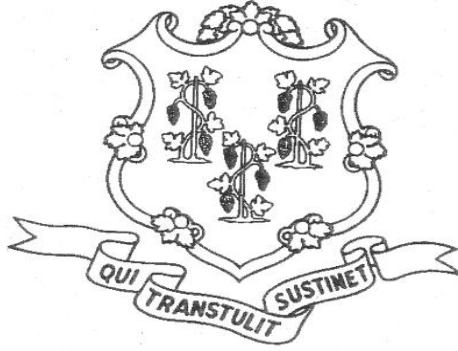


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Monsignor Bojnowski Manor	
Address (No. & Street, City, State, Zip Code) 50 Paulaski St., New Britain, CT 06053	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2020	Report for Year Ending 9/30/2021

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

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

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### General Information

Name of Facility (as licensed) Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2021	Page 1	of 37
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#### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Monsignor Bojnowski Manor [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Martin Julmisse			Printed Name (Owner) Daughters of Mary	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Monsignor Bojnowski Manor		Period Covered:	From 10/1/2020	To 9/30/2021
Address of Facility 50 Paulaski St., New Britain, CT 06053				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-229-0336		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) Monsignor Bojnowski Manor		Address (No. & Street, City, State, Zip) 50 Paulaski St., New Britain, CT 06053		
License Numbers:	CCNH 993-C	RHNS	(Specify)	Medicare Provider No. 07-5374
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Martin Julmisse		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		





**General Information and Questionnaire**  
**Individual Proprietorship**

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2021	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 Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2021	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?  Yes  No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Immaculate Conception, Inc.	314 Osgood Ave., New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Lessor of Land	22/9	12,000	12,000
Immaculate Conception, Inc.	314 Osgood Ave., New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Financing	26/12A	138,532	138,532
Immaculate Conception, Inc.	314 Osgood Ave., New Britain, CT 06053	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Employee Services	10/A12m	88,698	88,698
		<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"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2021	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

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

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

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

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

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

Name of Facility			License No.	Report for Year Ended			Page	of	
Monsignor Bojnowski Manor			993-C	9/30/2021			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Pitney Bowes Global Financial	<input type="radio"/>	<input checked="" type="radio"/>	Postage Equipment	Prior Period	Quarterly	751	751		
	<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"/>							
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input checked="" type="radio"/> No	<b>Total ***</b>
							751		

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

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

Services Provided by This Firm (*describe fully*)

1 Medicaid Wages & Benefits Analysis; Medicaid and Medicare Cost Report	\$ 13,250
2 Financial Statements, 990 Tax Return	\$ 10,000
3	\$
4	\$
	Charge for Services Provided
	\$ 23,250

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

Yes     No    15/1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha Cullina	860-240-6000
2 Wiggin and Dana	203-498-4400
3	
4	
5	

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

1 PO Box 150435, Hartford, CT 06115
2 One Century Tower, PO Box 1832, New Britain, CT 06508
3
4
5

Services Provided by This Firm (*describe fully*)

1 Attention to audit letter	\$ 162
2 Legal service employee termination	\$ 1,360
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 1,522

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

Yes     No    15/1e

Schedule of Resident Statistics

Name of Facility Monsignor Bojnowski Manor			License No. 993-C		Report for Year Ended 9/30/2021				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	60	60			60	60			60	60			
B. On last day of THIS report period	60	60			60	60			60	60			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	46	46			46	46			46	46			
B. As of midnight of THIS report period	45	45			46	46			45	45			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,373	1,373			940	940			433	433			
B. Medicaid (Conn.)	12,046	12,046			9,078	9,078			2,968	2,968			
C. Medicaid (other states)													
D. Private Pay	2,461	2,461			1,972	1,972			489	489			
E. State SSI for RCH													
F. Other (Specify) Hospice, Managed Care	1,277	1,277			811	811			466	466			
G. Total Care Days During Period (3A thru F)	17,157	17,157			12,801	12,801			4,356	4,356			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	15	15			15	15							
5. Total Resident Days (3G + 4A + 4B)	17,172	17,172			12,816	12,816			4,356	4,356			

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

Name of Facility Monsignor Bojnowski Manor			License No. 993-C			Report for Year Ended 9/30/2021			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	6		33		6								
Per Diem Rate													
a. One bed rm.			297.73		420.00								
b. Two bed rms.					395.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									783	783			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									10	10			
2. Restorative Treatments													
C. Other									3,788	3,788			
<b>D. Total Physical Therapy Treatments</b>									<b>4,581</b>	<b>4,581</b>			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									510	510			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									433	433			
<b>D. Total Speech Therapy Treatments</b>									<b>943</b>	<b>943</b>			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,413	1,413			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									4,337	4,337			
<b>D. Total Occupational Therapy Treatments</b>									<b>5,750</b>	<b>5,750</b>			

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Monsignor Bojnowski Manor	993-C	9/30/2021	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	110,859	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	174,503	3,338				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	58,949	1,924				
c. Dietary Workers	278,705	14,909				
6. Housekeeping Service						
a. Head Housekeeper	14,609	794				
b. Other Housekeeping Workers	128,157	7,154				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	43,826	909				
b. Other Maintenance Workers	123,406	5,444				
8. Laundry Service						
a. Supervisor	12,477	1,266				
b. Other Laundry Workers	78,673	3,859				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	92,126	1,937				
b. RN						
1. Direct Care	500,295	11,922				
2. Administrative**	85,774	2,063				
c. LPN						
1. Direct Care	129,691	3,387				
2. Administrative**	322,477	10,333				
d. Aides and Attendants	595,043	34,304				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	80,328	3,238				
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	88,698	2,080				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	112,672	4,136				
<i>A-13. Total Salary Expenditures</i>	3,031,268	115,077				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

\*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Salaries & Wages - Medical Record	\$ 37,026	1,856				
Salaries & Wages - Admission/Marketing	\$ 70,040	2,007				
Wages - Employee Orientation	\$ 5,606	273				
<b>Total</b>	\$ 112,672	4,136	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

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



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

Name of Facility				License No.	Report for Year Ended			Page	of	
Monsignor Bojnowski Manor				993-C	9/30/2021			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Sister Mary Catherine Sirotnak	67,674				Social Service	1,780	A12m			
Sister Victoria Walonski	9,347				Receptionist	545	A4			

\* 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.

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Monsignor Bojnowski Manor				993-C	9/30/2021			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Martin Julmisse	110,859				Administrator	1,926	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Monsignor Bojnowski Manor	993-C	9/30/2021	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	17,248	367				
2. Dentist	7,059	82				
3. Pharmacist	6,811	96				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	105,681	Contract				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	22,000	66				
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	52,890	Contract				
b. Other						
10. Occupational Therapist						
a. Resident Care	127,765	Contract				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	319,634	9,444				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>659,088</b>	<b>10,056</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

\*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

**Report of Expenditures**  
**Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\***

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2021	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Debra Weeks Jameson, Glastonbury, CT 06033	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	
OmniCare Pharmacy, 525 Knotter Dr., Cheshire, CT 06410	Pharmacy	<input type="radio"/>	<input checked="" type="radio"/>	
Preferred Therapy Services, 850 Silas Dean Hwy, Wethersfield, CT 06109	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>	
Stephen Zebrowski, MD, 120 W Main St., Plainville, CT 06062	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	
HealthDrive, 1 Prestige Dr., #107, Meriden, CT 06450	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	
		<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"/>	
		<input type="radio"/>	<input checked="" type="radio"/>	

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor	993-C	9/30/2021		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 191,130	191,130			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ (7,624)	(7,624)			
4. Social Security (F.I.C.A.)	\$ 26,693	26,693			
5. Health Insurance	\$ 423,574	423,574			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,786	4,786			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 6,948	6,948			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 423	423			
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$				
c. Bad Debts*	\$ 82,555	82,555			
d. Accounting and Auditing	\$ 23,250	23,250			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 1,522	1,522			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 16,248	16,248			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 20,572	20,572			
2. Cellular Phones	\$				
i. Appraisal ( <i>Specify purpose and        attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 235,193	235,193			
<b>Subtotal</b>	\$ 1,025,270	1,025,270			

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

(Carry Subtotals forward to next page)

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

Monsignor Bojnowski Manor  
9/30/2021

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Other Employee Benefits	\$ 423		
<b>Total</b>	\$ 423	\$ -	\$ -

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor	993-C	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		1,025,270	1,025,270		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,176	3,176			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$ 7,040	7,040			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 27,769	27,769			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 13,697	13,697			
4. Fund-Raising***	\$ 8,866	8,866			
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,077	1,077			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 11,658	11,658			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 485	485			
9. Subscriptions	\$ 6,516	6,516			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 81,238	81,238			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,186,791	1,186,791			

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising Expense	\$ 9,787		
Marketing Expenses	\$ 3,910		
<b>Total Other Advertising</b>	\$ 13,697	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CT Assoc of Health Care Facilities	\$ 4,103		
Leadng Age of CT	\$ 6,590		
ALTCFM	\$ 85		
American Health Care Association	\$ 600		
Catholic Health Association	\$ 280		
<b>Total Dues</b>	\$ 11,658	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
License	\$ 540		
Background Checks	\$ 3,191		
Bank Fees & Service Charges	\$ 4,929		
Computer Supplies Expense	\$ 21,764		
Computer Maintenance	\$ 48,378		
Miscellaneous Expense	\$ 625		
Software	\$ 1,783		
Late Fees	\$ 29		
<b>Total Other Administrative and General</b>	\$ 81,238	\$ -	\$ -



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

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2021	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility Monsignor Bojnowski Manor		License No. 993-C	Report for Year Ended 9/30/2021	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 130,258	130,258		
2.	Non-Food Supplies	\$ 18,137	18,137		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
		\$ 753	753		
c. Other (Specify) _____					
		\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 149,149</b>	<b>149,149</b>		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*				
G.	Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2021	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	7,317	7,317	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	\$			
c. Other ( <i>Specify</i> )	\$			
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	<b>7,317</b>	<b>7,317</b>	
<b>3E. Laundry Questionnaire</b>				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Monsignor Bojnowski Manor		993-C	9/30/2021		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	9,907	9,907		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C. Other ( <i>Specify</i> )		\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$	9,907	9,907		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Medications	\$	80,784	80,784		
b.	Medicine Cabinet Drugs	\$	10,876	10,876		
c.	Medical and Therapeutic Supplies	\$	96,073	96,073		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	5,255	5,255		
f.	X-rays and Related Radiological Procedures***	\$	4,272	4,272		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	17,569	17,569		
i.	Recreation	\$	6,275	6,275		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)***** See Attached Schedule	\$	37,053	37,053		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>		\$	258,158	258,158		

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

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

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

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Supplies	\$ 39		
Religious Services	\$ 1,200		
Small Equipment Purchase	\$ 1,042		
Supplements	\$ 14,667		
Equipment Rental	\$ 623		
Other-covit supplies	\$ 13,036		
I.V. Supplies	\$ 1,316		
I.V. Setup	\$ 5,129		
<b>Total Other Resident Care</b>	<b>\$ 37,053</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Monsignor Bojnowski Manor			License No. 993-C	Report for Year Ended 9/30/2021					Page 21	of 37
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
N/A		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2021	22	37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 89,155	89,155		
b. Heat	\$ 44,168	44,168		
c. Light & Power	\$ 30,087	30,087		
d. Water	\$ 37,689	37,689		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 906	906		
f. Other ( <i>itemize</i> ) See Attached Schedule	\$ 12,983	12,983		
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 214,989</b>	<b>214,989</b>		
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$ 23,785	23,785		
b. Building & Building Improvements	\$ 172,871	172,871		
c. Non-Movable Equipment	\$			
d. Movable Equipment	\$ 48,282	48,282		
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 244,938</b>	<b>244,938</b>		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$			
d. Other ( <i>Specify</i> )	\$			
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 12,000	12,000		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$			
c. Personal property taxes	\$ 40,437	40,437		
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 297,375</b>	<b>297,375</b>		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Chemicals	\$ 795		
Pest Control	\$ 2,068		
Trash Removal	\$ 10,120		
<b>Total Other Repairs and Maintenance</b>	\$ 12,983	\$ -	\$ -

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Monsignor Bojnowski Manor  
9/30/2021

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
9/30/2021	Roof	\$ 35,000	10	\$ 3,500
11/12/2020	Sewer Pipes-Lining and Repair	\$ 14,000	10	\$ 1,400
10/23/2020	Select Mechanical Service	\$ 53,875	10	\$ 5,388
12/21/2020	Select Mechanical Service	\$ 27,875	10	\$ 2,788
1/11/2021	Commerical Door	\$ 1,450	10	\$ 145
3/1/2021	Roof	\$ 12,500	10	\$ 1,250
3/10/2021	Roof	\$ 12,500	10	\$ 1,250
3/11/2021	Roof	\$ 35,000	10	\$ 3,500
4/8/2021	Water Storage Tank	\$ 1,450	10	\$ 145
<b>Total additions for Building Improvements</b>		\$ 193,650		\$ 19,365
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ -

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
9/30/2021	See attached schedule	\$ 24,451	10	\$ 4,617
<b>Total additions for Movable Equipment</b>		\$ 24,451		\$ 4,617
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ -

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Monsignor Bojnowski Manor			993-C		9/30/2021			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2021	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		01/01/74			
2. Date Structure Completed		09/30/75			
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure		10/01/75			
5. Total Licensed Bed Capacity		60			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Private	Private		
b. Date Mortgage Obtained		10/01/74	10/01/74		
c. Interest Rate for the Cost Year		600.00%	600.00%		
d. Term of Mortgage (number of years)		Interest only	Interest Only		
e. Amount of Principal Borrowed		2,000,000	400,000		
f. Principal balance outstanding as of _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Monsignor Bojnowski Manor		993-C	9/30/2021			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 138531.72	138,532				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 138,532	138,532				

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page of	
Monsignor Bojnowski Manor		993-C		9/30/2021			27   37	
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:				138,532	138,532			
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. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 138,532	138,532			
14. Insurance								
a. Insurance on Property (buildings only)				\$ 8,925	8,925			
b. Insurance on Automobiles				\$ 6,701	6,701			
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 15,626	15,626			
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 5,968,200	5,968,200			

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Monsignor Bojnowski Manor			993-C	9/30/2021	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	13	10a	Occupational Therapy	\$ 127,765	127,765		
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 82,555	82,555		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 13,697	13,697		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m4	Fund Raising / Contributions	\$ 8,866	8,866		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 2,527	2,527		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 235,410	235,410		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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



**Schedule of Other Salaries Adjustment**

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

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Discounts Earned	\$ 2,013		
16	m/13	Late Fee	\$ 29		
16	m/8a	Chamber of Commerce	\$ 485		
<b>Total Other A&amp;G Adjustments</b>			\$ 2,527	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor				993-C	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 235,410	235,410		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 80,784	80,784		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 4,272	4,272		
30.	20	5h	Laboratory	\$ 17,569	17,569		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 5,255	5,255		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 6,446	6,446		
<b>Page 22 - Maintenance and Property</b>							
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	\$ 15,714	15,714		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 655	655		
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 10,168	10,168		
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 376,272	376,272		

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

Monsignor Bojnowski Manor  
9/30/2021

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	20/5j	IV Supplies	\$ 1,316		
	20/5j	IV Set Up	\$ 5,129		
<b>Total Other Ancillary Costs</b>			\$ 6,446	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	22/6a,6b,6c	Allocation of R&M and Utility Costs to Personal Space for Sisters	\$ 15,714		
<b>Total Other Property Adjustments</b>			\$ 15,714	\$ -	\$ -

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Allocation of Depreciation to Personal Space for Sisters			
26	12	Allocation of Interest to Personal Space for Sisters	\$ 10,168		
<b>Total Unallowable Building Interest</b>			\$ 10,168	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Monsignor Bojnowski Manor	993-C	9/30/2021			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 4,842,020	4,842,020				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,547,742)	(1,547,742)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 554,335	554,335				
b. Medicare Room and Board Contractual Allowance **	\$ 37,424	37,424				
4. a. Private-Pay Residents and Other	\$ 1,461,925	1,461,925				
b. Private-Pay Room and Board Contractual Allowance **	\$ (183,985)	(183,985)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 49,091	49,091				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 79,759	79,759				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 84,913	84,913				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 23,878	23,878				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 64,020	64,020				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 96,786	96,786				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 127,235	127,235				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 38,190	38,190				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 9,536	9,536				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 5,737,385	5,737,385				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 1,137	1,137				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 201,792	201,792				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 202,929	202,929				
<b>VI. Total All Revenue</b> (III +V)	\$ 5,940,314	5,940,314				

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6a	Medicare A - Pharmacy	\$ 42,909		
30/II6a	Medicare A - Oxygen	\$ 510		
30/II6a	Medicare A - X-Ray	\$ 2,627		
30/II6a	Medicare A - Ambulance	\$ (294)		
30/II6a	Medicare A - Lab	\$ 9,209		
30/II6a	Medicare B - Lab	\$ (2)		
30/II6a	Medicare B - Contractual Adjustment	\$ (16,748)		
30/II6a	Medicare B - Blue Cross Discounts	\$ (21)		
<b>Total Other Resident Revenue - Medicare</b>		\$ 38,190	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6b	Managed Care Medicare - Oxygen	\$ 519		
30/II6b	Managed Care Medicare - X-Ray	\$ 1,728		
30/II6b	Managed Care Medicare - Lab	\$ 7,289		
<b>Total Other Resident Revenue</b>		\$ 9,536	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/IV5	Dividend Income		\$ 1,111		
30/IV5	Interest Income		\$ 26		
<b>Total Interest Income</b>			\$ 1,137	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Unrestricted Contributions	\$ 3,478		
30/IV8	Other Income	\$ 187,125		
30/IV8	Employer Social Security covit credit	\$ 9,175		
30/IV8	Discounts Earned	\$ 2,013		
<b>Total Other Revenue</b>		\$ 201,792	\$ -	\$ -

## G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2021	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	872,080
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	687,975
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(50,000)
4. Inventories			\$	12,638
5. Prepaid Expenses			\$	127,378
a. _____				
b. _____				
c. _____				
d. See Schedule		127,378		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	43,298
_____				
_____				
See Schedule		43,298		
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,693,369
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	337,426	\$	171,524
	Accum. Depreciation	165,902		Net
3. Buildings	*Historical Cost	5,531,316	\$	897,263
	Accum. Depreciation	4,634,053		Net
4. Leasehold Improvements	*Historical Cost	157,000	\$	
	Accum. Depreciation	157,000		Net
5. Non-Movable Equipment	*Historical Cost	40,355	\$	
	Accum. Depreciation	40,355		Net
6. Movable Equipment	*Historical Cost	1,432,899	\$	91,621
	Accum. Depreciation	1,341,278		Net
7. Motor Vehicles	*Historical Cost	92,630	\$	6,583
	Accum. Depreciation	86,047		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	63,564
_____				
See Schedule		63,564		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,230,556

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2021	32	37
Account			Amount	
Total Brought Forward:			\$	2,923,925
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____ Net	
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
_____		_____	_____	
_____		_____	_____	
7. Other Assets ( <i>itemize</i> )			\$	
_____			\$	
_____			\$	
See Schedule			\$	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	2,923,925

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



Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid - Insurance	\$ 125,901
31	A5	Prepaid - Other Expenses	\$ 1,477
<b>Total Prepaid Expenses</b>			<b>\$ 127,378</b>

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

Page Ref	Line Ref	Description	
31	A8	Cash - Resident Trust	\$ 43,298
<b>Total Other Current Assets (Itemize)</b>			<b>\$ 43,298</b>

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

Page Ref	Line Ref	Description	
31	B9	Book vrs Cost	\$ 63,564
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ 63,564</b>

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
33	A12	Accrued Wages	\$ 83,371
33	A12	Accrued Vacation & Sick Pay	\$ 122,817
33	A12	Accrued Expenses	\$ (488)
33	A12	Employee Benefits	\$ (3,943)
33	A12	Garnishments	\$ (2,065)
33	A12	Employee 401K W/H	\$ 5,168
33	A12	Employee Suspense	\$ (120)
33	A12	Resident Refunds	\$ 2,249
33	A12	Resident Trust	\$ 41,032
33	A12	Deferred Income	\$ 3,259
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 251,280</b>

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

Page Ref	Line Ref	Description	
34	B4	Cash- Webser Bank PPE	\$ (530,908)
34	B4	Loan-PPE	\$ 791,952
<b>Total Other Long-Term Liabilities (Itemize)</b>			<b>\$ 261,044</b>

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

Name of Facility		License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor		993-C	9/30/2021	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	46,583
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	(190,525)
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	251,280
_____					
_____					
_____					
See Schedule				251,280	
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	107,338

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

(Carry Total forward to next page)

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

Name of Facility Monsignor Bojnowski Manor		License No. 993-C	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount	
Total Brought Forward:				107,338	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 1,844,188	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 82,462	
Name and Address of Lender	Amount	Loan Date			
Daughters of Mary	82,462				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 261,044	
_____					
_____					
See Schedule				261,044	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 2,187,695	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,295,033	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Monsignor Bojnowski Manor	993-C	9/30/2021	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	656,779
6. Gain or Loss for Period			\$	(27,886)
	10/1/2020	thru	9/30/2021	
7. Total Net Worth			\$	628,892
<b>C. Total Reserves and Net Worth</b>			\$	628,892
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,923,925

### H. Changes in Total Net Worth

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2021	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	474,575
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	5,940,314
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	5,968,200
D. Net Income or Deficit			\$	(27,886)
E. Balance			\$	446,689
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	446,689
				09/30/21

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

Name of Facility Monsignor Bojnowski Manor	License No. 993-C	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
CJLC LLC				
Address Address			Phone Number	
225 Pitkin Street, East Hartford, CT 06108			860-610-9009	
Annual Report Contact			Phone Number	
CJLC			860-610-9009	
Annual Report Contact Email Address				
annualreports@cjlc.com				

Error Check

Level	Item	Reported as			
1	Page 10 - Administrator Hours	2,080	is inconsistent with page 12 of	1,926	
1	Page 23 - Historical Cost of Building Improvemen	5,531,319	is inconsistent with Page 31	5,531,316	3
1	Page 23 - Historical Cost of Motor Vehicles	92,629	is inconsistent with Page 31	92,630	(1)
1	Page 23 - Historical Cost of Movable Eq.	1,432,899	is inconsistent with Page 31	1,432,899	(0)
1	Page 23 - Accumulated Dep. of Land Imp.	165,901	is inconsistent with Page 31	165,902	(1)
1	Page 23 - Accumulated Dep. of Building Improver	4,634,053	is inconsistent with Page 31	4,634,053	0
1	Page 23 - Accumulated Dep. of Motor Vehicles	86,045	is inconsistent with Page 31	86,047	(1)
1	Page 23 - Accumulated Dep. of Movable Eq.	1,341,278	is inconsistent with Page 31	1,341,278	(0)
1	Page 24 - Historical Cost of Leasehold Imp.	-	is inconsistent with Page 31	157,000	(157,000)
1	Page 24 - Accumulated Amort. of Leasehold Imp.	-	is inconsistent with Page 31	157,000	(157,000)
1 -	Page 35 - Total Liabilities, Reserves and Net Wort	2,923,925	Total Assets	2,923,925	(0)