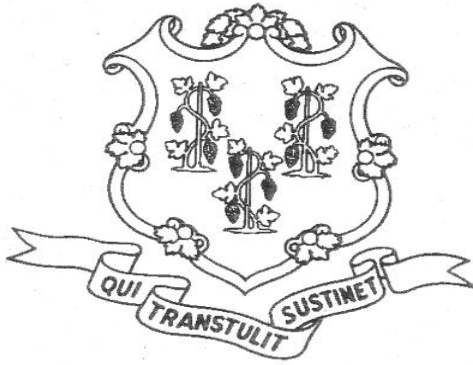


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Monsignor Bojnowski Manor	
Address (No. & Street, City, State, Zip Code) 50 Pulaski St., New Britain, CT 06053	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

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

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

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General Information

Name of Facility (as licensed) Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2016	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 Monsignor Bojnowski 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) Carol Anne Salvietti			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Monsignor Bojnowski Manor		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 50 Pulaski St., New Britain, CT 06053				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date 2/15/2017	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-229-0336		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) Monsignor Bojnowski Manor			Address (No. & Street, City, State, Zip) 50 Pulaski St., New Britain, CT 06053		
License Numbers:	CCNH 993-C	RHNS	(Specify)	Medicare Provider No. 07-5374	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Carol Anne Salvietti			Nursing Home Administrator's License No.:	001389	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Related Parties*

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2016	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	%**				
Immaculate Conception, Inc.	314 Osgood Ave., New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Lessor of Land	22/9	12,000	12,000
Immaculate Conception, Inc.	314 Osgood Ave., New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Financing	26/12A	152,353	152,353
Immaculate Conception, Inc.	314 Osgood Ave., New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Employee Services	10/A12m	67,932	67,932
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2016	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.

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Monsignor Bojnowski Manor			993-C	9/30/2016			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, Global Financing	<input type="radio"/>	<input checked="" type="radio"/>	Postage Equipment	Prior Period	Quarterly	1,221		1,221
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?								
<input type="radio"/> Yes <input type="radio"/> No								
Total ***								1,221

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

General Information and Questionnaire
Accounting Basis

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2016	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 CJLC LLC	225 Pitkin Street, East Hartford, CT 06108
2 Whittlesley & Hadley	280 Trumbull St., Hartford, CT 06103
3 Patrick Gill	17 Highfarm Rd, East Granby, CT
4	

Services Provided by This Firm (*describe fully*)

1 Medicaid Wage & Benefit Analysis	\$ 2,100
2 Financial Statements, 990 Tax Return	\$ 17,500
3 Medicaid and Medicare Cost Report	\$ 5,700
4	\$
	Charge for Services Provided
	\$ 25,300

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

Legal Services Information

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

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

1 City Place, Hartford, CT
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Employee/HR Issues	\$ 5,235
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 5,235

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

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
Monsignor Bojnowski Manor		993-C			9/30/2016				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	60	60			60	60			60	60			
B. On last day of THIS report period	60	60			60	60			60	60			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	57	57			57	57			51	51			
B. As of midnight of THIS report period	52	52			51	51			52	52			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,915	3,915			3,228	3,228			687	687			
B. Medicaid (Conn.)	10,427	10,427			7,813	7,813			2,614	2,614			
C. Medicaid (other states)													
D. Private Pay	5,213	5,213			3,810	3,810			1,403	1,403			
E. State SSI for RCH													
F. Other (Specify) Managed Care	61	61			48	48			13	13			
G. Total Care Days During Period (3A thru F)	19,616	19,616			14,899	14,899			4,717	4,717			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	21	21			10	10			11	11			
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	19,637	19,637			14,909	14,909			4,728	4,728			

Schedule of Resident Statistics (Cont'd)

Name of Facility Monsignor Bojnowski Manor			License No. 993-C			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 checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID				
No. of Residents													
Per Diem Rate													
a. One bed rm.					390.00								
b. Two bed rms.					375.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,860	2,860			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									8,592	8,592			
D. Total Physical Therapy Treatments									11,452	11,452			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									471	471			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,450	1,450			
D. Total Speech Therapy Treatments									1,921	1,921			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,603	2,603			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									10,184	10,184			
D. Total Occupational Therapy Treatments									12,787	12,787			

Report of Expenditures - Salaries & Wages

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	107,416	2,104				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	164,766	5,686				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	71,023	2,168				
c. Dietary Workers	140,059	17,575				
6. Housekeeping Service						
a. Head Housekeeper	29,489	942				
b. Other Housekeeping Workers	127,587	7,710				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	25,944	828				
b. Other Maintenance Workers	123,438	6,241				
8. Laundry Service						
a. Supervisor	13,302	430				
b. Other Laundry Workers	89,965	6,206				
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	149,392	3,509				
b. RN						
1. Direct Care	426,248	12,153				
2. Administrative**	60,994	1,622				
c. LPN						
1. Direct Care	520,768	18,118				
2. Administrative**						
d. Aides and Attendants	1,055,802	57,678				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	72,714	3,375				
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	135,304	4,168				
n. Marketing						
o. Other (Specify) See Attached Schedule	34,078	2,039				
<i>A-13. Total Salary Expenditures</i>	3,348,291	152,551				

* 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
Medical Records	\$ 34,078	2,039				
Total	\$ 34,078	2,039	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
620655.000 Religious Services	\$ 1,292	51				
Total	\$ 1,292	51	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Monsignor Bojnowski Manor				993-C	9/30/2016			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)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Sister Mary Catherine Sirmowtok (10/1/15 - 9/30/16)	67,932				Social Service	2,088	A12m			

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Monsignor Bojnowski Manor				993-C	9/30/2016			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)							
Section III - Administrators***										
Carol Anne Salvietti (10/1/15 to 9/30/16)	107,416				Administrator	2,104	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Monsignor Bojnowski Manor	993-C	9/30/2016	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	15,250	335				
2. Dentist	6,019	71				
3. Pharmacist	4,239	71				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	206,419	4,252				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	19,200	192				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	93,898	1,210				
b. Other						
10. Occupational Therapist						
a. Resident Care	223,700	4,400				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	2,782	48				
2. Administrative***						
b. LPN						
1. Direct Care	8,900	148				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,292	51				
B-13 Total Fees Paid in Lieu of Salaries	581,699	10,778				

* 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		License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor		993-C	9/30/2016	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Debra Weeks Jameson Glastonbury, CT 06033	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
OmniCare Pharmacy 525 Knotter Dr, Cheshire, CT 06410	Pharmacy	<input type="radio"/>	<input checked="" type="radio"/>		
Gensis Eldercare Rehab Services 101 E State St, Kennett Square, PA 19348	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>		
Stephen Zebrowski, MD 120 W Main St, Plainville, CT 06062	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive 1 Prestige Dr. # 107, Meriden, CT 06450	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor	993-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 181,028	181,028			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 17,883	17,883			
4. Social Security (F.I.C.A.)	\$ 235,008	235,008			
5. Health Insurance	\$ 638,961	638,961			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,967	4,967			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 7,722	7,722			
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*	\$ 10,939	10,939			
d. Accounting and Auditing	\$ 25,300	25,300			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 5,235	5,235			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 18,356	18,356			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 11,807	11,807			
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	\$ 330,582	330,582			
Subtotal	\$ 1,487,787	1,487,787			

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

(Carry Subtotals forward to next page)

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

Monsignor Bojnowski Manor
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor	993-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	1,487,787	1,487,787			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 4,440	4,440			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 235	235			
5. Education Expenses Related to Seminars and Conventions	\$ 8,888	8,888			
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>)	\$ 5,187	5,187			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$ 9,063	9,063			
See Attached Schedule					
4. Fund-Raising***	\$ 2,662	2,662			
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,826	1,826			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 9,659	9,659			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 141	141			
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>)	\$ 65,352	65,352			
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 1,595,241	1,595,241			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
730250.000 Advertising Expense	\$ 9,063		
Total Other Advertising	\$ 9,063	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Leading Age	\$ 5,485		
CT Association of Health Care Facilities	\$ 4,094		
ALTCFM	\$ 80		
Total Dues	\$ 9,659	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Flath Associates Wage Analysis	\$ 7,000		
Mock Survey	\$ 1,312		
Medicare / MDS Review	\$ 2,889		
730310.000 Background Checks	\$ 680		
730600.000 Bank Fees & Service Charges	\$ 2,622		
730620.000 Fines/Penalties Settlements	\$ 2,000	adj	
730700.000 Computer Supplies Expense	\$ 4,206		
730705.000 Computer Maintenance	\$ 31,902		
730825.000 Miscellaneous Expense	\$ 294		
730850.000 Marketing Expenses	\$ 9,132	adj	
730860.000 Meeting Expenses	\$ 1,334		
Hospital Auxillary	\$ 40		
New Britain Chamber	\$ 235	adj	
Infection Control Nurses Association	\$ 100		
New Britain Rotary	\$ 275	adj	
Polish Home	\$ 25	adj	
Mutual Aid Program	\$ 350	adj	
Catholic Health	\$ 140	adj	
New Britain Health Department	\$ 215		
Credit Card	\$ 390	adj	
Other Misc Licenses	\$ 212		
Total Other Administrative and General	\$ 65,352	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility Monsignor Bojnowski Manor		License No. 993-C	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 137,295	137,295		
2.	Non-Food Supplies	\$ 27,957	27,957		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 165,252	165,252		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor		993-C	9/30/2016	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	3,872	3,872	
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. \$	1,107	1,107	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	4,979	4,979	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Monsignor Bojnowski Manor	993-C	9/30/2016	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. \$	11,356	11,356		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	11,356	11,356		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	113,070	113,070		
b. Medicine Cabinet Drugs	\$	50,556	50,556		
c. Medical and Therapeutic Supplies	\$	94,628	94,628		
d. Ambulance/Limousine***	\$	132	132		
e. Oxygen					
1. For Emergency Use	\$	4,655	4,655		
2. Other***	\$	5,383	5,383		
f. X-rays and Related Radiological Procedures***	\$	8,055	8,055		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	26,229	26,229		
i. Recreation	\$	13,746	13,746		
j. Other (Specify)**** See Attached Schedule	\$	17,675	17,675		
5K. Total Resident Care Expenditures (5a - 5j)	\$	334,127	334,127		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
620650.000 Supplies	\$ 44		
630475.000 Medical Record Supplies	\$ 107		
630550.000 Small Equipment Repairs	\$ 692		
63.0570.000 Small Equipment Purchase	\$ 4,947		
630575.000 Supplements	\$ 2,239		
630600.000 Wound Care Supplies	\$ 7,969		
640195.000 Enteral Feedings	\$ 759		
630600.000 Wound Care Supplies	\$ 37		
640700.000 Equipment Rental	\$ 881		
Total Other Resident Care	\$ 17,675	\$ -	\$ -

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

Name of Facility Monsignor Bojnowski Manor			License No. 993-C	Report for Year Ended 9/30/2016	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
N/A		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2016			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 50,446	50,446				
b. Heat	\$ 60,843	60,843				
c. Light & Power	\$ 90,843	90,843				
d. Water	\$ 48,717	48,717				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 1,221	1,221				
f. Other (<i>itemize</i>)	\$ 11,522	11,522				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 263,592	263,592				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 126	126				
b. Building & Building Improvements	\$ 66,763	66,763				
c. Non-Movable Equipment	\$ 2,106	2,106				
d. Movable Equipment	\$ 48,926	48,926				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 117,921	117,921				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 12,000	12,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 129,921	129,921				

* 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)
720530.000 Pest Control	\$ 1,661		
720540.000 Trash Remova	\$ 8,480		
720720.000 Small Equipment Purchase	\$ 1,381		
Total Other Repairs and Maintenance	\$ 11,522	\$ -	\$ -

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility			License No.		Report for Year Ended			Page	of					
Monsignor Bojnowski Manor			993-C		9/30/2016			23	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			100,830		100,830	99,782	SL	Var	126					
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
A-4. Subtotal										126				
B. Building and Building Improvements														
1. Acquired prior to this report period			4,358,466		4,358,466	3,771,359	SL	Var	66,689					
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)			3,845		3,845		SL	Var	74					
B-4. Subtotal										66,763				
C. Non-Movable Equipment														
1. Acquired prior to this report period			40,355		40,355	35,737	SL	Var	2,106					
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
C-4. Subtotal										2,106				
		Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
		Yes	No	Month	Year									
D. Movable Equipment														
1. Motor Vehicles (Specify name, model and year of each vehicle)														
a. Tractor 2002 & Snowblowers				X	Var	Var	10,982	10,982						
b. GMC Pickup				X		6	2004	24,231			24,231			
c. Truck			X			10	2008	3,000			3,000			
d. GMC Sierra 2500			X			9	2013	21,500		5	8,958	4,300		
2. Movable Equipment														
a. Acquired prior to this report period						Var	Var	1,164,133		1,164,133	959,704	SL	Var	43,387
b. Disposals (attach schedule)														
c. Acquired during this report period (attach schedule)						Var	Var	13,547		13,547		SL	5	1,238
D-3. Subtotal													48,926	
E. Total Depreciation														
											117,921			

Monsignor Bojnowski Manor
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/1/2016	RF Technologies	\$ 1,250	10	\$ 31
8/9/2016	Eastern Door	\$ 2,595	10	\$ 43
Total additions for Building Improvements		\$ 3,845		\$ 74 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/24/2016	MatrixCare Package	\$ 7,647	5	\$ 255
12/15/2016	Prism Office - Copier	\$ 5,900	5	\$ 983
Total additions for Movable Equipment		\$ 13,547		\$ 1,238 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Monsignor Bojnowski Manor			993-C		9/30/2016			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	7	1999	15	156,128	156,128	SL			
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	1/1/1974			
2. Date Structure Completed	9/30/1975			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure	10/1/1975			
5. Total Licensed Bed Capacity	60			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Private	Private		
b. Date Mortgage Obtained	10/01/74	10/01/74		
c. Interest Rate for the Cost Year	6.00%	6.00%		
d. Term of Mortgage (number of years)	Interest only	Interest only		
e. Amount of Principal Borrowed	2,000,000	400,000		
f. Principal balance outstanding as of _____	2,000,000	141,426		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor		993-C	9/30/2016		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 152,353	152,353		
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)			\$ 152,353	152,353		

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2016	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	152,353	152,353		
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	152,353	152,353	
14. Insurance				
a. Insurance on Property (buildings only)	\$	40,021	40,021	
b. Insurance on Automobiles	\$	3,101	3,101	
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	8,619	8,619	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	51,740	51,740	
15. Total All Expenditures (A-13 thru C-14)	\$	6,638,553	6,638,553	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor				993-C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$ 223,700	223,700		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 10,939	10,939		
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.	22	6a,b,c	Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 9,063	9,063		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 2,662	2,662		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 15,932	15,932		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 262,295	262,295		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	730620.000 Fines/Penalties Settlements	\$ 2,000		
16	m13	Credit Card	\$ 390		
16	m13	730850.000 Marketing Expenses	\$ 9,132		
30	IV8	Restricted Contributions	\$ 1,899		
30	IV8	Discounts Earned	\$ 1,486		
16	m13	New Britain Chamber	\$ 235		
16	m13	New Britain Rotarty	\$ 275		
16	m13	Polish Home	\$ 25		
16	m13	Mutual Aid Program	\$ 350		
16	m13	Catholic Health	\$ 140		
Total Other A&G Adjustments			\$ 15,932	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Monsignor Bojnowski Manor			993-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 262,295	262,295		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 113,070	113,070		
28.	20	d	Ambulance/Limousine	\$ 132	132		
29.	20	f	X-rays, etc	\$ 8,055	8,055		
30.	20	h	Laboratory	\$ 26,229	26,229		
31.			Medical Supplies	\$			
32.	20	2	Oxygen (non emergency)	\$ 5,383	5,383		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 8,006	8,006		
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	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 38,286	38,286		
51.	Total Amount of Decrease (Items 1 - 50)			\$ 461,456	461,456		

*** 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.

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7e	Depreciation - Personal Use @ 7.34%	\$ 4,900		
22	6a,b,c,d,f	R&M - Personal Use @ 7.34%	\$ 19,265		
26	12	Interest - Personal Use @ 7.34%	\$ 11,183		
27	14a	Insurance - Personal Use @ 7.34%	\$ 2,938		
Total Unallowable Building Interest			\$ 38,286	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor	993-C	9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 3,884,520	3,884,520			
b. Medicaid Room and Board Contractual Allowance **	\$ (1,441,641)	(1,441,641)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,214,220	1,214,220			
b. Medicare Room and Board Contractual Allowance **	\$ (295,032)	(295,032)			
4. a. Private-Pay Residents and Other	\$ 2,322,450	2,322,450			
b. Private-Pay Room and Board Contractual Allowance **	\$ (210,017)	(210,017)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 54,285	54,285			
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	\$ 338,824	338,824			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (41,467)	(41,467)			
c. Physical Therapy - Non-Medicare	\$ 60,948	60,948			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 145,003	145,003			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 16,615	16,615			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 396,016	396,016			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 65,946	65,946			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (835)	(835)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 190,129	190,129			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 5,437	5,437			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,705,400	6,705,400			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 57	57			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 121,465	121,465			
V. Total Other Revenue (1 thru 8)	\$ 121,522	121,522			
VI. Total All Revenue (III +V)	\$ 6,826,922	6,826,922			

* 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)
	400250.000 Medicare A - Pharmacy	\$ 152,844		
	400300.000 Medicare A - Oxygen	\$ 4,801		
	400700.000 Medicare A - X-Ray	\$ 15,332		
	400850.000 Medicare A - Lab	\$ 17,417		
	500999.000 Medicare B - Prior Year Adjustment	\$ (265)		
Total Other Resident Revenue - Medicare		\$ 190,129	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	450300.000 Managed Care Cert - Oxygen	\$ 562		
	450700.000 Managed Care Cert-X-Ray	\$ 845		
	450850.000 Managed Care Cert-Lab	\$ 4,030		
Total Other Resident Revenue		\$ 5,437	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	599010.000 Interest income		\$ 56		
	599040.000 Unrealized Gain/Loss Investment		\$ 1		
Total Interest Income			\$ 57	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	599060.000 Unrestricted Contributions	\$ 108,047		
	599070.000 Restricted Contributions	\$ 1,899		
	599080.000 Fund Raising income	\$ 8,946		
	599095.000 Discounts Earned	\$ 1,486		
	59900.5000 Dividend income	\$ 1,087		
Total Other Revenue		\$ 121,465	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	870,597
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	483,146
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	6,611
4. Inventories			\$	5,917
5. Prepaid Expenses			\$	19,708
a. 141000.000 Supplies - Medical	3,483			
b. 152000.000 Prepaid - insurance	14,748			
c. 155000.000 Prepaid - Other Expenses	1,477			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	56,276
100900.000 Cash - Resident Trust	56,276			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,442,255
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	100,831	\$	923
	Accum. Depreciation	99,908		Net
3. Buildings	*Historical Cost	4,362,309	\$	524,188
	Accum. Depreciation	3,838,121		Net
4. Leasehold Improvements	*Historical Cost	156,128	\$	
	Accum. Depreciation	156,128		Net
5. Non-Movable Equipment	*Historical Cost	40,355	\$	2,513
	Accum. Depreciation	37,842		Net
6. Movable Equipment	*Historical Cost	1,177,682	\$	173,352
	Accum. Depreciation	1,004,330		Net
7. Motor Vehicles	*Historical Cost	59,714	\$	8,242
	Accum. Depreciation	51,472		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	709,217

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,151,472	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
3. Buildings			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
4. Non-Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
5. Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
6. Motor Vehicles			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 2,151,472	

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

G. Balance Sheet (cont'd)

Name of Facility Monsignor Bojnowski Manor		License No. 993-C	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	203,431
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	92,452
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	207
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>)				\$	183,947
202100.000 Accrued Vacation & Sic		123,401	215100.000 Resident Ref		
203100.000 Garnishments		159	215200.000 Resident Tru	57,084	
203200.000 Employee 401 KWIH		164			
203300.000 Employee Suspense		(120)	254000.000 Deferred inc	3,259	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	480,038

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2016		Page 34	of 37
Account				Amount	
Total Brought Forward:				480,038	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 2,110,798	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 82,462	
Name and Address of Lender	Amount	Loan Date			
DOM - Daughters of Mary	82,462	3/1/2006			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,193,261	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,673,299	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2016	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			\$	(710,194)
6. Gain or Loss for Period			\$	188,369
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	(521,825)
C. Total Reserves and Net Worth			\$	(521,825)
D. Total Liabilities, Reserves, and Net Worth			\$	2,151,473

H. Changes in Total Net Worth

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(638,404)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	6,826,922
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	6,638,553
D. Net Income or Deficit			\$	188,369
E. Balance			\$	(450,035)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(450,035)
				09/30/16

I. Preparer's/Reviewer's Certification

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