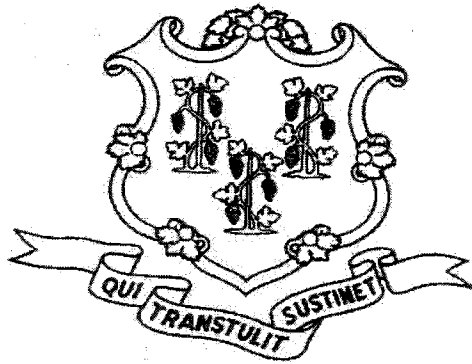


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Masonicare Health Center	
Address (No. & Street, City, State, Zip Code) 22 Masonic Avenue, Wallingford, CT 06492	
Type of Facility <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) </div> <div style="width: 30%;"> Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS) </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Chronic Disease Hospital </div> </div>	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 119-C	RHNS 1274-RCH	Chronic Disease Hospital 11-CD, H0008	Medicare Provider 07-0039
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Medicaid Provider Numbers:	CCNH 1198	RHNS 1587	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2019	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 Masonicare Health Center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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) Amy Pellerin			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Masonicare Health Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 22 Masonic Avenue, Wallingford, CT 06492				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/22/2020	
Item	Total	CCNH	RHNS	Chronic Disease Hospital
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-678-7862		Report for Year Ended 9/30/2019		Page 2	of 37
Name of Facility (as shown on license) Masonicare Health Center			Address (No. & Street, City, State, Zip) 22 Masonic Avenue, Wallingford, CT 06492		
License Numbers:	CCNH 119-C	RHNS 1274-RCH	Chronic Disease Hospita 11-CD, H0008	Medicare Provider No. 07-0039	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Chronic Disease Hospital	
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 Amy Pellerin			Nursing Home Administrator's License No.:	1577	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

Updated 12/4/2019

Masonicare Board of Trustees
 Residential Services Board of Directors
 Home and Community-Based Services Board of Directors
 Healthcare Services Board of Directors

2019-2020

Board Member	Telephone Numbers	Spouse/Significant Other & Email	Term Expires
Robert F. Polito, Jr., Chair			2020
William R. Deickler, Vice Chair			2020
Janet S. Berry, Secretary			By virtue of position in Order of Eastern Star 2021
Newton (Bud) Buckner, Treasurer			2022
William E. Bohman			By virtue of position in the Grand Lodge
Sherwin M. Borsuk, M.D.			2020
Francis X. Conlon			2021
Christopher J. Earle			2022
Robert J. Furce			2022
David A. Gessert			2021
Melvin E. Johnson			By virtue of position in the Grand Lodge
Susan Koty			By virtue of position Order of Amaranth 2020
Howard W. Orr			2021
Stephen W. Petri			By virtue of position in the Grand Lodge
Thaddeus M. Stewart			By virtue of position Prince Hall 2022
Jon-Paul Venoit, President and CEO Assistant Secretary			An officer of the Board, but not a Trustee.
James Rude, CFO & Assistant Treasurer			An officer of the Board, but not a Trustee.

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Masonicare Health Center	119-C	9/30/2019	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2019	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				
Masonicare	PO Box 70, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	Please see attached	Pg. 16 M12	3,412,680	3,412,680
Masonicare Charity Foundation	35 No. Plains Road, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	Please see attached	Various		
Masonicare at Ashlar Village	Cheshire Road, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	Please see attached	Various		
Masonicare Home, Health & Hospice (MHHS)	33 No. Plains Road, Wallingford, CT 06492	<input type="radio"/>	<input checked="" type="radio"/>	Please see attached	Various		
Keystone Indemnity Company, LTD	76 St. Paul Street, Suite 500, Burlington, VT 05401	<input type="radio"/>	<input checked="" type="radio"/>	Liability, Director, Crime & Office Insurance	Pg. 27, 14c3	141,698	141,698
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

Masonicare Health Center
 Related Party Elimination Transactions
 FYE - 9 / 30 / 2019

To / From MHC	G/L Account	001 MHC	002 AGN	003 AV	110 MCF	400 MC	160 MCV	CTVNA	MAH	KEYSTONE	CHCP	Total	Less Non Reimb.	Cost Report Amount
Mgmt Fee - MHC	100-000-8000-57000				3,630,600							3,630,600	217,920	3,412,680
RENTS														
	100-000-7806-40615				(83,670)							(83,670)		
Gift Shop Reimb.	100-000-6410-40405													
Transportation														
	100-000-8350-55115													
Laundry Services														
	130-000-7010-55110			(8,368)								(8,368)		
	130-000-7020-55110			(254)								(254)		
	130-140-7000-55110			(16,736)								(16,736)		
	130-150-7000-55110			(41,084)								(41,084)		
	130-150-7100-55110			(31,453)								(31,453)		
	130-150-7100-55110													
	160-140-7000-55110													
	160-140-7200-55110						(9,646)					(9,646)		
	400-000-5370-55110				(193)							(193)		
												(107,733)	N/A	
Board Designated														
	100-000-5030-80005			(85,000)								(85,000)		
	100-000-5270-80005			(1,556)								(1,556)		
	100-000-5280-80005			(4,863)								(4,863)		
	100-000-5290-80005			(1,556)								(1,556)		
	100-000-5602-80005			(6,520)								(6,520)		
	100-000-6150-80005			(11,866)								(11,866)		
	100-000-6200-80005			(13,142)								(13,142)		
	100-000-8000-80005			(2,113)								(2,113)		
Eastern Star	100-000-4010-40650			(300,000)								(300,000)		
Professional Liability Insurance	100-000-600-64020								(4,119)			(4,119)		
Lip Hosrce Unit (425/day) 6 bed	100-100-5110-30920							(456,875)				(456,875)		
Dietary	53315													
		11,362	(88)	(25,262)				(168)	(759)			(14,916)		
		11,362	(88)	(25,262)				(166)	(759)			(14,916)		
		(88,532)	(426,593)	3,521,475	(9,646)			(457,043)	(1,518)	(4,119)		2,536,025		
Total MHC Intercompany Revenue														
Costs														
		(88,532)	(426,593)	3,521,475	(9,646)			(457,043)	(1,518)	(4,119)		(1,090,456)		
		(88,532)	(426,593)	3,521,475	(9,646)			(457,043)	(1,518)	(4,119)		3,528,461		
TOTAL MHC REVENUE		100,071,837	100,071,837	100,071,837	100,071,837	100,071,837	100,071,837	100,071,837	100,071,837	100,071,837	100,071,837	100,071,837		
Percentage of affiliate revenue to total MHC revenue		0.00%	-0.09%	-0.43%	-0.11%	-0.01%	-0.46%	0.00%	0.00%	0.00%	0.00%	-1.09%		
Non-Related Revenue		100.00%	100.09%	100.43%	100.11%	100.01%	100.46%	100.00%	100.00%	100.00%	100.00%	101.09%		

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2019	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.

Please see attached allocation schedule. Also, please note that for cost reporting purposes, Rest Home with Nursing Supervision only (RHNS) refers to the Residential Care Home (RCH).

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

Please see page 4.

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.

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL	TOTAL ALLOCATED AMOUNTS	
								INPUT Total AMOUNT	
3011A.10	Medicaid RB - SNF Only	Nursing home	(43,462,028)	-	-	-	(43,462,028)		
3011A.11	Medicaid RB - ICF - (Ramage 2 ICF / SNF Split)	Nursing home	-	-	-	-	-		
3011A.12	Medicaid RB - CDH	CDH	(12,510)	-	(12,510)	-	(12,510)		
3011A.13	Medicaid RB - RCH - Only (HFA)	RCH	(7,224,596)	-	-	-	(7,224,596)		
3012	Rental of rooms to non-residents		-	-	-	-	-		
3013	Medicare RB - Telephone and Telegraph		-	-	-	-	-		
3013A.10	Medicare RB - SNF Only	Nursing home	(5,595,017)	-	-	-	(5,595,017)		
3013A.11	Medicare RB - ICF - (Ramage 2 ICF / SNF Split)	Nursing home	-	-	-	-	-		
3013A.12	Medicare RB - CDH - Only (AHU & GMPP)	CDH	(8,080,257)	-	(8,080,257)	-	(8,080,257)		
3014	Private RB - Rental of Televisions and Cable Services		-	-	-	-	-		
3014A.10	Private RB - SNF Only	Nursing home	(13,093,174)	-	-	-	(13,093,174)		
3014A.11	Private RB - ICF - (Ramage 2 ICF / SNF Split)	Nursing home	-	-	-	-	-		
3014A.12	Private RB - CDH - Only (AHU & GMPP)	CDH	(7,002,169)	-	(7,002,169)	-	(7,002,169)		
3014A.13	Private RB - RCH - Only (HFA)	RCH	(395,968)	-	-	-	(395,968)		
30111A.10	Prescription Drugs Medicare - SNF Only	Nursing home	(1,698,205)	-	-	-	(1,698,205)		
30111A.11	Prescription Drugs Medicare - ICF - (Ramage 2 ICF / SNF Split)	Nursing home	-	-	-	-	-		
30111A.12	Prescription Drugs Medicare - CDH - Only (AHU & GMPP)	CDH	(218,028)	-	(218,028)	-	(218,028)		
30111A.22	Prescription Drugs Medicare - Non-Reimbursable	Other	(43,524)	-	-	-	(43,524)		
30111C.10	Prescription drugs - SNF - Only (CCH)	Nursing home	(3,395,052)	-	-	-	(3,395,052)		
30111C.11	Prescription drugs - ICF - (Ramage 2 ICF / SNF Split)	Nursing home	-	-	-	-	-		
30111C.12	Prescription drugs - CDH - Only (AHU & GMPP)	CDH	(285,747)	-	(285,747)	-	(285,747)		
30111C.22	Prescription drugs - Non-Reimbursable	Other	-	-	-	-	-		
30112A.10	Medical Supplies Medicare - SNF Only	Nursing home	(26,767)	-	-	-	(26,767)		
30112A.11	Medical Supplies Medicare - ICF - (Ramage 2 ICF / SNF Split)	Nursing home	-	-	-	-	-		
30112A.12	Medical Supplies Medicare - CDH - Only (AHU & GMPP)	CDH	(10,023)	-	(10,023)	-	(10,023)		
30112A.22	Medical Supplies Medicare - Non Reimbursable	Other	-	-	-	-	-		
30112C.10	Medical Supplies Non Medicare - SNF Only	Nursing home	(34,119)	-	-	-	(34,119)		
30112C.12	Medical Supplies Non Medicare - CDH - Only (AHU & GMPP)	CDH	(9,030)	-	(9,030)	-	(9,030)		
30112C.22	Medical Supplies Non Medicare - Non-Reimbursable	Other	-	-	-	-	-		
30113A.07	PT Medicare - PT Treatments	PT Treat	(1,538,246)	-	(109,816)	-	(1,538,246)		
30113C.07	PT Other - PT Treatments	Other	(1,094,812)	-	(1,094,812)	-	(1,094,812)		
30114A.08	ST Medicare - ST Treatments	ST Treat	(423,685)	-	-	-	(423,685)		
30114C.08	ST Other - ST Treatments	ST Treat	(290,215)	-	-	-	(290,215)		
30115A.09	OT Medicare - OT Treatments	Other	(1,425,444)	-	-	-	(1,425,444)		
30115A.22	OT Medicare - Non Reimbursable	Other	-	-	-	-	-		
30115C.09	OT Other - OT Treatments	Other	(1,061,191)	-	(1,061,191)	-	(1,061,191)		
30115C.22	OT Other - Non Reimbursable	Other	-	-	-	-	-		
30116A.10	Other Medicare - SNF Only	Nursing home	2,923,717	-	-	-	2,923,717		
30116A.11	Other Medicare - ICF - (Ramage 2 ICF / SNF Split)	Nursing home	-	-	-	-	-		
30116A.12	Other Medicare - CDH - Only (AHU & GMPP)	CDH	1,529,353	-	1,529,353	-	1,529,353		
30116A.13	Other Medicare - RCH only	RCH	(354,267)	-	-	-	(354,267)		
30116A.22	Other Medicare - Non-Reimbursable	Other	(149,695)	-	-	-	(149,695)		
30116B.07	Other Non Medicare - PT Treatments	PT Treat	677,336	-	2,269	-	677,336		
30116B.08	Other Non Medicare - ST Treatments	ST Treat	214,874	-	-	-	214,874		
30116B.10	Other Non Medicare - SNF Only	Nursing home	28,859,036	-	-	-	28,859,036		
30116B.11	Other Non Medicare - ICF - (Ramage 2 ICF / SNF Split)	Nursing home	-	-	-	-	-		
30116B.12	Other Non Medicare - CDH - Only (AHU & GMPP)	CDH	6,852,198	-	6,852,198	-	6,852,198		
30116B.13	Other Non Medicare - RCH - Only (HFA)	RCH	3,861,781	-	3,861,781	-	3,861,781		
30116B.22	Other Non Medicare - Non Reimbursable	Other	(5,578,397)	-	(5,578,397)	-	(5,578,397)		
30116B.38	Other Non Medicare - Equivalent Patient Days	Patient Days	-	-	-	-	-		
3011V1.10	Meals - SNF Only		-	-	-	-	-		

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
30 IV1.15	Meals - Salaries and Wages	(233,090)	Payroll	(162,190)	(9,510)	(42,490)	(18,899)		(233,090)
30 IV1.22	Meals - Non Reimbursable	(515)	Other	-	-	-	(515)		(515)
30 IV2.22	Room Rental Non Reimbursable	(2,445,110)	Other	-	-	-	(2,445,110)		(2,445,110)
30 IV3.31	Telephone - Number of Computers	(6,350)	Payroll	(4,418)	(259)	(1,158)	(515)		(6,350)
30 IV5.22	Interest income - Non Reimbursable	-	Other	-	-	-	-		-
30 IV7.22	Barber, coffee, etc. - Non Reimbursable	(271,305)	Other	-	-	-	(271,305)		(271,305)
30 IV8.02	Other - Square Footage	(21,686)	SQFT	(9,930)	(3,704)	(1,602)	(6,450)		(21,686)
30 IV8.03	Other - Meals Per Day	(73,709)	Meals	(52,012)	(12,560)	(4,714)	(4,424)		(73,709)
30 IV8.07	Other - PT Treatments	-	PT Treat	-	-	-	-		-
30 IV8.10	Other - SNF Only	-	Nursing home	-	-	-	-		-
30 IV8.11	Other - ICF	-	Nursing home	-	-	-	-		-
30 IV8.12	Other - CDH	-	CDH	-	-	-	-		-
30 IV8.13	Other - RCH- Only (HFA)	-	RCH	-	-	-	-		-
30 IV8.14	Other - Nursing Salary- CCH, RHNS, AHU, GMP	-	Salary - nursing no RCH	-	-	-	-		-
30 IV8.22	Other - Non Reimbursable	(573,892)	Other	-	-	-	(573,892)		(573,892)
30 IV8.25	Other - Transportation Services	-	Other	-	-	-	-		-
30 IV8.26	Other - Nursing Salary all	-	Salary - nursing	-	-	-	-		-
30 IV8.27	Other - Volunteer Time Spent	-	Volunteer	-	-	-	-		-
30 IV8.33	Other - Resident Capacity	-	Other	-	-	-	-		-
30 IV8.38	Other - Equivalent Patient Days	(84,805)	patient days	(59,841)	(14,450)	(5,423)	(5,090)		(84,805)
30 IV8.39	Other - Patient Days- SNF & ICF Only	(15,255)	Nursing home	(15,255)	-	-	-		(15,255)
30 IV8.41	Other - Non Salary Expenses	-	Payroll	-	-	-	-		-
30 IV8.42	Other - Spiritual Services	(11,866)	Spiritual	(8,373)	(2,022)	(759)	(712)		(11,866)
30 IV8.43	Other - Equiv Days w/ Independent Living	-	Days w/IL	-	-	-	-		-
30 18.22	Other Revenue - Non Reimb	-	Other	-	-	-	-		-
30 18.2	Other Revenue - SQFT	-	SQFT	-	-	-	-		-
30 18.10	Other Revenue - SNF Only	-	Nursing home	-	-	-	-		-
	Total Revenue	(61,321,454)		(37,121,755)	(4,155,556)	(7,295,244)	(12,748,901)		(61,321,454)

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	ALLOCATION BASIS	INPUT Total AMOUNT	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	
									TOTAL
10-A 1.43	Owner - Equivalent Days w/ Independent Living	Days w ll	-	-	-	-	-	-	-
10-A 2.43	Administrator Salary - Equivalent Days w/ Independent Living	Administrator	145,001	108,851	26,285	9,865	-	145,001	-
10-A 3	Administrator Salary - Equivalent Days w/ Independent Living	Administrator	-	-	-	-	-	-	-
10-A 4.19	Other Admin - Salary %	Payroll - less admin	368,819	244,963	16,003	65,886	42,267	368,819	-
10-A 4.22	Other Admin - Non reimb	-	-	-	-	-	-	-	-
10-A 4.27	Other Admin - Volunteer	-	-	-	-	-	-	-	-
10-A 4.30	Other Administrative Salaries - Number of Communication Driver	Payroll	172,546	120,062	7,040	31,454	13,990	172,546	-
10-A 4.34	Other Administrative Salaries - Admissions	Admissions	348,990	156,136	4,151	179,604	9,099	348,990	-
10-A 4.38	Other Admin - Patient days	Patient Days	-	-	-	-	-	-	-
10-A 4.45	Other Admin - Patient days	Accum Costs	-	-	-	-	-	-	-
10-A 5A	Head Dietitian	-	-	-	-	-	-	-	-
10-A 5B	Food Service Supervisor	-	-	-	-	-	-	-	-
10-A 5C.22	Dietary - Non reimb	-	-	-	-	-	-	-	-
10-A 5C.3	Dietary Workers - Meals	Meals	2,169,926	1,531,174	369,742	138,765	130,245	2,169,926	-
10-A 6A	Head Housekeeper	-	-	-	-	-	-	-	-
10-A 6B.2	Other Housekeeping Workers - Sqft	-	-	-	-	-	-	-	-
10-A 6B.4	Other Housekeeping Workers - Housekeeping hours	Housekeeping	1,216,646	720,949	119,901	100,973	274,823	1,216,646	-
10-A 7A	Engineer or Chief of Maintenance	-	-	-	-	-	-	-	-
10-A 7B.2	Other Maintenance Workers - Square Footage-MHC Campus	SQFT	780,208	357,256	133,258	57,646	232,048	780,208	-
10-A 7B.10	Other Maintenance Workers - CDH Only	CDH	-	-	-	-	-	-	-
10-A 7B.10	Other Maintenance Workers - SNF Only	Nursing Home	-	-	-	-	-	-	-
10-A 8A	Laundry Supervisor	-	-	-	-	-	-	-	-
10-A 8B.5	Other Laundry Workers - Pounds	Laundry	654,006	544,163	10,623	52,594	46,626	654,006	-
10-A 9	Barber and Beautician Services	-	-	-	-	-	-	-	-
10-A 9.22	Barber and Beautician Services Non-Reimbursable	Other	-	-	-	-	-	-	-
10-A 10	Protective Services	-	-	-	-	-	-	-	-
10-A 10.24	Protective Services Security Coverage	SQFT	250,552	114,727	42,794	18,512	74,519	250,552	-
10-A 11A	Head Accountant	-	-	-	-	-	-	-	-
10-A 11B	Other Accountants	-	-	-	-	-	-	-	-
10-A 12A.19	Director of Nurses/Assistant Director	Payroll - less admin	245,157	162,830	10,637	43,595	28,095	245,157	-
10-A 12B1.14	RNs - Direct Care - Nursing Salary- CCH, RHNS, AHU, GMP	Salary - nursing no RCH	-	-	-	-	-	-	-
10-A 12B1.10	RNs - Direct Care - SNF Only	Nursing Home	2,629,680	2,629,680	-	-	-	2,629,680	-
10-A 12B1.12	RNs - Direct Care - CDH Only	CDH	1,944,987	-	-	1,944,987	-	1,944,987	-
10-A 12B2.26	RNs - Administrative - Nursing Salary	Salary - nursing	-	-	-	-	-	-	-
10-A 12B2.14	RNs - Administrative - Nursing Salary- CCH, RHNS, AHU, GMP	Salary - nursing no RCH	1,811,515	1,398,465	-	413,050	-	1,811,515	-
10-A 12C1.10	LPNs - Direct Care - SNF Only	Nursing Home	3,535,765	3,535,765	-	-	-	3,535,765	-
10-A 12C1.12	LPNs - Direct Care - CDH Only	CDH	324,172	-	-	324,172	-	324,172	-
10-A 12C1.13	LPNs - Direct Care - RCH Only	RCH	71,694	-	71,694	-	-	71,694	-
10-A 12D.10	Aides and Attendants - SNF Only	Nursing Home	7,436,355	7,436,355	-	-	-	7,436,355	-
10-A 12D.26	Aides and Attendants - Nursing Salary	Salary - nursing	-	-	-	-	-	-	-
10-A 12D.12	Aides and Attendants - CDH Only	CDH	1,748,265	-	-	1,748,265	-	1,748,265	-
10-A 12D.13	Aides and Attendants - RCH Only	RCH	296,220	-	296,220	-	-	296,220	-
10-A 12E	Physical Therapists	-	-	-	-	-	-	-	-
10-A 12E.7	Physical Therapists - PT Treatments	PT Treat	1,385,858	1,282,277	-	4,643	98,938	1,385,858	-
10-A 12E.12	Physical Therapists - CDH Only	CDH	-	-	-	-	-	-	-
10-A 12F	Speech Therapists	-	-	-	-	-	-	-	-
10-A 12F.8	ST - ST Treatments	ST Treat	321,477	316,668	-	-	4,809	321,477	-
10-A 12G	Occupational Therapists	-	-	-	-	-	-	-	-
10-A 12G.22	Occupational Therapists - Non- Reimbursable	Other	871,273	-	-	-	871,273	871,273	-
10-A 12G.12	Occupational Therapists - CDH Only	CDH	186,698	-	-	186,698	-	186,698	-
10-A 12H.10	Recreation Workers - SNF	-	-	-	-	-	-	-	-

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
10-A 12H.22	Recreation Worker - Non reimb	-	-	-	-	-	-	-	-
10-A 12H.39	Recreation Worker - Patient Days- SNF & ICF Only	401,580	Nursing Home	401,580	-	-	-	-	401,580
10-A 12L.38	Recreation Worker - Equivalent Patient Days	-	Patient Days	-	-	-	-	-	-
10-A 12L.38	Medical Director - Patient Days	-	Patient Days	-	-	-	-	-	-
10-A 12I2	Utilization Review	-	-	-	-	-	-	-	-
10-A 12I3	Resident Care	-	-	-	-	-	-	-	-
10-A 12I4	Other	-	-	-	-	-	-	-	-
10-A 12J	Dentists	-	-	-	-	-	-	-	-
10-A 12K.22	Pharmacists - Non reimb	-	-	-	-	-	-	-	-
10-A 12K.40	Pharmacists - Pharmacy Cost of Requirements	705,798	Other	-	-	-	705,798	-	705,798
10-A 12L	Podiatrists	-	-	-	-	-	-	-	-
10-A 12M.33	Social Workers/Case Management - Capacity	-	Capacity	-	-	-	-	-	-
10-A 12M.28	Social Workers/Case Management - Social Services Time Spent	497,761	Social Services	351,237	84,815	31,831	29,878	-	497,761
10-A 12M.12	Social Workers/Case Management - CDH Only	229,539	CDH	-	-	229,539	-	-	229,539
10-A 12N.22	Marketing - Non reimb	-	Other	-	-	-	-	-	-
10-A 12O.10	Other - SNF	296,513	Nursing Home	296,513	-	-	-	-	296,513
10-A 12O.11	Other - ICF- (Ramage 2 ICF/ SNF Split)	119,226	Nursing Home	-	-	119,226	-	-	119,226
10-A 12O.12	Other - CDH Only	-	CDH	-	-	-	-	-	-
10-A 12O.15	Other - Salaries %	-	Payroll	-	-	-	-	-	-
10-A 12O.16	Other - GMPP Only Days	-	Patient Days	-	-	-	-	-	-
10-A 12O.14	Other - Nursing Salary-CCH,RHNS,AHU,GMP	918,699	Salary - nursing no RCH	-	-	-	-	-	-
10-A 12O.22	Other - Non reimb	142,469	Other	-	-	-	918,699	-	918,699
10-A 12O.23	Other - RCH & I/L	76,289	Patient Days - RCH & I/L Only	-	105,356	-	37,113	-	142,469
10-A 12O.21	Other - Patient Days- Less RCH	-	Days - less rch	64,889	-	5,881	5,519	-	76,289
10-A 12O.25	Other - Transportation	-	-	-	-	-	-	-	-
10-A 12O.27	Other - Volunteer Time Spent	70,489	Volunteer	32,277	12,039	5,208	20,965	-	70,489
10-A 12O.13	Other - RCH-Only (HFA)	-	RCH	-	-	-	-	-	-
10-A 12O.37	Other - Equivalent Discharges	-	Discharges	-	-	-	-	-	-
10-A 12O.26	Other - Nursing Salary- All	53,421	Salary - nursing	40,474	993	11,954	-	-	53,421
10-A 12O.34	Other - Admissions	451,921	Admissions	202,186	5,375	232,576	11,784	-	451,921
10-A 12O.42	Other - Spiritual	128,456	Spiritual	90,643	21,888	8,215	7,710	-	128,456
10-A 4-19	Other Administration	-	-	-	-	-	-	-	-
Total Expense Page 10		33,007,971		22,140,120	1,338,814	5,964,839	3,564,198		33,007,971

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	ALLOCATION BASIS	INPUT Total AMOUNT	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
13-B 1	Dietitian		-	-	-	-	-	-	-
13-B 2.22	Dentist - non reimb		-	-	-	-	-	-	-
13-B 3.10	Pharmacist - SNF	Nursing Home	-	-	-	-	-	-	-
13-B 4	Podiatrist		-	-	-	-	-	-	-
13-B 5A.07	PT - Resident Care - PT	PT Treat	-	-	-	-	-	-	-
13-B 5B	PT - Other	Other	-	-	-	-	-	-	-
13-B 6.33	Social Worker - Capacity	Capacity	-	-	-	-	-	-	-
13-B 7.22	Recreation Worker - Non reimb	Other	-	-	-	-	-	-	-
13-B 8A.38	Medical Director - Days	Patient Days	2,881,557	2,033,325	491,000	184,273	172,959	2,881,557	
13-B 8A.22	Medical Director - Non Reimb	Other	-	-	-	-	-	-	-
13-B 8A.12	Medical Director - CDH Only	CDH	-	-	-	-	-	-	-
13-B 8C	Resident Care		-	-	-	-	-	-	-
13-B 8C.22	Resident Care - Non-Reimbursable	Other	-	-	-	-	-	-	-
13-B 8D1	Infection Control Committee		-	-	-	-	-	-	-
13-B 8D2	Pharmaceutical Committee		-	-	-	-	-	-	-
13-B 8D3	Staff Development Committee		-	-	-	-	-	-	-
13-B 8E	Other		-	-	-	-	-	-	-
13-B 8E.22	Other - Non-Reimbursable	Other	-	-	-	-	-	-	-
13-B 9A.08	ST - Resident Care - ST	ST Treat	-	-	-	-	-	-	-
13-B 9B	ST - Other		-	-	-	-	-	-	-
13-B 10A.22	OT - Resident Care - Non reimb	Other	-	-	-	-	-	-	-
13-B 10B	OT - Other		-	-	-	-	-	-	-
13-B 11A1	RN's - Direct Care		-	-	-	-	-	-	-
13-B 11A2	RN's - Administrative		-	-	-	-	-	-	-
13-B 11A.10	RN's - SNF-Only (CCH)		-	-	-	-	-	-	-
13-B 11A.12	RN's - CDH- Only (AHU & GMPP)		-	-	-	-	-	-	-
13-B 11B1	LPN's - Direct Care		-	-	-	-	-	-	-
13-B 11B.10	LPN's - SNF Only		-	-	-	-	-	-	-
13-B 11B.12	LPN's -CDH Only	CDH	-	-	-	-	-	-	-
13-B 11B2	LPN's - Administrative		-	-	-	-	-	-	-
13-B 11C	Aides		-	-	-	-	-	-	-
13-B 11D	Other		-	-	-	-	-	-	-
13-B 12.22	Other - Non reimb	other	8,215	-	-	-	8,215	8,215	
13-B 12.5	Other - Pounds of Laundry Processed		-	-	-	-	-	-	-
13-B 12.34	Other - Admissions	Admissions	-	-	-	-	-	-	-
13-B 12.43	Other - Equiv Days w/ Independent Living	Patient Days	126,900	89,545	21,623	8,115	7,617	126,900	
13-B 12.14	Other - Nursing Salary- CCH, RHNS, AHU, GMP		-	-	-	-	-	-	-
Total Expense Page 13			3,016,672	2,122,870	512,623	192,388	188,791	3,016,672	

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
15 1A1.15	Workmen's Compensation - Salary %	1,368,838	Payroll	918,149	55,521	247,361	147,807		1,368,838
15 1A2.15	Disability Insurance - Salary %	185,623	Payroll	124,507	7,529	33,544	20,043		185,623
15 1A3.15	Unemployment Insurance - Salary %	192,345	Payroll	129,016	7,802	34,758	20,769		192,345
15 1A4.15	Social Security (FICA) - Salary %	2,450,390	Payroll	1,643,601	99,389	442,808	264,592		2,450,390
15 1A5.15	Health Insurance - Salary %	5,093,191	Payroll	3,416,261	206,581	920,866	549,963		5,093,191
15 1A6.15	Life Insurance - Salary %	22,053	Payroll	14,792	894	3,985	2,382		22,053
15 1A7.15	Pensions - Salary %	1,637,573	Payroll	1,098,403	66,420	295,924	176,826		1,637,573
15 1A8.10	Uniform Allowance - SNF- Only (CCH)	-	Nursing Home	-	-	-	-		-
15 1A8.12	Uniform Allowance - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-		-
15 1A8.15	Uniform Allowance - Salary %	-	Payroll	-	-	-	-		-
15 1A8.2	Uniform Allowance - Square Footage- MHC Campus	-	SOFT	-	-	-	-		-
15 1A8.3	Uniform Allowance - Meals	-	Meals	-	-	-	-		-
15 1A8.22	Uniform Allowance - Non Reim	-	Other	-	-	-	-		-
15 1A8.24	Uniform Allowance - Security Coverage	-	SOFT	-	-	-	-		-
15 1A8.33	Uniform Allowance - Capacity	-	Capacity	-	-	-	-		-
15 1A8.4	Uniform Allowance - Housekeeping Hours	191	Housekeeping	113	19	16	43		191
15 1A8.5	Uniform Allowance - Pounds of Laundry Processed	-	Laundry	-	-	-	-		-
15 1A9.15	Other - Salary %	18,116	Payroll	12,151	735	3,274	1,956		18,116
15 1A9.22	Other Salary	-	Other	-	-	-	-		-
15 1B	Personal Retirement Plans, Pensions	-		-	-	-	-		-
15 1C.22	Bad Debts - Non Reimb	-	Other	-	-	-	-		-
15 1D.38	Accounting and Auditing - Equivalent Patient Days	28,007	Patient Days	19,763	4,772	1,791	1,681		28,007
15 1D.43	Accounting and Auditing - Equivalent Patient Days w/ Independent Li	-	Days w IL	-	-	-	-		-
15 1E.15	Legal - Salary %	-	Payroll	-	-	-	-		-
15 1E.22	Legal - Non Reimbursable	-	Other	-	-	-	-		-
15 1E.38	Legal - Equivalent Patient Days	255,787	Patient Days	180,492	43,585	16,357	15,353		255,787
15 1E.43	Legal - Expenses	-	Days w IL	-	-	-	-		-
15 1F	Insurance of Lives of Owners/Oper.	-		-	-	-	-		-
15 1G.02	Office Supplies Sqft	-	SOFT	-	-	-	-		-
15 1G.03	Office Supplies - Meals	-	Meals	-	-	-	-		-
15 1G.04	Office Supplies - Housekeeping Hours	-	Housekeeping	-	-	-	-		-
15 1G.05	Office Supplies - Pounds of Laundry Processed	-	Laundry	-	-	-	-		-
15 1G.7	Office Supplies - PT Treatments	-	PT Treat	-	-	-	-		-
15 1G.10	Office Supplies - SNF	201	Nursing Home	201	-	-	-		201
15 1G.11	Office Supplies - ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing Home	-	-	-	-		-
15 1G.12	Office Supplies - CDH- Only (AHU & GMPP)	1,249	Nursing Home	-	-	1,249	-		1,249
15 1G.13	Office Supplies - RCH- Only (HFA)	110	CDH	-	110	-	-		110
15 1G.14	Office Supplies - Nursing Salary- CCH, RHNS, AHU, GMP	10,872	Salary - nursing no RCH	8,393	-	2,479	-		10,872
15 1G.15	Office supplies - Salary %	-	Payroll	-	-	-	-		-
15 1G.21	Office Supplies - Patient Days- Less RCH	-	Days - less rch	-	-	-	-		-
15 1G.22	Office Supplies - Office Supplies - Non reimb	1,314	Other	-	-	-	1,314		1,314
15 1G.24	Office Supplies - Security Coverage	-	SOFT	-	-	-	-		-
15 1G.26	Office Supplies - Nursing Salary- ALL	408	Salary - nursing	309	8	91	-		408
15 1G.27	Office Supplies - Volunteer	4,719	Volunteer	2,161	806	349	1,403		4,719
15 1G.28	Office Supplies - Social Services Time Spent	1,154	Social Services	814	197	74	69		1,154
15 1G.30	Office Supplies - Number of Communication Devices	-	Accum Costs	-	-	-	-		-
15 1G.31	Office Supplies - Computers	-	Accum Costs	-	-	-	-		-
15 1G.33	Office Supplies - Capacity	-		-	-	-	-		-
15 1G.34	Office Supplies - Admissions	-	Admissions	-	-	-	-		-
15 1G.37	Office Supplies - Equivalent Discharges	(1,532)	Discharges	(693)	(22)	(777)	(40)		(1,532)
15 1G.38	Office Supplies - Equivalent Patient Days	-	Patient Days	-	-	-	-		-

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
15 1G.39	Office Supplies - Patient Days - SNF & ICF Only	-	Nursing Home	-	-	-	-	-	-
15 1G.40	Office Supplies - Pharmacy Cost of Requisitions	-	Other	-	-	-	-	-	-
15 1G.42	Office Supplies - Spiritual	3,227	Spiritual	2,277	550	206	194	3,227	3,227
15 1G.43	Office Supplies - Equiv Days w/ Independent Living	4,134	Days w/IL	2,917	704	264	249	4,134	4,134
15 1G.45	Office Supplies - Expenses	-	Accum Costss	-	-	-	-	-	-
15 1H.45	Telephone and Telegraph - Cellular Phones - Expenses	-	Accum Costss	-	-	-	-	-	-
15 1H1.30	Telephone and Telegraph - Telephone	99,183	Patient Days	69,987	16,900	6,343	5,953	99,183	99,183
15 1H1.43	Telephone and Telegraph - Equiv Days w/ Independent Living	-	Days w/IL	-	-	-	-	-	-
15 1H1.37	Telephone and Telegraph - Equivalent Discharges	-	Discharges	-	-	-	-	-	-
15 1H2.30	Telephone and Telegraph - Cellular Phones and Beepers - Telephone	1,265	Patient Days	893	216	81	75	1,265	1,265
15 1H2.31	Telephone and Telegraph - Number of Computers	9,248	Patient Days	6,526	1,576	591	555	9,248	9,248
15 1H2.34	Telephone and Telegraph - Admissions	-	Admissions	-	-	-	-	-	-
15 1H2.37	Telephone and Telegraph - Equivalent Discharges	-	Discharges	-	-	-	-	-	-
15 1H2.38	Telephone and Telegraph - Equivalent Patient Days	-	Patient Days	-	-	-	-	-	-
15 1H2.40	Telephone and Telegraph - Pharmacy Cost Requisitions	-	Pharmacy	-	-	-	-	-	-
15 1I	Appraisal	-		-	-	-	-	-	-
15 1J	Corporation Business Taxes	-		-	-	-	-	-	-
15 1K1.45	Other Taxes - Income - Expenses	-	Accum Costss	-	-	-	-	-	-
15 1K2	Other	-		-	-	-	-	-	-
15 1K2.22	Other - Non Reim	-	Other	-	-	-	-	-	-
15 1K3.10	Other taxes - Resident Day User Fee - SNF	1,718,490	Nursing Home	1,718,490	-	-	-	1,718,490	1,718,490
Total Expense Page 15		13,106,156		9,369,523	514,292	2,011,154	1,211,187	13,106,156	13,106,156

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL	TOTAL ALLOCATED AMOUNTS
16 1.10	Resident Travel and Entertainment - SNF	-	Nursing Home	-	-	-	-	-	-
16 1.22	Resident Travel and Entertainment - non reimb	-	Other	-	-	-	-	-	-
16 2	Migh	-		-	-	-	-	-	-
16 3	Gifts to Staff and Residents	-		-	-	-	-	-	-
16 4.15	Employee Travel - Salaries	-	Patient Days	-	-	-	-	-	-
16 4.42	Employee Travel - Expense	535	Patient Days	378	91	34	32	535	32
16 5.10	Education Expense - SNF	260	Nursing Home	260	-	-	-	260	-
16 5.14	Education Expense - Nursing Salaries	674	Salary - nursing	510	13	151	-	674	-
16 5.15	Education Expense - Salary %	-	Payroll	-	-	-	-	-	-
16 5.22	Education Expense - Non reimb	7,011	Other	-	-	-	7,011	7,011	-
16 5.31	Education Expense - Computers	-	Computers	-	-	-	-	-	-
16 5.33	Education Expense - Capacity	-	Capacity	-	-	-	-	-	-
16 5.34	Education Expense - Admission	-	Admissions	-	-	-	-	-	-
16 6.22	Automobile Expense - Non Reimb	-	Other	-	-	-	-	-	-
16 6.25	Automobile Expense - Transportation	-	transportation	-	-	-	-	-	-
16 7	Other	-		-	-	-	-	-	-
16 L4.3	Resident travel - Contract services - Equiv Days with Independent Liv	-	Days w IL	-	-	-	-	-	-
16 L4.08	Employee travel - ST Treatments	-	ST Treat	-	-	-	-	-	-
16 L4.10	Employee Travel - SNF	-	Nursing Home	-	-	-	-	-	-
16 L4.27	Employee Travel - Volunteer Time	-	Volunteer	-	-	-	-	-	-
16 L4.43	Employee Travel - Days With Independent Living	84	Days w IL	59	14	5	6	84	6
16 L5.02	Education - Square Footage- MHC Campus	526	sqft	241	90	39	156	526	156
16 L5.03	Education - Meals Per Day	-	Meals	-	-	-	-	-	-
16 L5.10	Education - SNF - Only (CCH)	-	Nursing Home	-	-	-	-	-	-
16 L5.12	Education - CDH - Only (AHU & GMPP)	295	CDH	-	-	295	-	295	-
16 L5.14	Education - Nursing Slary- CCH, RHNS, AHU, GMP	3,566	Salary - nursing no RCH	2,753	-	813	-	3,566	-
16 L5.19	Education - Total Salary- less admin	-	Payroll - less admin	-	-	-	-	-	-
16 L5.22	Education - Non- Reimbursable	-	Other	-	-	-	-	-	-
16 L5.26	Education - Nursing Salary- All	-	Salary - nursing	-	-	-	-	-	-
16 L5.27	Education - Volunteer Time Spent	-	Volunteer	-	-	-	-	-	-
16 L5.28	Education - Social Services Time Spent	-	Social Services	-	-	-	-	-	-
16 L5.34	Education - Admissions	-	Admissions	-	-	-	-	-	-
16 L5.37	Education - Equivalent Discharge	-	Discharges	-	-	-	-	-	-
16 L5.38	Education - Equivalent Patient Days	4,291	Patient Days	3,028	731	274	258	4,291	258
16 L5.42	Education - Spiritual Services	-	Spiritual	-	-	-	-	-	-
16 M01.15	Advertising Help Wanted - Salaries %	-	Payroll	-	-	-	-	-	-
16 M01.19	Advertising Help Wanted - Total Salary- Less Admin	78,061	Payroll - less admin	51,847	3,387	13,881	8,946	78,061	8,946
16 M02.22	Advertising Telephone Directory - Non Reim	-	Other	-	-	-	-	-	-
16 M05.34	Medical Records - Admissions	-	Admissions	-	-	-	-	-	-
16 M05.37	Medical Records - Equivalent Admissions	5,395	Admissions	2,414	64	2,776	141	5,395	141
16 M06	Barber and Beauty Supplies	158,461	Other	-	-	-	-	158,461	-
16 M06.22	Barber and Beauty Supplies - Non- Reimbursable	-	Other	-	-	-	-	-	-
16 M07.02	Postage - Square Footage- MHC Campus	69	sqft	32	12	5	20	69	20
16 M07.03	Postage - Meals Per Day	1	Meals	1	-	-	-	1	-
16 M07.04	Postage - Housekeeping Hours	121	Housekeeping	72	12	10	27	121	27
16 M07.05	Postage - Pounds of Laundry Processed	136	Laundry	113	2	11	10	136	10
16 M07.10	Postage - SNF	354	Nursing Home	354	-	-	-	354	-
16 M07.11	Postage - ICF - (Ramage 2 ICF / SNF Split)	-	Nursing Home	-	-	-	-	-	-
16 M07.12	Postage - CDH- Only (AHU & GMPP)	3,700	CDH	-	-	3,700	-	3,700	-
16 M07.13	Postage - RCH-Only (HFA)	108	RCH	-	108	-	-	108	-
16 M07.14	Postage - Nursing Salary- CCH, RHNS, AHU, GMP	3,315	Salary - nursing no RCH	2,559	-	756	-	3,315	-

MASONICARE OF WALLINGFORD		ALLOCATION SCHEDULE		9/30/2019		TOTAL ALLOCATED AMOUNTS		TOTAL ALLOCATED AMOUNTS	
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL	
16 M07.15	Postage - Salary %	-	Payroll	-	-	-	-	-	-
16 M07.21	Postage - Days Less RCH	-	Days - less RCH	-	-	-	-	-	-
16 M07.22	Postage - Non Reim	1,634	Other	-	-	-	1,634	-	1,634
16 M07.24	Postage - Security Coverage	-	SOFT	-	-	-	-	-	-
16 M07.26	Postage - Nursing Salary- ALL	1	Salary - nursing	1	-	-	-	-	1
16 M07.27	Postage - Volunteer Time Spent	613	Volunteer	281	105	45	182	-	613
16 M07.28	Postage - Social Services Time Spent	729	Social Services	514	124	47	44	-	729
16 M07.30	Postage - Number of Communication Devices	-	Accum Costs	-	-	-	-	-	-
16 M07.33	Postage - Capacity	-	Capacity	-	-	-	-	-	-
16 M07.34	Postage - Admissions	270	Admissions	121	3	139	7	-	270
16 M07.37	Postage - Equivalent Discharges	4,802	Discharges	2,172	69	2,437	124	-	4,802
16 M07.38	Postage - Equivalent Patient Days	-	Patient Days	-	-	-	-	-	-
16 M07.39	Postage - Patient Days- SNF & ICF Only	-	Nursing Home	-	-	-	-	-	-
16 M07.40	Postage - Pharmacy Cost of Requisitions	37	Other	-	-	-	37	-	37
16 M07.42	Postage - Spiritual Services	34	Spiritual	24	6	2	34	-	34
16 M07.43	Postage - Equiv Days w/ Independent Living	1,435	Days w IL	1,013	245	92	85	-	1,435
16 M07.45	Postage - Expenses	-	Accum Costs	-	-	-	-	-	-
16 M08.10	Dues and Membership Fees to Professional Associations - SNF	-	-	-	-	-	-	-	-
16 M08.12	Dues and Membership Fees to Professional Associations - CDH	-	CDH	-	-	-	-	-	-
16 M08.13	Dues and Membership Fees - RCH-Only (HFA)	-	-	-	-	-	-	-	-
16 M08.14	Dues and Membership Fees - Nursing Salary- CCH, RHNS, AHU, GMP	1,165	Salary - nursing no RCH	899	-	266	-	-	1,165
16 M08.15	Dues and Membership Fees to Professional Associations - Salary %	-	-	-	-	-	-	-	-
16 M08.22	Dues and Membership Fees to Professional Associations - Non Reim	-	-	-	-	-	-	-	-
16 M08.26	Dues and Membership Fees - Nursing Salary- All	-	Salary - nursing	-	-	-	-	-	-
16 M08.33	Dues and Membership Fees to Professional Associations - Capacity	-	-	-	-	-	-	-	-
16 M08.37	Dues and Membership Fees - Equivalent Discharges	540	Discharges	244	8	274	14	-	540
16 M08.38	Dues and Membership Fees - Equivalent Patient Days	-	Patient Days	-	-	-	-	-	-
16 M08.40	Dues and Membership Fees - Pharmacy Cost of Requisitions	-	Other	-	-	-	-	-	-
16 M08.43	Dues and Membership Fees - Equiv Days w/ Independent Living	37,340	Patient Days	26,348	6,363	2,388	2,241	-	37,340
16 M08.45	Dues and Membership Fees to Professional Associations - Expenses	-	Accum Costs	-	-	-	-	-	-
16 M08A	Dues to Chamber of Commerce	-	-	-	-	-	-	-	-
16 M09.10	Subscriptions - SNF	-	Nursing Home	-	-	-	-	-	-
16 M09.12	Subscriptions - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-	-	-
16 M09.13	Subscriptions - RCH- Only (HFA)	-	RCH	-	-	-	-	-	-
16 M09.14	Subscriptions - Nursing Salary- CCH, RHNS, SHU, GMP	-	Salary - nursing no RCH	-	-	-	-	-	-
16 M09.15	Subscriptions - Salary %	-	Payroll	-	-	-	-	-	-
16 M09.02	Subscriptions - Square Footage- MHC Campus	-	sqft	-	-	-	-	-	-
16 M09.22	Subscriptions - Non Reim	-	Other	-	-	-	-	-	-
16 M09.26	Subscriptions - Nursing Salary- All	-	Salary - nursing	-	-	-	-	-	-
16 M09.39	Subscriptions - Patient Days- SNF & ICF Only	-	Nursing Home	-	-	-	-	-	-
16 M09.42	Subscriptions - Spiritual Services	-	Spiritual	-	-	-	-	-	-
16 M09.43	Subscriptions - Equiv Days w/ Independent Living	-	Days w IL	-	-	-	-	-	-
16 M10.22	Contributions - Non reimb	-	Other	-	-	-	-	-	-
16 M11.02	Services Provided by Contract - Sqft	96	sqft	44	16	7	29	-	96
16 M11.07	Services Provided by Contract - PT Treatments	7,538	PT Treat	6,975	-	25	538	-	7,538
16 M11.10	Services Provided by Contract - SNF	18,098	Nursing Home	18,098	-	-	-	-	18,098
16 M11.12	Services Provided by Contract - CDH Only	38,778	CDH	-	-	38,778	-	-	38,778
16 M11.13	Services Provided by Contract - RCH- Only (HFA)	7,361	RCH	-	7,361	-	-	-	7,361
16 M11.14	Services Provided by Contract - Nursing Salary- CCH, RHNS, AHU, GM	2,387	Salary - nursing no RCH	1,843	-	544	-	-	2,387
16 M11.15	Services Provided by Contract - Salary %	39	Payroll	27	2	7	3	-	39
16 M11.19	Services Provided by Contract - Salary %	12,200	Payroll	8,489	498	2,224	989	-	12,200
16 M11.22	Services Provided by Contract- Non reimb	36,951	Other	-	-	-	36,951	-	36,951

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
16 MI11.25	Services Provided by Contract - Transportation Services	370,070	transportation	137,886	97,755	21	134,408		370,070
16 MI11.30	Services Provided by Contract - Number of Communication Devices	-	Computers	-	-	-	-		-
16 MI11.31	Services Provided by Contract - Computers	4,580	Computers	3,232	780	293	275		4,580
16 MI11.33	Services Provided by Contract - Capacity	-	-	-	-	-	-		-
16 MI11.34	Services Provided by Contract - Admissions	230	Admissions	103	3	118	6		230
16 MI11.37	Services Provided by Contract - Equivalent Discharges	25,444	Discharges	11,507	365	12,910	662		25,444
16 MI11.40	Services Provided by Contract - Pharmacy Cost of Requisition	363,275	Other	-	-	-	363,275		363,275
16 MI11.42	Services Provided by Contract - Spiritual Services	-	Spiritual	-	-	-	-		-
16 MI11.43	Services Provided by Contract - Equiv Days w/ Independent Living	77,480	Days w IL	54,673	13,202	4,955	4,650		77,480
16 MI11.45	Services Provided by Contract - Expenses	-	Accum Costs	-	-	-	-		-
16 MI12.10	Administrative Management Services - SNF	-	-	-	-	-	-		-
16 MI12.22	Administrative Management Services - Non Reimb	-	-	-	-	-	-		-
16 MI12.31	Administrative Management Services - Computers	-	Computers	-	-	-	-		-
16 MI12.43	Administrative Management Services - Equiv Days w/ Independent Living	3,630,600	Days w IL	2,561,875	618,632	232,173	217,920		3,630,600
16 MI13.02	Other - Sqft	8,343	sqft	3,820	1,425	616	2,482		8,343
16 MI13.03	Other - Meals	(694)	Meals	(490)	(118)	(44)	(42)		(694)
16 MI13.05	Other - Pounds of Laundry Processed	-	Laundry	-	-	-	-		-
16 MI13.07	Other - PT Treatments	-	PT Treat	-	-	-	-		-
16 MI13.10	Other - SNF	258	Nursing Home	258	-	-	-		258
16 MI13.12	Other - CDH- Only (AHU & GMPP)	10,394	CDH	-	-	10,394	-		10,394
16 MI13.13	Other - RCH-Only (HFA)	5,970	RCH	-	5,970	-	-		5,970
16 MI13.14	Other - Nursing Salary- CCH, RHNS, AHU, GMP	75	Salary - nursing no RCH	58	-	17	-		75
16 MI13.19	Other - Salary %	32,596	Payroll - less admin	21,650	1,414	5,796	3,736		32,596
16 MI13.21	Other - Patient Days- Less RCH	-	Days - less RCH	-	-	-	-		-
16 MI13.22	Other - Non Reimb	217,395	Other	-	-	-	217,395		217,395
16 MI13.24	Other - Security Coverage	5,596	SQFT	2,562	956	413	1,665		5,596
16 MI13.25	Other - Transportatio Services	520	transportation	194	137	-	189		520
16 MI13.26	Other - Nursing Salary- All	4	Salary - nursing	3	-	1	-		4
16 MI13.27	Other - Volunteer Time Spent	2,101	Volunteer	962	359	155	625		2,101
16 MI13.28	Other - Social Services Time Spent	20	Social Services	14	3	1	2		20
16 MI13.30	Other - Number of Communication Devices	-	Accum Costs	-	-	-	-		-
16 MI13.33	Other - Capacity	-	Capacity	-	-	-	-		-
16 MI13.34	Other - Other - Admissions	8,448	Admissions	3,780	100	4,348	220		8,448
16 MI13.37	Other - Equivalent Discharges	-	Discharges	-	-	-	-		-
16 MI13.38	Other - Equivalent Patient Days	3,066	Patient Days	2,163	522	196	185		3,066
16 MI13.39	Other - Patient Days- SNF & ICF Only	523	Nursing Home	523	-	-	-		523
16 MI13.42	Other - Spiritual Services	-	Spiritual	-	-	-	-		-
16 MI13.43	Other - Equiv Days w/ Independent Living	43	Days w IL	30	7	3	3		43
16 MI13.45	Other - Expenses	-	Accum Costs	-	-	-	-		-
Total Expense Page 16		5,205,348		2,936,517	760,836	342,391	1,165,604		5,205,348

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	
								TOTAL	TOTAL
18 2A1.02	Raw Food - Square Footage- MHC Campus	-	sqft	-	-	-	-	-	-
18 2A1.03	Raw Food - Meals	1,799,071	Meals	1,269,486	306,551	115,049	107,985	1,799,071	-
18 2A1.04	Raw Food - Housekeeping Hours	-	Housekeeping	-	-	-	-	-	-
18 2A1.05	Raw Food - Pounds of Laundry Processed	-	Laundry	-	-	-	-	-	-
18 2A1.10	Raw Food - SNF	86,767	Nursing Home	86,767	-	-	-	86,767	-
18 2A1.11	Raw Food - ICF- (Ramage 2 ICF/ SNF Split)	-	Nursing Home	-	-	-	-	-	-
18 2A1.12	Raw Food - CDH- Only (AHU & GMPP)	15,351	CDH	-	-	15,351	-	-	-
18 2A1.13	Raw Food - RCH- Only (HFA)	5,476	RCH	-	5,476	-	-	-	5,476
18 2A1.14	Raw Food - Nursing Salary- CCH, RHNS, AHU, GMP	1,684	Salary - nursing no RCH Payroll	1,300	-	384	-	-	1,684
18 2A1.15	Raw Food - Salary %	-	Payroll - less admin	-	-	-	-	-	-
18 2A1.19	Raw Food - Non Reim	(18,725)	Other	-	-	-	-	(18,725)	-
18 2A1.22	Raw Food - Security Coverage	-	SQFT	-	-	-	-	-	-
18 2A1.24	Raw Food - Nursing Salary- All	-	Salary - nursing	-	-	-	-	-	-
18 2A1.26	Raw Food - Volunteer Time Spent	39,319	Volunteer	18,004	6,716	2,905	11,694	-	39,319
18 2A1.27	Raw Food - Volunteer Time Spent	-	Social Services	-	-	-	-	-	-
18 2A1.28	Raw Food - Social Services Time Spent	-	Capacity	-	-	-	-	-	-
18 2A1.33	Raw Food - Capacity	-	Admissions	-	-	-	-	-	-
18 2A1.34	Raw Food - Admissions	-	Patient Days	-	-	-	-	-	-
18 2A1.38	Raw Food - Equivalent Patient Days	-	Nursing Home	39,339	-	-	-	39,339	-
18 2A1.39	Raw Food - Patient Days- SNF & ICF Only	39,339	Nursing Home	39,339	-	-	-	-	-
18 2A1.42	Raw Food - Spiritual Services	-	Spiritual	-	-	-	-	-	-
18 2A1.43	Raw Food - Equiv Days w/ Independent Living	23,167	Days w/IL	16,347	3,948	1,482	1,390	-	23,167
18 2A1.45	Raw Food - Expenses	-	Accum Costs	-	-	-	-	-	-
18 2A2.03	Non-Food Supplies - Meals	277,524	Meals	195,830	47,288	17,747	16,659	-	277,524
18 2A2.22	Non-Food Supplies - Non Reim	-	Meals	-	-	-	-	-	-
18 2A3	Other	-	-	-	-	-	-	-	-
18 2B.03	Purchased Services - Meals	623,715	Meals	440,115	106,277	39,886	37,437	-	623,715
18 2B.10	Purchased Services - SNF	-	-	-	-	-	-	-	-
18 2B.22	Purchased Services - Non Reim	-	-	-	-	-	-	-	-
18 2C	Management Services	-	-	-	-	-	-	-	-
18 2D	Other	-	-	-	-	-	-	-	-
18 2D.03	Other - Meals Per Day	12,040	Meals	8,496	2,052	770	722	-	12,040
Total Expense Page 18		2,904,728		2,075,684	478,308	193,574	157,162		2,904,728

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	
								TOTAL	TOTAL
19 3A1.10	SNF Bed Linens, etc...washed, ironed..	-	-	-	-	-	-	-	-
19 3A1.5	Laundry In house - Pounds of Laundry Processed	59,113	Laundry	49,185	960	4,754	4,214	59,113	-
19 3A2	Employee Items	-	-	-	-	-	-	-	-
19 3A3	Personal clothing - residents washed	-	-	-	-	-	-	-	-
19 3A4.10	Repair and/or purchased linens - SNF	-	-	-	-	-	-	-	-
19 3A4.22	Repair and/or purchased linens - Non Reim	-	-	-	-	-	-	-	-
19 3A4.5	Laundry Repair/purchases - Pounds of Laundry Processed	70,951	Laundry	59,034	1,152	5,706	5,059	70,951	-
19 3B.05	Purchased Services - Pounds of Laundry	3,233	Laundry	2,690	53	260	230	3,233	-
19 3B.10	Purchased Services - SNF	-	-	-	-	-	-	-	-
19 3B.22	Purchased Services - Non Reim	-	-	-	-	-	-	-	-
19 3C	Management Services	-	-	-	-	-	-	-	-
19 3D.10	Other - SNF	-	-	-	-	-	-	-	-
19 3D.4	Other - Housekeeping Hours	-	Housekeeping	-	-	-	-	-	-
19 3D.5	Other - Pounds of Laundry Processed	449	Laundry	374	7	36	32	449	-
Total Expense Page 19		133,746		111,283	2,172	10,756	9,535	133,746	

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	ALLOCATION BASIS	INPUT Total AMOUNT	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
20 AA1.02	In-House Care Supplies - Soft	soft	-	-	-	-	-	-	-
20 AA1.04	In-House Care Supplies - Housekeeping Hours	Housekeeping	156,478	92,724	15,421	12,987	35,346	156,478	-
20 AA1.05	In-House Care Supplies - Pounds of Laundry Processed	Laundry	-	-	-	-	-	-	-
20 AA1.10	In-House Care Supplies - SNF	Nursing Home	-	-	-	-	-	-	-
20 AA1.11	In-House Care Supplies - ICF - (Ramage 2 ICF/ SNF Split)	Nursing Home	-	-	-	-	-	-	-
20 AA1.12	In-House Care Supplies - CDH-Only (AHU & GMPP)	CDH	-	-	-	-	-	-	-
20 AA1.13	In-House Care Supplies - RCH-Only (HFA)	RCH	-	-	-	-	-	-	-
20 AA1.21	In-House Care Supplies - Patient Days-Less RCH	Days - less rch	-	-	-	-	-	-	-
20 AA1.22	In-House Care Supplies - Non Reim	Other	-	-	-	-	-	-	-
20 AA1.27	In-House Care Supplies - Volunteer Time Spent	Volunteer	-	-	-	-	-	-	-
20 AA1.30	In-House Care Supplies - Number of Communication Devices	Accum Costs	-	-	-	-	-	-	-
20 AA1.33	In-House Care Supplies - Capacity	-	-	-	-	-	-	-	-
20 AA1.34	In-House Care Supplies - Admissions	Admissions	-	-	-	-	-	-	-
20 AA1.37	In-House Care Supplies - Equivalent Discharges	Discharges	-	-	-	-	-	-	-
20 AA1.39	In-House Care Supplies - Patient Days-SNF & ICF Only	Nursing Home	-	-	-	-	-	-	-
20 AA1.40	In-House Care Supplies - Pharmacy Cost of Requisitions	Other	-	-	-	-	-	-	-
20 AA1.43	In-House Care Supplies - Equiv Days w/ Independent Living	-	-	-	-	-	-	-	-
20 4B.02	Purchased Services - Soft	soft	-	-	-	-	-	-	-
20 4B.04	Purchased services - Housekeeping Hours	Housekeeping	145,688	86,330	14,358	12,091	32,909	145,688	-
20 4C	Management Services	-	-	-	-	-	-	-	-
20 4D	Other	-	-	-	-	-	-	-	-
20 4D.04	Other - Housekeeping Hours	Housekeeping	-	-	-	-	-	-	-
20 5A1	Own Pharmacy	-	-	-	-	-	-	-	-
20 5A1.40	Own Pharmacy - Pharmacy Cost of Requirements	Other	1,744,054	-	-	-	1,744,054	1,744,054	-
20 5A2.22	Purchased from - Non Reim	-	-	-	-	-	-	-	-
20 5B.10	Medicine Cabinet Drugs - SNF	Nursing Home	219	219	-	-	-	219	-
20 5B.12	Medicine Cabinet Drugs	CDH	-	-	-	-	-	-	-
20 5B.22	Medicine Cabinet Drugs - Non Reim	other	82,619	-	-	-	82,619	82,619	-
20 5C.3	Medical and therapy Supplies - Meals	Meals	-	-	-	-	-	-	-
20 5C.2	Medical and Therapeutic Supplies - Sq Ft	soft	12	5	2	1	4	12	-
20 5C.10	Medical and Therapeutic Supplies - SNF	Nursing Home	663,235	663,235	-	-	-	663,235	-
20 5C.11	Medical and Therapeutic Supplies - ICF - (Ramage 2 ICF/ SNF Split)	Nursing Home	-	-	-	-	-	-	-
20 5C.12	Medical and Therapeutic Supplies - CDH-Only (AHU & GMPP)	CDH	96,791	-	-	96,791	-	96,791	-
20 5C.13	Medical and Therapeutic Supplies - RCH-Only (HFA)	RCH	207	-	207	-	-	207	-
20 5C.14	Medical and Therapeutic Supplies - Nursing Salary- CCH, RHMS, AHU,	Salary - nursing no RCH	554	428	-	126	-	554	-
20 5C.15	Medical and Therapeutic Supplies - Salaries and Wages	Payroll	(56)	(39)	(2)	(10)	(5)	(56)	-
20 5C.21	Medical and Therapeutic Supplies - Patient Days-Less RCH	Days - less rch	-	-	-	-	-	-	-
20 5C.22	Medical and Therapeutic Supplies - Non Reim	Other	302,071	-	-	-	302,071	302,071	-
20 5C.24	Medical and Therapeutic Supplies - Security Coverage	-	-	27	1	8	-	36	-
20 5C.26	Medical and Therapeutic Supplies - Nursing Salary- All	Salary - nursing	36	-	-	-	-	36	-
20 5C.27	Medical and Therapeutic Supplies - Volunteer	Volunteer	-	-	-	-	-	-	-
20 5C.37	Medical and Therapeutic Supplies - Equivalent Discharges	-	-	-	-	-	-	-	-
20 5C.38	Medical and Therapeutic Supplies - Equivalent Patient Days	Patient Days	975	688	166	62	59	975	-
20 5C.39	Medical and Therapeutic Supplies - Patient Days SNF & ICF Only	Nursing Home	-	-	-	-	-	-	-
20 5C.40	Medical and Therapeutic Supplies - Pharmacy Cost of Requisition	Other	2,629	-	-	-	2,629	2,629	-
20 5D.10	Ambulance/Limousine - SNF	Nursing Home	1,783	1,783	-	-	-	1,783	-
20 5D.12	Ambulance/Limousine - CDH- Only (AHU & GMPP)	CDH	45,709	-	-	45,709	-	45,709	-
20 5D.22	Ambulance/Limousine - Non Reim	Other	106,927	-	-	-	106,927	106,927	-
20 5E1	Oxygen - Emergency Use	-	-	-	-	-	-	-	-
20 5E2.22	Oxygen - Other - Non Reim	Other	36,960	-	-	-	36,960	36,960	-

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
2015F.22	X-Rays and related radiological - Non Reimb	35,964	Other	-	-	-	35,964	-	35,964
2015G	Dental	-	-	-	-	-	-	-	-
2015H.22	Laboratory - Non Reimb	341,668	Other	-	-	-	341,668	-	341,668
2015I.10	Recreation - SNF	-	Nursing Home	-	-	-	-	-	-
2015I.12	Recreation - CDH- Only (AHU & GMPP)	-	CDH	-	-	-	-	-	-
2015I.13	Recreation - RCH- Only (HFA)	5,152	RCH	-	5,152	-	-	-	5,152
2015I.22	Recreation - Non Reim	554	Other	-	-	-	554	-	554
2015I.27	Recreation - Volunteer Time Spent	-	Volunteer	-	-	-	-	-	-
2015I.28	Recreation - Social Services Time Spent	-	Social Services	-	-	-	-	-	-
2015I.39	Recreation - Patient Days- SNF & ICF Only	19,602	Nursing Home	19,602	-	-	-	-	19,602
2015I.42	Recreation - Spiritual Services	-	Spiritual	-	-	-	-	-	-
2015I.02	Other - MHC Campus	-	sqft	-	-	-	-	-	-
2015I.04	Other - Housekeeping Hours	-	Housekeeping	-	-	-	-	-	-
2015I.07	Other - PT Treatments	49,156	PT Treat	45,482	-	165	3,509	-	49,156
2015I.08	Other - ST Treatments	983	ST Treat	968	-	-	15	-	983
2015I.09	Other - OT Treatments	2,528	OT Treat	2,384	-	124	20	-	2,528
2015I.10	Other - SNF	75,221	Nursing Home	75,221	-	-	-	-	75,221
2015I.11	Other - ICF - (Ramage 2 ICF / SNF Split)	-	Nursing Home	-	-	-	-	-	-
2015I.12	Other - CDH- Only (AHU & GMPP)	63,133	CDH	-	-	63,133	-	-	63,133
2015I.13	Other - RCH-Only (HFA)	-	RCH	-	-	-	-	-	-
2015I.14	Other - Nursing Salary less RCH	-	Salary - nursing no RCH	-	-	-	-	-	-
2015I.21	Other - Patient Days- Less RCH	1,293	Days - less rch	1,100	-	100	93	-	1,293
2015I.22	Other - Non Reim	91,371	Other	-	-	-	91,371	-	91,371
2015I.30	Other - Number of Devices	-	Accum Costss	-	-	-	-	-	-
2015I.37	Other - Equivalent Discharges	-	Discharges	-	-	-	-	-	-
2015I.39	Other - Patient Days- SNF & ICF Only	-	Nursing Home	-	-	-	-	-	-
2015I.40	Other - Pharmacy Cost of Requisition	31,998	Other	-	-	-	31,998	-	31,998
2015I.41	Other - Spiritual Services	-	Spiritual	-	-	-	-	-	-
Total Expense Page 20		4,105,514		990,157	35,305	231,287	2,848,765	231,287	4,105,514

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL	INPUT Total AMOUNT	TOTAL ALLOCATED AMOUNTS
22 06A.02	Repairs and Maintenance - Sqft	sqft	358,797	133,833	57,894	233,050	783,574	783,574	
22 06A.03	Repairs and Maintenance - Meals Per Day	Meals	19,318	3,292	1,235	1,160	19,318	19,318	
22 06A.04	Repairs and Maintenance - Housekeeping Hours	Housekeeping	11,977	1,180	994	2,706	11,977	11,977	
22 06A.05	Repairs and Maintenance - pounds of Laundry Processed	Laundry	8,480	166	820	726	10,192	10,192	
22 06A.10	Repairs and Maintenance - SNF	Nursing Home	41,338	-	-	-	41,338	41,338	
22 06A.11	Repairs and Maintenance - ICF- Only (Ramage 2 ICF/ SNF Split)	Nursing Home	-	-	-	-	-	-	
22 06A.12	Repairs and Maintenance - CDH- Only (AHU & GMPP)	CDH	1,952	-	1,952	-	1,952	1,952	
22 06A.13	Repairs and Maintenance - RCH- Only (HFA)	RCH	4,061	4,061	-	-	4,061	4,061	
22 06A.14	Repairs and Maintenance - Nursing Salary- CCH, RHNS, AHU, GMP	Salary - nursing no RCH	-	-	-	-	-	-	
22 06A.15	Repairs and Maintenance - Salary %	Salary - nursing no RCH	-	-	-	-	-	-	
22 06A.19	Repairs and Maintenance - Salary %	Salary - nursing no RCH	-	-	-	-	-	-	
22 06A.21	Repairs and Maintenance - Patient Days- Less RCH	Days - less rch	160	-	14	-	174	174	
22 06A.22	Repairs and Maintenance - Non Reim	Other	44,699	-	-	-	44,699	44,699	
22 06A.24	Repairs and Maintenance - Security Coverage	SCFT	467	80	35	138	690	690	
22 06A.27	Repairs and Maintenance - Volunteer Services	Volunteer	-	-	-	-	-	-	
22 06A.30	Repairs and Maintenance - Communication Devices	Accum Costs	-	-	-	-	-	-	
22 06A.31	Repairs and Maintenance - Computers	Patient Days	36,061	6,145	2,306	2,164	44,676	44,676	
22 06A.33	Repairs and Maintenance - Capacity	Capacity	-	-	-	-	-	-	
22 06A.34	Repairs and Maintenance - Admissions	Admissions	-	-	-	-	-	-	
22 06A.37	Repairs and Maintenance - Equivalent Discharges	Discharges	31,263	448	15,863	813	48,387	48,387	
22 06A.38	Repairs and Maintenance - Equivalent Patient Days	Patient Days	96,415	16,429	6,166	5,786	124,735	124,735	
22 06A.39	Repairs and Maintenance - Patient Days- SNF & ICF Only	Nursing Home	-	-	-	-	-	-	
22 06A.40	Repairs and Maintenance - Pharmacy Cost of Requisition	Patient Days	-	-	-	-	-	-	
22 06A.43	Repairs and Maintenance - Spiritual Services	Spiritual	-	-	-	-	-	-	
22 06A.45	Repairs and Maintenance - Expenses	Accum Costs	-	-	-	-	-	-	
22 06B.02	Heat - Square Footage-MHC Campus	sqft	224,379	83,695	36,205	145,741	490,020	490,020	
22 06B.33	Heat - Capacity	Capacity	-	-	-	-	-	-	
22 06C.02	Light & Power - Square Footage- MHC Campus	sqft	301,079	112,304	48,581	195,561	657,525	657,525	
22 06C.33	Light & Power - Capacity	Capacity	-	-	-	-	-	-	
22 06D.02	Water - Square Footage- MHC Campus	sqft	121,399	45,283	19,589	78,852	265,123	265,123	
22 06D.10	Water - SNF	Nursing Home	-	-	-	-	-	-	
22 06D.22	Water - Non Reimb	Other	-	-	-	-	-	-	
22 06E	Equipment Lease	Other	-	-	-	-	-	-	
22 06F.02	Other - Square Footage- MHC Campus	sqft	68,345	25,493	11,028	44,392	149,258	149,258	
22 06F.03	Other - Meals Per Day	Meals	2,703	653	245	229	3,830	3,830	
22 06F.04	Other - Housekeeping Hours	Housekeeping	1,937	322	271	737	3,267	3,267	
22 06F.05	Other - Pounds of Laundry Processed	Laundry	-	-	-	-	-	-	
22 06F.10	Other - SNF	Nursing Home	13,768	-	-	-	13,768	13,768	
22 06F.11	Other - ICF- (Ramage 2 ICF/ SNF Split)	Nursing Home	-	-	-	-	-	-	
22 06F.12	Other - CDH- Only (AHU & GMPP)	CDH	3,820	-	3,820	-	3,820	3,820	
22 06F.13	Other - RCH- Only (HFA)	RCH	-	-	-	-	-	-	
22 06F.14	Other - Nursing Salary- CCH, RHNS, AHU, GMP	Salary - nursing no RCH	304	-	90	-	394	394	
22 06F.15	Other - Salary %	Payroll	-	-	-	-	-	-	
22 06F.21	Other - patient Days- Less RCH	Days - less rch	-	-	-	-	-	-	
22 06F.22	Other - Non Reim	Other	-	-	-	-	-	-	
22 06F.24	Other - Security Coverage	SCFT	-	-	-	-	-	-	
22 06F.25	Other - Transportation	Other	-	-	-	-	-	-	
22 06F.27	Other - Volunteer Time Spent	Volunteer	-	-	-	-	-	-	
22 06F.28	Other - Social Serv	Social Services	-	-	-	-	-	-	
22 06F.31	Other - Computers	Patient Days	8,909	2,151	807	758	12,625	12,625	
22 06F.30	Other - Number of Communication Devices	Patient Days	-	-	-	-	-	-	

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
22 06F.34	Other - Admissions	-	Admissions	-	-	-	-	-	-
22 06F.37	Other - Equivalent Discharges	-	Discharges	-	-	-	-	-	-
22 06F.38	Other - Patient Days	45	Patient Days	32	8	3	2	45	45
22 06F.39	Other - Patient Days- SNF & ICF Only	-	Nursing Home	-	-	-	-	-	-
22 06F.40	Other - Pharmacy Cost of Requisitions	-	Other	-	-	-	-	-	-
22 06F.43	Other - Equiv Days w/ Independent Living	-	Days w/IL	-	-	-	-	-	-
22 06F.42	Other - Spiritual Services	-	Spiritual	-	-	-	-	-	-
22 7A.10	Land Improvements - SNF Only	162,501	Nursing Home	121,992	29,461	11,048	-	162,501	162,501
22 7B.10	Building & Building Improvements - SNF Only	10,391	Other	-	-	-	10,391	10,391	10,391
22 7B.12	Building & Building Improvements - CDH Only	623,009	Nursing Home	623,009	-	-	-	623,009	623,009
22 7B.13	Building & Building Improvements - RCH Only	105,350	CDH	-	-	105,350	-	105,350	105,350
22 7B.22	Building & Building Improvements - Non Reim	357,881	RCH	-	357,881	-	-	357,881	357,881
22 07C.10	Non-movable Equipment - SNF Only	55,718	Nursing Home	55,718	-	-	499,122	499,122	499,122
22 07C.12	Non-movable Equipment - CDH Only	9,422	CDH	-	-	9,422	-	9,422	9,422
22 07C.13	Non-movable Equipment - RCH Only	20,863	RCH	-	20,863	-	-	20,863	20,863
22 07C.22	Non-movable Equipment - Non Reimb	37,157	Other	-	-	-	37,157	37,157	37,157
22 07D.10	Movable Equipment - SNF Only	146,859	Nursing Home	146,859	-	-	-	146,859	146,859
22 07D.12	Movable Equipment - CDH Only	24,834	CDH	-	-	24,834	-	24,834	24,834
22 07D.13	Movable Equipment - RCH Only	54,991	RCH	-	54,991	-	-	54,991	54,991
22 07D.22	Movable Equipment - Non Reimb	97,938	Other	-	-	-	97,938	97,938	97,938
22 08A	Organization Expense	-	-	-	-	-	-	-	-
22 08B.10	Mortgage Expense - SNF	-	-	-	-	-	-	-	-
22 08B.13	Mortgage Expense - RCH-Only (HFA)	(5,004)	RCH	-	(5,004)	-	-	(5,004)	(5,004)
22 08B.22	Mortgage Expense - Non Reim	(10,489)	Other	-	-	-	(10,489)	(10,489)	(10,489)
22 08C	Leasehold Improvements	-	-	-	-	-	-	-	-
22 08D	Other	-	-	-	-	-	-	-	-
22 09.07	Rental Payments - PT Treatments	-	PT Treat	-	-	-	-	-	-
22 09.22	Rental Payments Non-Reimbursable	-	Other	-	-	-	-	-	-
22 09.43	Rental Payments Equiv Days e/ Independent Living	-	Days w/IL	-	-	-	-	-	-
22 10A	Real estate taxes paid by owner	-	-	-	-	-	-	-	-
22 10A.13	Real estate taxes paid by owner RCH- Only (HFA)	150,224	RCH	-	150,224	-	-	150,224	150,224
22 10A.22	Real estate taxes paid by owner Non-Reimbursable	135,967	Other	-	-	-	135,967	135,967	135,967
22 10B	Real estate taxes paid by lessor	-	-	-	-	-	-	-	-
22 10C	Personal property taxes	-	-	-	-	-	-	-	-
22 10C.13	Personal property taxes RCH-Only (HFA)	-	RCH	-	-	-	-	-	-
22 10C.22	Personal property taxes Non- Reimbursable	11,287	Other	-	-	-	11,287	11,287	11,287
Total Expense Page 22		5,320,992		2,227,769	1,043,959	358,572	1,690,692	5,320,992	5,320,992

MASONICARE OF WALLINGFORD									
ALLOCATION SCHEDULE									
9/30/2019									
ACCOUNT NUMBER	ACCOUNT NAME	INPUT Total AMOUNT	ALLOCATION BASIS	Nursing Home	RCH	CDH	Other - Not Imported	TOTAL ALLOCATED AMOUNTS	TOTAL
26 12A1	First Mortgage	-		-	-	-	-	-	-
26 12A2	Second Mortgage	-		-	-	-	-	-	-
26 12A3	Third Mortgage	-		-	-	-	-	-	-
26 12A4	Fourth Mortgage	-		-	-	-	-	-	-
26 12B1	Original Loan Amount	-		-	-	-	-	-	-
26 12B2	Loan Origination Date	-		-	-	-	-	-	-
26 12B3	Interest Rate %	-		-	-	-	-	-	-
26 12B4	Term	-		-	-	-	-	-	-
26 12B5	CHEFA Interest Expense	-		-	-	-	-	-	-
26 12B5.10	Other- SNF	-		-	-	-	-	-	-
26 12B5.13	CHEFA Interest Expense RCH-Only (HFA)	266,781	RCH	-	266,781	-	-	266,781	266,781
26 12B5.22	CHEFA Interest Expense Non Reimbursable	544,656	Other	-	-	-	544,656	544,656	544,656
26 12D.10	SNF Only	-		-	-	-	-	-	-
26 12D.13	RCH- Only (HFA)	-		-	-	-	-	-	-
26 12D.22	Non Reimbursable	133	Other	-	-	-	133	133	133
26 12D.45	Total Expenses- Page 27 Totals	-	Accum Costs	-	-	-	-	-	-
	Total Expense Page 26	811,570			266,781		544,789		811,570
27 12C1	Automotive Equipment	-		-	-	-	-	-	-
27 12C2	Other	-		-	-	-	-	-	-
27 12D	Other Interest Expense	-		-	-	-	-	-	-
27 12D.13	Other Interest Expense RCH- Only (HFA)	-	RCH	-	-	-	-	-	-
27 12D.22	Other Interest Expense Non-Reimbursable	159	Other	-	-	-	159	159	159
27 12D.43	Other Interest Expense	-	Days w IL	-	-	-	-	-	-
27 14A	Insurance on Property	-		-	-	-	-	-	-
27 14A.43	Insurance on Property Equiv Days w/ Independent Living	108,104	Days w IL	76,282	18,420	6,913	6,489	108,104	108,104
27 14A.45	Insurance on Property Total Expenses- Page 27 Totals	-	Accum Costs	-	-	-	-	-	-
27 14B.25	Transportation Services	-	Days w IL	-	-	-	-	-	-
27 14C.43	Other - Equiv Days w/ Independent Living	150,746	Days w IL	106,372	25,686	9,640	9,048	150,746	150,746
27 14C1	Umbrella	-		-	-	-	-	-	-
27 14C2	Fire and Extended Coverage	-		-	-	-	-	-	-
27 14C3	Other	-		-	-	-	-	-	-
27 141A	Insurance of Automobiles	21,096	Days w IL	14,886	3,595	1,349	1,266	21,096	21,096
27 141B	Total Expense Page 27	280,105		197,540	47,701	17,902	16,962	280,105	280,105
		67,892,802		42,171,463	5,000,791	9,322,862	11,397,685		67,892,802

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
Masonicare Health Center		119-C		9/30/2019			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						
Not Applicable	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
							Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No

* 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 Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Crowe Horwath 2 3 4	Address (No. & Street, City, State, Zip Code) 175 Powder Forest Drive, Simsbury, CT 06089
---	--

Services Provided by This Firm (*describe fully*)

1 Annual Financial Statement Audit	\$ 26,326
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 26,326

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Murtha Cullina LLP 2 Various Probate Court Fees 3 4 5	Telephone Number 860-240-6000
---	----------------------------------

Address (<i>No. & Street, City, State, Zip Code</i>) 1 185 Asylum Street, Hartford, CT 06103 2 3 4 5

Services Provided by This Firm (*describe fully*)

1 Various General, Patient and HR Matters	\$ 131,979
2 Probate Fees (Disallowed)	\$ 108,455
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 240,434

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

Schedule of Resident Statistics

Name of Facility Masonicare Health Center	License No. 119-C		Report for Year Ended 9/30/2019						Page 8	of 37									
			Period 10/1 Thru 6/30		Period 7/1 Thru 9/30														
			Total All Levels	Total CCNH Level	Total RHNS Level	Total Chronic Disease Hospital	Total	CCNH			RHNS	Chronic Disease Hospital							
1. Certified Bed Capacity																			
A. On last day of PREVIOUS report period	532	366	86	80	366	366	86	80	532	366	86	80	532	366	86	80			
B. On last day of THIS report period	532	366	86	80	366	366	86	80	532	366	86	80	532	366	86	80			
2. Number of Residents																			
A. As of midnight of PREVIOUS report period	457	347	74	36	347	347	74	36	457	347	74	36	457	347	74	36			
B. As of midnight of THIS report period	450	331	84	35	347	347	74	36	457	347	74	36	450	331	84	35			
3. Total Number of Days Care Provided During Period																			
A. Medicare	14,391	8,547		5,844	6,927	6,927		4,615	11,542	6,927		2,849	2,849	1,620		1,229			
B. Medicaid (Conn.)	86,518	86,511		7	64,441	64,441		5	64,446	64,441		22,072	22,072	22,070		2			
C. Medicaid (other states)																			
D. Private Pay	20,287	19,125	1,162		15,498	14,765	733		15,498	14,765		4,789	4,789	4,360		429			
E. State SSI for RCH	26,931		26,931		20,129		20,129		20,129			6,802	6,802		6,802				
F. Other (Specify) Insurance	12,087	6,825		5,262	8,843	5,120		3,723	8,843	5,120		3,244	3,244	1,705		1,539			
G. Total Care Days During Period (3A thru F)	160,214	121,008	28,093	11,113	120,458	91,253	20,862		120,458	91,253	20,862	8,343	39,756	29,755	7,231	2,770			
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds																			
A. Medicaid Bed Reserve Days	2,756	1,265	1,491		2,160	1,023	1,137		2,160	1,023	1,137		596	242	354				
B. Other Bed Reserve Days	420	352	68		309	258	51		309	258	51		111	94	17				
5. Total Resident Days (3G + 4A + 4B)	163,390	122,625	29,652	11,113	122,927	92,534	22,050		122,927	92,534	22,050	8,343	40,463	30,091	7,602	2,770			

Schedule of Resident Statistics (Cont'd)

Name of Facility Masonicare Health Center			License No. 119-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	Chronic Disease Hospital (3)	Lost			Gained			CCNH	RHNS	Chronic Disease Hospital	
				(1)	(2)	(3)	(1)	(2)	(3)				
7/1/2019	X			-9						357			Right Sizing
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	Chronic Disease Hospital				
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	Chronic Disease Hospital	R.C.H.	ICF-MR					
No. of Residents	16	237	78	78	6	35							
Per Diem Rate													
a. One bed rm.	Various	248.27	119.76	564.00	257.00	1,460.00							
b. Two bed rms.	Various	248.27		497.00		1,260.00							
c. Three or more bed rms.	Various	248.27		468.00									
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	Chronic Disease Hospital			
A. Medicare - Part B							10,956	10,938		18			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments							562	562					
2. Restorative Treatments													
C. Other							40,863	40,692		171			
D. Total Physical Therapy Treatments							52,381	52,192		189			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B							1,281	1,281					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments							149	149					
2. Restorative Treatments													
C. Other							4,497	4,497					
D. Total Speech Therapy Treatments							5,927	5,927					
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B							8,138	8,115		23			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments							554	554					
2. Restorative Treatments													
C. Other							40,318	37,910		2,408			
D. Total Occupational Therapy Treatments							49,010	46,579		2,431			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Masonicare Health Center	119-C	9/30/2019	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	Chronic Disease Hospital	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)	108,851	1,712	26,285	413	9,865	155
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	521,161	16,254	27,194	889	276,644	9,722
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	1,531,174	89,771	369,742	21,678	138,765	8,136
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	720,949	43,868	119,901	7,296	100,973	6,144
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	357,256	13,809	133,258	5,151	57,646	228
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	544,163	35,229	10,623	688	52,594	3,405
9. Barber and Beautician Services						
10. Protective Services	114,727	6,023	42,794	2,247	18,512	99
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	162,830	2,768	10,637	182	43,595	730
b. RN						
1. Direct Care	2,629,680	65,706			1,944,987	50,578
2. Administrative**	1,398,465	34,733			413,050	10,360
c. LPN						
1. Direct Care	3,535,765	107,993	71,694	1,995	324,172	9,339
2. Administrative**						
d. Aides and Attendants	7,436,355	415,363	296,220	14,522	1,748,265	94,967
e. Physical Therapists	1,282,277	33,638			4,643	122
f. Speech Therapists	316,668	7,117				
g. Occupational Therapists						
h. Recreation Workers	401,580	17,237				
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	351,237	11,024	84,815	2,662	261,370	999
n. Marketing						
o. Other (Specify)						
See Attached Schedule	726,982	32,198	145,651	3,495	569,758	19,332
A-13. Total Salary Expenditures	22,140,120	934,443	1,338,814	61,218	5,964,839	214,316

* 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		Chronic Disease Hospital	
	\$	Hours	\$	Hours	\$	Hours
	0		0		0	
Unit Secretaries	\$ 296,513	16,051	\$ -		\$ 119,226	6,762
Director of Independent Living & Residential Services Coord.	\$ -		\$ 105,356	1,995	\$ -	
Central Supply	\$ 64,889	3,228	\$ -		\$ 5,881	292
Volunteer	\$ 32,277	1,443	\$ 12,039	538	\$ 5,208	24
Nursing Education	\$ 40,474	2,439	\$ 993	60	\$ 11,954	720
Information Management	\$ 202,186	5,959	\$ 5,375	158	\$ 232,576	6,855
Spiritual Services	\$ 90,643	3,078	\$ 21,888	744	\$ 8,215	279
Director of Psych & Clinical Services					\$ 186,698	4,400
Total	\$ 726,982	32,198	\$ 145,651	3,495	\$ 569,758	19,332

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Chronic Disease Hospital	
	\$	Hours	\$	Hours	\$	Hours
	0		0		0	
Respiratory Therapy	\$ 89,545	Contract	\$ 21,623	Contract	\$ 8,115	Contract
Total	\$ 89,545	-	\$ 21,623	-	\$ 8,115	-

**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		
Masonicare Health Center		119-C		9/30/2019		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	Chronic Disease Hospital							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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			
Masonicare Health Center		119-C		9/30/2019		12	37			
Name	Salary Paid		Chronic Disease Hospital	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS								
Section III - Administrators***										
Amy Pellerin	108,851	26,285	9,865	Non Discriminatory	Administrator	2,280	A2	N/A		
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.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Masonicare Health Center	119-C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Chronic Disease Hospital	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						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	2,033,325	11,215	491,000	2,708	184,273	1,016
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						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	89,545		21,623		8,115	
B-13 Total Fees Paid in Lieu of Salaries	2,122,870	11,215	512,623	2,708	192,388	1,016

* 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 Masonicare Health Center		License No. 119-C	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
West Haven Medical Group	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
West Haven Medical Group	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
New England Geriatrics	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Cardiology Association of Central CT	Cardiology Services	<input type="radio"/>	<input checked="" type="radio"/>		
Jefferson Radiology	X-Ray	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Paul Gambardella	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
CT Mental Health Specialist	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
CT Mental Health Specialist	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Diamond Healthcare	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Diamond Healthcare	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2019	Page 15	of 37
Item	Total	CCNH	RHNS	Chronic Disease Hospital
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 1,221,031	918,149	55,521	247,361
2. Disability Insurance	\$ 165,580	124,507	7,529	33,544
3. Unemployment Insurance	\$ 171,576	129,016	7,802	34,758
4. Social Security (F.I.C.A.)	\$ 2,185,798	1,643,601	99,389	442,808
5. Health Insurance	\$ 4,543,228	3,416,261	206,581	920,386
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 19,671	14,792	894	3,985
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 1,460,747	1,098,403	66,420	295,924
8. Uniform Allowance	\$ 148	113	19	16
9. Other (<i>Specify</i>) See Attached Schedule	\$ 16,160	12,151	735	3,274
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 26,326	19,763	4,772	1,791
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 240,434	180,492	43,585	16,357
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 22,667	16,379	2,353	3,935
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 94,420	70,880	17,116	6,424
2. Cellular Phones	\$ 8,693	6,526	1,576	591
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	\$ 1,718,490	1,718,490		
Subtotal	\$ 11,894,969	9,369,523	514,292	2,011,154

* 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Chronic Disease Hospital
	0	0	0
Employee Benefit Allocation	\$ (31,755)	\$ (1,921)	\$ (8,556)
Tuition Reimbursement (Disallowed)	\$ 43,906	\$ 2,656	\$ 11,830
Total	\$ 12,151	\$ 735	\$ 3,274

Schedule of Other Taxes

Description	CCNH	RHNS	Chronic Disease Hospital
	0	0	0
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Masonicare Health Center	119-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	Chronic Disease Hospital	
Subtotals Brought Forward:	11,894,969	9,369,523	514,292	2,011,154	
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 581	437	105	39	
5. Education Expenses Related to Seminars and Conventions	\$ 9,198	6,792	834	1,572	
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (Specify) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$ 69,115	51,847	3,387	13,881	
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$ 5,254	2,414	64	2,776	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 15,187	7,257	686	7,244	
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 36,790	27,491	6,371	2,928	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 422,741	242,877	119,982	59,882	
12. Administrative Management Services**	\$ 3,412,680	2,561,875	618,632	232,173	
13. Other (Specify) See Attached Schedule	\$ 68,198	35,527	10,775	21,896	
C-14 Total Administrative & General Expenditures	\$ 15,934,713	12,306,040	1,275,128	2,353,545	

* 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	Chronic Disease Hospital
	0	0	0
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Chronic Disease Hospital
	0	0	0
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Chronic Disease Hospital
	0	0	0
AANAC	\$ 899		\$ 266
AHMA	\$ 167	\$ 5	\$ 188
AAFC	\$ 77	\$ 3	\$ 86
Leading Age / CAHCF	\$ 26,348	\$ 6,363	\$ 2,388
Total Dues	\$ 27,491	\$ 6,371	\$ 2,928

Schedule of Contributions

Description	CCNH	RHNS	Chronic Disease Hospital
	0	0	0
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Chronic Disease Hospital
	0	0	0
Grand Master's Day Celebration (Disallowed)	\$ 3,820	\$ 1,425	\$ 616
Food Service Employee Relations	\$ 3,023	\$ 728	\$ 271
Food Service Bank Charges (Routine)	\$ (3,513)	\$ (846)	\$ (315)
SNF & CDH Gift Shop and Main St. Cafe Supplies (Disallowed)	\$ 258		\$ 10,394
RCH CHEFA Admin Fees (Disallowed)		\$ 5,970	
Nursing Admin Gift Shop (Disallowed)	\$ 58		\$ 17
Transportation Licenses	\$ 194	\$ 137	\$ -
Human Resource Supplies / Employee Relations	\$ 21,650	\$ 1,414	\$ 5,796
Security Supplies	\$ 2,562	\$ 956	\$ 413
Nursing Education Supplies	\$ 3		\$ 1
Volunteer Supplies (Disallowed)	\$ 962	\$ 359	\$ 155
Social Services Gift Shop and Main St. Supplies (Disallowed)	\$ 14	\$ 3	\$ 1
Admissions Supplies	\$ 3,780	\$ 100	\$ 4,348
Quality of Life Expense (Disallowed)	\$ 1,491	\$ 360	\$ 135
Admin Software Licenses	\$ 587	\$ 142	\$ 53
Switchboard Supplies	\$ 32	\$ 8	\$ 3
IT Supplies	\$ 10	\$ 2	\$ 1
Educational Supplies	\$ 44	\$ 11	\$ 4
Recreation Gift Shop Supplies (Disallowed)	\$ 523		
Library Supplies	\$ 30	\$ 7	\$ 3
Total Other Administrative and General	\$ 35,527	\$ 10,775	\$ 21,896

Schedule C-1 - Management Services*

Name of Facility Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2019	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 #
Masonicare, Inc.: 110 South Turnpike Road, Wallingford, CT 06492	3,412,680	Payroll, A/P, A/R, Purchasing, Data Processing, Communications, Human Resource, Property and Property Management, Corporate	Page 16 Line M12

*** 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 Masonicare Health Center		License No. 119-C	Report for Year Ended 9/30/2019		Page 18	of 37
Item		Total	CCNH	RHNS	Chronic Disease Hospital	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 1,889,105	1,431,243	322,691	135,171	
2.	Non-Food Supplies	\$ 260,865	195,830	47,288	17,747	
3.	Other (<i>Specify</i>) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 586,278	440,115	106,277	39,886	
c. Other (<i>Specify</i>) _____ Other Dietary Supplies		\$ 11,318	8,496	2,052	770	
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 2,747,566	2,075,684	478,308	193,574	
2E. Dietary Questionnaire		Total	CCNH	RHNS	Chronic Disease Hospital	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
H.	Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)	Not on Cost Report				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		
K.	Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$214,190
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)	30 IV 1				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Masonicare Health Center		License No. 119-C	Report for Year Ended 9/30/2019		Page 19	of 37
Item		Total	CCNH	RHNS	Chronic Disease Hospital	
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. \$	54,899	49,185	960	4,754
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. \$	65,892	59,034	1,152	5,706
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	3,003	2,690	53	260
c. Other (<i>Specify</i>) Laundry Supplies		\$	417	374	7	36
3D. Total Laundry Expenditures (3a + b + c)		\$	124,211	111,283	2,172	10,756
3E. Laundry Questionnaire						
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				Not on Cost Report

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Masonicare Health Center		119-C	9/30/2019		20	37
Item			Total	CCNH	RHNS	Chronic Disease Hospital
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	121,132	92,724	15,421	12,987
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. \$	112,779	86,330	14,358	12,091
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	233,911	179,054	29,779	25,078
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$				
b.	Medicine Cabinet Drugs	\$	219	219		
c.	Medical and Therapeutic Supplies	\$	761,696	664,344	374	96,978
d.	Ambulance/Limousine***	\$	47,492	1,783		45,709
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$				
i.	Recreation	\$	24,754	19,602	5,152	
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	188,677	125,155		63,522
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,022,838	811,103	5,526	206,209

* 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	Chronic Disease Hospital
	0	0	0
Physical Therapy Supplies	\$ 45,482		\$ 165
Speech Therapy Supplies	\$ 968		
Occupatoinal Therapy Supplies (Disallowed)	\$ 2,384		\$ 124
Department Supplies	\$ 75,221		\$ 63,133
Infection Control Supplies	\$ 1,100		\$ 100
Total Other Resident Care	\$ 125,155	\$ -	\$ 63,522

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

Name of Facility Masonicare Health Center		License No. 119-C		Report for Year Ended 9/30/2019		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	Chronic Disease Hospital	Pg	Line
Please see attached listing		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* 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).

MHC
Expenditures "Over" \$10,000 to Individuals or Firms Providing Service by Contract
FY Ending 9/30/2019

VENDOR NAME	Services Provided	AMOUNT
MORRISON MANAGEMENT SPECIALISTS,INC	Food Service Management	2,362,537.81
MCKESSON DRUG COMPANY MCKESSON LOCKBOX #730477	Pharmaceuticals	1,727,416.52
WEST HAVEN MEDICAL GROUP/PACT	Physician	1,506,469.80
NEW ENGLAND GERIATRICS	Psychiatric Services	1,322,032.99
SILKTOWN ROOFING INC	Roofing	787,924.50
WALLINGFORD ELECTRIC DIVISION	Electricity	683,444.33
COMPREHENSIVE PHARMACY SERVICES, LL	Pharmacy	313,617.28
COLLECTOR OF TAXES - WALLINGFORD	Property Tax	285,140.60
WALLINGFORD WATER & SEWER DIVISION	Water Service	269,097.14
DIRECT ENERGY BUSINESS	Gas Service	256,547.01
QUEST DIAGNOSTICS LLC-MA	Lab	255,268.85
FARMINGTON ADMINISTRATIVE SERVICES INC.	Emp Ben-Life Insurance	254,856.03
REMEDY BPCI PARTNERS, LLC	Bundled Payment Mgmt Svs	241,398.26
COMCAST PO 70219 PA	Cable Service	157,212.96
ACUTE CARE GASES OF CT LLC	Oxygen Equipment	147,090.00
CONSULT YHN	Hearing Aids	146,932.16
KONE INC	Elevator Repairs/Maintenan	146,725.77
EVERSOURCE-GAS	Gas Supply	144,980.18
MURTHA CULLINA LLP	Legal	142,085.34
PC CONNECTION SALES CORP PC CONNECTION MACCONNECTION	Computer Products	139,794.25
OLYMPUS FINANCIAL SERVICES	Leasing	124,185.95
HUNTERS AMBULANCE SERVICE INC	Ambulance Services	121,596.22
CWPM, LLC FORMELY PM SERVICE	Rubbish Removal Svs	109,672.00
NOVAMED	Bio-Medical Engineering	89,262.12
VISITING HAIR STYLISTS	Hair Salon	81,062.16
SAUCIER MECHANICAL SERVICES INC		76,934.44
RELIAS LEARNING LLC		76,404.05
MONTAGNO CONSTRUCTION INC	General Contracting Services	71,956.21
HARTFORD HEALTHCARE - MD		71,802.81
CROMWELL TEXTILE, LLC		70,190.10
BSC SERVICES LLC		69,660.00
TRIBRIDGE HOLDINGS, LLC		56,669.65
CARPET WORKS		53,018.25
MMBN,LLC DBA VISITING HAIR STYLISTS		51,804.72
MEDICAL INFORMATION TECHNOLOGY INC		48,125.00
ENVIRONMENTAL SYSTEMS CORPORATION		47,668.21
ARJOHUNTLEIGH INC		47,361.03
OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST PA PC		43,743.00
WAREHOUSE STORE FIXTURE		38,847.66
STEWART & STEVENSON POWER PRODUCTS LLC		36,851.03
A+TECHNOLOGY & SECURITY SOLUTIONS,		35,569.00
LEADING AGE		35,400.00
DIAMOND HEALTHCARE CORP.		35,301.63
GAMBARDELLA, PAUL T		35,000.04
FSC - CSPPU		33,885.99
MCKESSON MEDICAL SURGICAL INC		33,873.23
K.MORGAN ASSOCIATES, LLC	Painting Services	33,363.89
ALLIANCE REHAB OF CONNECTICUT ALLIANCE REHAB BILLING		32,793.00
YALE NEW HAVEN HOSPITAL		32,302.62
W.B. MASON COMPANY, INC		32,280.64

JEFFERSON RADIOLOGY	Radiology Services	32,233.47
MIDSTATE MEDICAL CENTER BILLING	O/P Services	30,107.92
F W WEBB COMPANY		29,732.20
BRAND SERVICES AKA STONINGTON SERVICES		28,455.00
NEC CORP OF AMERICA		28,149.99
BOSTON SCIENTIFIC CORP MICROVASIVE-ENDOSCOPY, EPT		27,943.68
NIRO COMPANIES, LLC	Landscaping/Snow Removal	27,846.76
DIAMOND CHEMICAL COMPANY INC		26,308.34
J.POLEP DISTRUBUTION SERVICES		26,258.65
ADMINISTRATOR UNEMPLOYMENT COMPENSATION ACT		26,128.17
NELKEN, MICHAEL A MD	Psychiatric Services	25,830.00
FUSION CABLE SYSTEMS, LLC		25,711.56
H & R HEALTHCARE		25,093.00
ACCELERATED CARE PLUS LEASING, INC.		23,870.45
PROVATION MEDICAL INC.		23,575.40
CANTATA HEALTH LLC		23,217.00
GENGRAS FORD LLC		22,909.00
APRIA HEALTHCARE INC.		22,310.00
STERIS CORPORATION		21,587.48
ERBE USA INC		21,487.29
NEW ENGLAND INDUSTRIAL SUPPLY		20,719.55
DONADIO, JOSEPH A MD	Psychiatric Services	20,625.00
ZAHEDI, SOHRAB		19,312.50
WILKINSON, PATRICK J JR		19,296.24
NALCO WATER/ECOLAB	Power House Repairs & Mai	18,768.14
CONNECTICUT CONTROLS CORP		18,592.71
UHC Oxford Medicare Plan		18,525.00
OLYMPUS CORPORATION MEDICAL SYSTEMS GROUP		18,221.81
GRAEBERS MEDICAL EQUIPMENT & NUTRITIONAL SUPPLY LLC		17,495.00
TECHNICAL GAS PRODUCT LLC		17,025.95
CENTERS FOR MEDICARE & MEDICAID SERVICES		17,020.25
CICCHIELLO & CICCHIELLO LLP		16,458.33
TREAS, STATE OF CT WLFD COURT OF PROBATE		16,350.00
MARI, CLAIRE		16,256.95
TOUCHING CLIENTS LLC		16,105.82
ZANDRIS STILLWOOD INC.		15,980.00
CAPITOL CLEANING CONTRACTORS INC		15,900.00
BLAKE EQUIPMENT CO INC		15,766.19
VERATHON INC		15,761.52
KUHN, ROSEMARIE		15,520.83
ACCESSRN, INC.		14,875.00
BIOERVE AN EMSI COMPANY		14,597.54
EBP SUPPLY SOLUTIONS		14,564.36
MEDLINE INDUSTRIES INC		14,489.74
ROBERTA NAPOLITANO CHAPTER 13 TRUSTEE		13,824.36
PC RICHARD & SON		13,474.00
PARK PLACE TECHNOLOGIES, LLC		13,433.28
WINSUPPLY OF WALLINGFORD		13,124.69
STRATEGIC INFORMATION RESOURCES INC		12,960.50
STAHL HOLDINGS, LLC/ POND LAKE THE POND LAKE CONNECTION		12,888.41
WALTHAM SERVICES, LLC	Exterminator	12,819.00
CARDWATCH LICENSING LTD		12,632.00
NATIONAL RESEARCH CORPORATION NRC HEALTH	Patient Satisfaction Surveys	12,609.30
The Rawlings Company LLC		12,600.00
OWENS & MINOR		12,518.64
CEKM ASSOCIATES, LLC		12,500.01
PARKER XRAY SOLUTION SERVICE INC		12,430.00

CONNECTICUT - CCSPC	12,335.62
ABBATE, CAROL	12,075.00
HEALTH CARE LOGISTICS INC	12,024.38
JOHNSON CONTROLS FIRE PROTECTION/TYCO	11,781.65
ELECTRICAL WHOLESALERS	11,321.00
COMMERCIAL KITCHENS INC	10,874.56
GRAINGER	10,730.41
DIRECT SUPPLY	10,379.59
YALE HEALTH PLAN	10,032.33

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

Name of Facility	License No.	Report for Year Ended			Page	of
Masonicare Health Center	119-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	Chronic Disease Hospital		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 790,249	537,336	165,634	87,279		
b. Heat	\$ 344,279	224,379	83,695	36,205		
c. Light & Power	\$ 461,964	301,079	112,304	48,581		
d. Water	\$ 186,271	121,399	45,283	19,589		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 140,889	95,998	28,627	16,264		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 1,923,652	1,280,191	435,543	207,918		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 162,501	121,992	29,461	11,048		
b. Building & Building Improvements	\$ 1,086,240	623,009	357,881	105,350		
c. Non-Movable Equipment	\$ 86,003	55,718	20,863	9,422		
d. Movable Equipment	\$ 226,684	146,859	54,991	24,834		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 1,561,428	947,578	463,196	150,654		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ (5,004)		(5,004)			
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ (5,004)		(5,004)			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 150,224		150,224			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,706,648	947,578	608,416	150,654		

* 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	Chronic Disease Hospital
	0	0	0
R&M Contracts / Purchase Services	\$ 68,345	\$ 25,493	\$ 11,028
Dietary Minor Equipment	\$ 2,703	\$ 653	\$ 245
Environmental Minor Equipment	\$ 1,937	\$ 322	\$ 271
SNF Minor Equipment	\$ 13,768		
CDH Minor Equipment			\$ 3,820
Nursing Admin Minor Equipment	\$ 304		\$ 90
IT Minor Equipment	\$ 8,909	\$ 2,151	\$ 807
Engineering Minor Supplies	\$ 32	\$ 8	\$ 3
Equipment Rental			
Total Other Repairs and Maintenance	\$ 95,998	\$ 28,627	\$ 16,264

Depreciation Schedule

Name of Facility Masonicare Health Center		License No. 119-C		Report for Year Ended 9/30/2019				Page 23	of 37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements									
1. Acquired prior to this report period		4,109,083		4,109,083	3,003,834	S/L	Various	172,891	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									172,891
B. Building and Building Improvements									
1. Acquired prior to this report period		69,600,950		69,600,950	47,871,717	S/L	Various	1,514,359	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		1,266,360		1,266,360		S/L	Various	71,003	
B-4. Subtotal									1,585,362
C. Non-Movable Equipment									
1. Acquired prior to this report period		3,750,685		3,750,685	3,100,924	S/L	Various	123,160	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									123,160
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. Acquired prior to 2018									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal		333,456		333,456		S/L	Various	31,123	
E. Total Depreciation									324,623
									2,206,036

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:				
Various	See attached schedule	\$ 1,040,273	Various	\$ 55,931
Various	Transfers from Related Entities	\$ 226,087	Various	\$ 15,072
Total additions for Building Improvements		\$ 1,266,360		\$ 71,003 *
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:				
Various	See attached	\$ 80,423	Various	\$ 14,254
Various	Transfers from Related Entities	\$ 253,033	Various	\$ 16,869
Total additions for Movable Equipment		\$ 333,456		\$ 31,123 *
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

Description	Useful Life	Acquisition Date	Cost	Cost To Be Depreciated	Method	2017 Accum Depreciation	2018* Depreciation	2018 Accum Depreciation	2019* Depreciation	2019 Accum Depreciation
Land Improvements										
Prior Period Acq. (Per 9/30/2018 Cost Report)	Various	Various	4,109,083	4,109,083	S/L	2,827,900	175,934	3,003,834	172,891	3,176,725
Total Land Improvements			4,109,083	4,109,083		2,827,900	175,934	3,003,834	172,891	3,176,725

Description	Useful Life	Acquisition Date	Cost	Cost To Be Depreciated	Method	2017 Accum Depreciation	2018* Depreciation	2018 Accum Depreciation	2019* Depreciation	2019 Accum Depreciation
Building Improvements										
Prior Period Acq. (Per 9/30/2018 Cost Report)	Various	Various	69,600,950	69,600,950	S/L	46,650,519	1,221,198	47,871,717	1,514,358	49,386,075
Transfers from Other Entities	Various	Various	226,087	226,087	S/L	-	-	-	15,072	15,072
9/30/2019 Asset Additions										
Elevator Upgrade	20	3/21/2019	115,795	115,795	S/L	-	-	-	5,790	5,790
New Roof	20	3/21/2019	768,650	768,650	S/L	-	-	-	38,433	38,433
Ramage Renovation	15	3/21/2019	8,373	8,373	S/L	-	-	-	558	558
Johnson Building Carpet	10	3/21/2019	14,000	14,000	S/L	-	-	-	1,400	1,400
CAT Cabling for Door Access Control	10	3/21/2019	21,750	21,750	S/L	-	-	-	2,175	2,175
Controls for AHU	15	3/21/2019	8,435	8,435	S/L	-	-	-	562	562
Altro Walkway Vinyl Flooring - Ramage Ba	10	9/11/2019	9,750	9,750	S/L	-	-	-	975	975
Radiator replacement - Caterpillar Gener	15	9/11/2019	16,242	16,242	S/L	-	-	-	1,083	1,083
Tridium Controller - Pumps P1 and P1A	15	9/11/2019	13,450	13,450	S/L	-	-	-	897	897
4 Sturgis Seclusion Room - Replace Paddi	15	9/11/2019	44,650	44,650	S/L	-	-	-	2,977	2,977
4 Sturgis Seclusion Room - Replace Door	15	9/11/2019	7,396	7,396	S/L	-	-	-	493	493
Renovations Walker Dorm	20	8/1/2019	11,782	11,782	S/L	-	-	-	589	589
Total Building Improvements			70,867,310	70,867,310		46,650,519	1,221,198	47,871,717	1,585,362	49,457,079

Description	Useful Life	Acquisition Date	Cost	Cost To Be Depreciated	Method	2017 Accum Depreciation	2018* Depreciation	2018 Accum Depreciation	2019* Depreciation	2019 Accum Depreciation
Non Movable Equipment										
Prior Period Acq. (Per 9/30/2018 Cost Report)	Various	Various	3,750,685	3,750,685	S/L	2,961,007	139,917	3,100,924	123,160	3,224,084
9/30/2019 Asset Additions										
None										
Total Non Movable Equipment			3,750,685	3,750,685		2,961,007	139,917	3,100,924	123,160	3,224,084
Motor Vehicles										
Prior Period Acq. (Per 9/30/2018 Cost Report)	Various	Various	342,301	342,301	S/L	258,578	13,886	272,464	13,886	286,350
Total Motor Vehicles			342,301	342,301		258,578	13,886	272,464	13,886	286,350
Movable Equipment										
Prior Period Acq. (Per 9/30/2018 Cost Report)	Various	Various	13,739,503	13,739,503	S/L	11,827,290	1,000,882	12,828,172	279,614	13,107,786
Transfers from Other Entities	Various	Various	253,033	253,033	S/L	-	-	-	16,869	16,869
9/30/2019 Asset Additions										
20 Induction Warmers	5	3/21/2019	11,880	11,880	S/L	-	-	-	2,376	2,376
VIO 300D 2 x Electrosurgical	5	3/21/2019	17,249	17,249	S/L	-	-	-	3,450	3,450
16 Commercial Vacuum Cleaners	7	3/21/2019	9,550	9,550	S/L	-	-	-	1,364	1,364
Ice and Water Dispenser - ACU	7	3/21/2019	4,322	4,322	S/L	-	-	-	617	617
US Bladder Scan Prime	5	3/21/2019	12,900	12,900	S/L	-	-	-	2,560	2,560
Sara Plus US 2B - Patient Lifter	7	9/11/2019	5,994	5,994	S/L	-	-	-	856	856
Maxi Move, DPS, Scale, L-Height	7	9/11/2019	6,623	6,623	S/L	-	-	-	946	946
Carendo US - Shower Chair	7	9/11/2019	5,539	5,539	S/L	-	-	-	791	791
Powered 2 Seater Wheelchair	5	9/11/2019	6,367	6,367	S/L	-	-	-	1,273	1,273
Total Movable Equipment			14,072,959	14,072,959		11,827,290	1,000,882	12,828,172	310,737	13,138,909
Total			93,142,338	93,142,338		64,525,294	2,551,817	67,077,111	2,206,036	69,283,147

Net Book Value this Schedule
 NBV Trial Balance
 23,859,181
 23,635,693
 (223,499)

Difference on page 31

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Masonicare Health Center	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	of 37
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Mortgage Expense	11	16	25 Years	290,067		B		(5,004)	
2.									
3.									
B-4. Subtotal									(5,004)
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									(5,004)

* 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 Masonicare Health Center	License No. 119-C	Report for Year Ended 9/30/2019	Page 25	of 37
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11. Property Questionnaire

Part A

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

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total				
1. Date Land Purchased	9/27/1894				
2. Date Structure Completed	05/25/05				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	532				
6. Square Footage	487,433				
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)	CHEFA - Variable R			
b. Date Mortgage Obtained	11/02/16			
c. Interest Rate for the Cost Year	2%-5%			
d. Term of Mortgage (number of years)	25			
e. Amount of Principal Borrowed	17,942,645			
f. Principal balance outstanding as of 9/30/19	16,110,956			
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
Masonicare Health Center		119-C	9/30/2019			26	37
Item		Total	CCNH	RHNS	Chronic Disease Hospital		
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		\$ 17,942,645					
2. Loan Origination Date		11/02/16					
3. Interest Rate %		2%-5%					
4. Term		25					
5. CHEFA Interest Expense		266,781		266,781			
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 266,781		266,781			

(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	
Masonicare Health Center		119-C		9/30/2019			27 37	
Item				Total	CCNH	RHNS	Disease Hospital	
Subtotals Brought Forward:				266,781		266,781		
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)				\$ 266,781		266,781		
14. Insurance								
a. Insurance on Property (buildings only)				\$ 101,615	76,282	18,420	6,913	
b. Insurance on Automobiles				\$ 19,829	14,886	3,595	1,348	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$ 141,698	106,372	25,686	9,640	
Liability, Director, Crime & Other Insurance								
14d. Total Insurance Expenditures (14a + b + c)				\$ 263,142	197,540	47,701	17,901	
15. Total All Expenditures (A-13 thru C-14)				\$ 56,495,116	42,171,463	5,000,791	9,322,862	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Masonicare Health Center			119-C	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Chronic Disease Hospital
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	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 108,454	81,416	19,660	7,378
11.	30	IV3	Telephone	\$ 5,835	4,418	259	1,158
12.	15	1h2	Cellular Telephone	\$ 5,310	3,986	963	361
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	15	1a9	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 58,392	43,906	2,656	11,830
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.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 1,955,607	1,468,060	354,502	133,045
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 26,340	7,466	8,243	10,631
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)				\$ 2,159,938	1,609,252	386,283	164,403

* 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	Chronic Disease Hospital
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Chronic Disease Hospital
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Chronic Disease Hospital
16	m13	Grand Master's Day Celebration (Disallowed)	\$ 4,092	\$ 1,526	\$ 67
16	m13	SNF & CDH Gift Shop and Main St. Café Supplies (Disallowed)	\$ 258		\$ 10,394
16	m13	RCH CHEFA Admin Fees (Disallowed)		\$ 5,970	
16	m13	Nursing Admin Gift Shop (Disallowed)	\$ 58		\$ 17
16	m13	Volunteer Supplies (Disallowed)	\$ 1,030	\$ 384	\$ 17
16	m13	Social Services Gift Shop and Main St. Supplies (Disallowed)	\$ 14	\$ 3	\$ 1
16	m13	Quality of Life Expense (Disallowed)	\$ 1,491	\$ 360	\$ 135
16	m13	Recreation Gift Shop Supplies (Disallowed)	\$ 523		
Total Other A&G Adjustments			\$ 7,466	\$ 8,243	\$ 10,631

Masonicare Health Center
 9/30/2019
 Management Fee Disallowance

Page 28		Facility : Masonicare Health Center				License #: 1020-C				Year End: 09/30/19	
Line	Description	Pg Ln Number	Alloc Code	G/L Amount	Reclass Amount	Adj. G/L Amount	CCH	RCH	CDH	Other	Alloc. Check
21	<u>Management Fee to Related Party</u>	16 1 m 12									
	<u>Total Costs of Management Fee</u>										
	Management Fee	Pg Ln 16.1 m 12		0	0	0	2,561,875	618,632	232,173	217,920	3,630,600
	Sub total			0	0	0	2,561,875	618,632	232,173	217,920	3,630,600
	Max Allowable Amount = \$8.80 (2018) * 1.0140 (2019 CPI) = \$8.92 (2019 Allowable)						1,093,815	264,130	99,128		
	Total Disallowance						<u>\$ 1,468,060</u>	<u>\$ 354,502</u>	<u>\$ 133,045</u>		

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

Name of Facility				License No.	Report for Year Ended	Page	of
Masonicare Health Center				119-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Chronic Disease Hospital
Subtotals Brought Forward				\$ 2,159,938	1,609,252	386,283	164,403
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$			
28.	20	5d	Ambulance/Limousine	\$ 47,492	1,783		45,709
29.	20	5f	X-rays, etc	\$			
30.	20	5h	Laboratory	\$			
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 681,924	584,926	207	96,791
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	\$ (5,004)		(5,004)	
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 99,318	77,902	16,527	4,889
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 79,897	59,979	14,483	5,435
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 88,899		88,899	
49. Total Amount of Decrease (Items 1 - 48)				\$ 3,152,464	2,333,841	501,395	317,228

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Chronic Disease Hospital
20	5i	Occupational Therapy Supplies	\$ 2,384		
20	5C	Billable Medical Supplies	\$ 582,542	\$ 207	\$ 96,791
Total Other Ancillary Costs			\$ 584,926	\$ 207	\$ 96,791

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Chronic Disease Hospital
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Chronic Disease Hospital
22	8b	Mortgage Amortization		\$ (5,004)	
Total Other Property Adjustments			\$ -	\$ (5,004)	\$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Chronic Disease Hospital

30	IV8	Environmental Services Income (Indirect Disallowance)	\$ 10,636	\$ 3,967	\$ 175	age 29
30	IV8	Vending Machine Income (Indirect Disallowance)	\$ 52,011	\$ 12,560	\$ 4,714	
30	IV8	Recreation Income (Indirect Disallowance)	\$ 15,255			
Total Other Adjustments			\$ 77,902	\$ 16,527	\$ 4,889	

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Chronic Disease Hospital
Total Other Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Chronic Disease Hospital
30	IV8	Nursing Support Income (Direct Disallowance)	\$ 59,979	\$ 14,483	\$ 5,435
Total Other Adjustments			\$ 59,979	\$ 14,483	\$ 5,435

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Chronic Disease Hospital
26	12B5	MHC Wright Bond Interest		\$ 88,899	
Total Unallowable Building Interest			\$ -	\$ 88,899	\$ -

Masonicare Health Center
 9/30/2019
 Cell Phone Disallowance

Page 28 Facility : Masonic Healthcare Center License #: 119-C & 1274-RCH Year End: 09/30/19

Line	Description	Pg Ln Number	Alloc Code	G/L Amount	Reclass Amount	Adj. G/L Amount	CCH	RCH	CDH	OTHER	Alloc. Check	
12	Telephone	15 1 h 2										
	Total Costs of Cell Phones											
	100-000-8250-53030	15.1 h 2.34		9,248	9,248	9,248	6,526	1,576	591	555	9,248	
	Sub total			0	9,248	9,248	6,526	0	1,576	591	555	9,248
							70.5666%	17.0415%	6.3906%	6.0013%	100%	
	Portion Allowable											
	Administrative - 6 Phones (per DSS presentation 11/15/07)		14	2,160	2,160	1,524		0	368	138	131	2,161
	Transportation - 4 Phones (as agreed per FY2000 Audit)		25	1,440	1,440	1,016		0	245	92	87	1,440
	Sub total Allowable			0	3,600	3,600	2,540	0	613	230	218	3,601
	Total Cell Phone Cost Adjustment	To Pg Ln 28.12		0	5,648	5,648	3,986	0	963	361	337	5,647

Purpose: Reduce the Telephone costs for the use of cell phones as agreed in the FY 2000 Audit (defined level of Admin plus 4 additional phones).
 Amount Excludes Non Reimbursable Dollars

Masonicare Health Center
9/30/2019
Interest Expense Disallowance

C

Page 29 Facility : Masonic Healthcare Center License #: 119-C & 1274-RCH Year End: 09/30/19

Line	Description	Pg Ln Number	Alloc Code	G/L Amount	Reclass Amount	Adj. G/L Amount	CCH	RHNS	RCH	CDH	Alloc Check
49	Other	26									
		12 B 5									
	Offset of Interest Expense and Interest Income										
	MHC WRIGHT RESIDENC INT EXP-BOND-CHEFA SER A	26.12 B 5	13		0	0		0	0	0	0
	100-130-79(MHC WRIGHT RESIDENC SERIES C INTEREST	26.12 B 5	13		266,781	266,781		266,781	0	266,781	266,781
	MHC WRIGHT RESIDENC INTEREST INCOME-FMV SERIE	30.IV 5.13	13		0	0		0	0	0	0
	MHC WRIGHT RESIDENC INTEREST INC-BOND SER A	30.IV 5.13	13		0	0		0	0	0	0
	MHC WRIGHT RESIDENC SERIES C INTEREST INCOME	30.IV 5.13	13		0	0		0	0	0	0

Sub total Wright Residence 0 266,781 266,781 0 266,781 0 266,781

Total Wright Residence Capital Cost 9,748,461
 Allowable Wright Residence Capital Costs Per CON 6,500,000
 Unallowable % 33%

Sub total Wright Residence Net Disallowance 0 0 0 88,899 0 88,899

To Pg Ln 29.49 0 0 0 88,899 0 88,899

Purpose: Offset portion of Net Interest on Wright Residence for Amount in Excess of CON

Masonicare Health Center
 9/30/2019
 Billable Medical Supplies

Page 28		Facility : Masonicare Health Center				License #: 1020-C				Year End: 09/30/19	
Line	Pg Ln Number	Description	Alloc Code	G/L Amount	Reclass Amount	Adj. G/L Amount	CCH	RCH	CDH	Other	Alloc. Check
	Pg Ln										
	20 5C	Patient Billable Supplies		33,515	0	33,515	33,515				33,515
	20 5C	Patient Billable Supplies		32,344		32,344	32,344				32,344
	20 5C	Patient Billable Supplies		30,819		30,819	30,819				30,819
	20 5C	Patient Billable Supplies		100,554		100,554	100,554				100,554
	20 5C	Patient Billable Supplies		13,408		13,408	13,408				13,408
	20 5C	Patient Billable Supplies		10,018		10,018	10,018				10,018
	20 5C	Patient Billable Supplies		110,482		110,482	110,482				110,482
	20 5C	Patient Billable Supplies		75,183		75,183	75,183				75,183
	20 5C	Patient Billable Supplies		96,898		96,898	96,898				96,898
	20 5C	Patient Billable Supplies		79,321		79,321	79,321				79,321
	20 5C	Patient Billable Supplies		39,186		39,186	39,186		39,186		39,186
	20 5C	Patient Billable Supplies		21,583		21,583	21,583		21,583		21,583
	20 5C	Patient Billable Supplies		33,698		33,698	33,698		33,698		33,698
	20 5C	Patient Billable Supplies		2,324		2,324	2,324		2,324		2,324
	20 5C	Patient Billable Supplies		207		207	207		207		207
Disallowance				679,540	0	679,540	582,542	207	96,791	0	679,540

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Masonicare Health Center	119-C	9/30/2019			30	37
Item	Total	CCNH	RHNS	Chronic Disease Hospital		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 50,699,135	43,462,028	7,224,597	12,510		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 13,675,274	5,595,017		8,080,257		
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 20,491,311	13,093,174	395,968	7,002,169		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 1,916,233	1,698,205		218,028		
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 3,680,799	3,395,052		285,747		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 36,790	26,767		10,023		
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 43,149	34,119		9,030		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,428,430	1,423,276		5,154		
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 417,348	417,348				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 285,874	285,874				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (4,098,803)	(2,923,717)	354,267	(1,529,353)		
b. Other (<i>Specify</i>) - Non-Medicare	\$ (40,413,655)	(29,697,407)	(3,861,781)	(6,854,467)		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 48,161,885	36,809,736	4,113,051	7,239,098		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 214,190	162,190	9,510	42,490		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 5,835	4,418	259	1,158		
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>)	\$ 190,645	145,411	32,736	12,498		
V. Total Other Revenue (1 thru 8)	\$ 410,670	312,019	42,505	56,146		
VI. Total All Revenue (III + V)	\$ 48,572,555	37,121,755	4,155,556	7,295,244		

* 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	Chronic Disease Hospital
	Various Other Medicare Resident Revenue - Available Upon Audit	(2,923,717)	354,267	(1,529,353)
	Total Other Resident Revenue - Medicare	\$ (2,923,717)	\$ 354,267	\$ (1,529,353)

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Chronic Disease Hospital
	Various Other Non-Medicare Resident Revenue - Available Upon Audit	(29,697,407)	(3,861,781)	(6,854,467)
	Total Other Resident Revenue	\$ (29,697,407)	\$ (3,861,781)	\$ (6,854,467)

Interest Income

Page Ref	Account	Account	Balance	CCNH	RHNS	Chronic Disease Hospital
				0	0	0
	Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Chronic Disease Hospital
		0	0	0
30 IV 8	Environmental Services Income (Indirect Disallowance)	\$ 9,931	\$ 3,704	\$ 1,602
30 IV 8	Vending Machine Income (Indirect Disallowance)	\$ 52,011	\$ 12,560	\$ 4,714
30 IV 8	Nursing Support Income (Direct Disallowance)	\$ 59,979	\$ 14,483	\$ 5,435
30 IV 8	Administration Misc. Income	\$ (138)	\$ (33)	\$ (12)
30 IV 8	Recreation Income (Indirect Disallowance)	\$ 15,255		
30 IV 8	Spiritual Income (Expense Already Disallowed)	\$ 8,373	\$ 2,022	\$ 759
	Total Other Revenue	\$ 145,411	\$ 32,736	\$ 12,498

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Masonicare Health Center	119-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	69,685
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	9,407,540
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(3,436)
4 Inventories			\$	178,887
5. Prepaid Expenses			\$	575,285
a. _____				
b. _____				
c. _____				
d. See Schedule		575,285		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(111,977)

See Schedule		(111,977)		
A-9. Total Current Assets (Lines A1 thru 8)			\$	10,115,984
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	4,109,083	\$	932,358
	Accum. Depreciation	3,176,725		
	Net			
3. Buildings	*Historical Cost	70,867,310	\$	21,410,231
	Accum. Depreciation	49,457,079		
	Net			
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
5. Non-Movable Equipment	*Historical Cost	3,750,685	\$	526,601
	Accum. Depreciation	3,224,084		
	Net			
6. Movable Equipment	*Historical Cost	14,072,959	\$	934,050
	Accum. Depreciation	13,138,909		
	Net			
7. Motor Vehicles	*Historical Cost	342,301	\$	55,951
	Accum. Depreciation	286,350		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(223,499)
C vs FS NBV		(223,499)		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	23,635,692

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	\$ 220,940
31	A5	Prepaid Other Expenses	\$ 167,208
31	A5	Prepaid Dues	\$ 8,575
31	A5	Prepaid Rent - Security Deposits	\$ 2,363
31	A5	Prepaid Morrison	\$ 176,199
Total Prepaid Expenses			\$ 575,285

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

Page Ref	Line Ref	Description	
31	A8	Insurance Payments	\$ (4,986)
31	A8	Resident Personal Funds	\$ 109,146
31	A8	Capital Purchases	\$ (216,137)
Total Other Current Assets (Itemize)			\$ (111,977)

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

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility Masonicare Health Center		License No. 119-C	Report for Year Ended 9/30/2019	Page 32	of 37
Account				Amount	
Total Brought Forward:				\$	33,751,676
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>)					
Rounding		1		\$	1
See Schedule					
D-8. Total Investments and Other Assets (Lines D1 thru 7)					
				\$	1
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)					
				\$	33,751,677

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Masonicare Health Center		119-C	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	3,012,830
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
_____		_____	_____	_____	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	1,384,917
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	461,865
7. Medicare Final Settlement Payable				\$	119,606
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>)				\$	984,973
Accrued Liabilities		276,638	Accrued Security Deposits	196,221	
Accrued RE Taxes		(73,321)	Applied Income	135,971	
Accrued Provider Tax		429,686			
Accrued Audit Fees		19,778	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	5,964,191

* 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 Masonicare Health Center		License No. 119-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				5,964,191	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
Name of Lender		Purpose	Amount	Date Due	\$
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)					\$
Asbestos Removal			847,000	847,000	
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 847,000
C. Total All Liabilities (Lines A-13 + B-5)					\$ 6,811,191

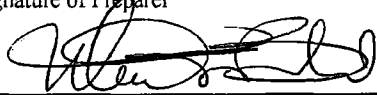
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Masonicare Health Center	119-C	9/30/2019	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			\$	33,511,834
6. Gain or Loss for Period			\$	(6,571,348)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	26,940,486
C. Total Reserves and Net Worth			\$	26,940,486
D. Total Liabilities, Reserves, and Net Worth			\$	33,751,677

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Masonicare Health Center		119-C	9/30/2019	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2018			\$	26,754,717
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	61,321,454
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	67,892,802
D.	Net Income or Deficit			\$	(6,571,348)
E.	Balance			\$	20,183,369
F.	Additions				
	1. Additional Capital Contributed (<i>itemize</i>)				
	Total Expenses per Pg. 27	56,495,116			
	Add: Non Reimb.	11,397,686			
	Total Expenses	67,892,802			
	2. Other (<i>itemize</i>)				
	Total Revenue per Pg. 30	48,572,555			
	Add: Non Reimb.	12,748,899			
	Total Revenue	61,321,454			
	Close out of Intercompany to Fund Balance		6,757,117		
F-3.	Total Additions			\$	6,757,117
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		09/30/19	\$	26,940,486

I. Preparer's/Reviewer's Certification

Name of Facility Masonicare Health Center		License No. 119-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Chronic Disease Hospital	
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 PRINCIPAL		Date Signed 2/5/20	
Printed Name of Preparer Matthew S. Bavolack					
Address Address 555 Long Wharf Drive, New Haven, CT 06511				Phone Number 203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report Rob Leake				Phone Number 203-678-7865	
Contact Email Address Rleake@Masonicare.org					

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Masonicare Health Center for the year ended 9/30/2019, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Masonicare Health Center. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Masonicare Health Center and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
February 5, 2020