
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	5,200,031
<b>D. Investment and Other Assets</b>				
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> )				
Security Deposit		888	\$	82,600
		81,712		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	82,600
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	9,882,880

\* 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 Bridgeport Manor		License No. 2079C	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	4,891,140
2. Notes Payable ( <i>itemize</i> )				\$	823,831
Citicard				6,000	
Omni Care				112,332	
Money Works				234,370	
Working Capital				471,129	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	5,219
Name of Lender		Purpose	Amount	Date Due	
Auto Finance		Auto Loan	5,219		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	930,439
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	524,405
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> )				\$	1,066,931
Accrued Water & Sewer				2,168	
Accrued Audit				8,750	
Accrued Assessment Fund				1,027,245	
Patient Fund				28,768	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>8,241,965</b>

\* 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 Bridgeport Manor		License No. 2079C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				8,241,965	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	1,267,977
Name of Lender	Purpose	Amount	Date Due		
Auto Finance	Auto Loan	812			
Peoples Bank	Spinkler/Working Capital	1,267,165			
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	1,757,790
Name and Address of Lender	Amount	Loan Date			
Bridgeport Realty	1,757,790				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	152,743
Citicard		35,168			
Omni Care		117,575			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	3,178,510
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$	11,420,475

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Manor	2079C	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	416,002
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	4,784,029
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			\$	5,200,031
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	302,429
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,323,271)
6. Gain or Loss for Period	10/1/2015	thru	9/30/2016	\$ align="right">(3,716,784)
7. Total Net Worth			\$	(6,737,626)
<b>C. Total Reserves and Net Worth</b>			\$	(1,537,595)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	9,882,880

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Bridgeport Manor	2079C	9/30/2016	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(2,969,291)		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	15,754,624		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	19,471,408		
D. Net Income or Deficit			\$	(3,716,784)		
E. Balance			\$	(6,686,075)		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
2. Other ( <i>itemize</i> )						
Paradise of Bridgeport		(5,000)				
Balance adjustment		(46,548)				
Rounding		(3)				
F-3. Total Additions					\$	(51,551)
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. <b>Balance at End of Period</b>			\$	(6,737,626)		
				09/30/16		

### I. Preparer's/Reviewer's Certification

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2016	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)		
<b>Preparer/Reviewer Certification</b>				
<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				
Burg & Weingarten CPA PC				
Address Address		Phone Number		
149-12 83rd Street Howard Beach, NY 11414		718-845-6141		

Error Check

Level	Item	Reported as	
	Page 23 - Accumulated Dep. of Movable Eq.	536,772 is inconsistent with Page 31	532,317