

NOTE:

If amended pages are necessary, please submit the amended pages with changes highlighted in yellow, along with a signed and notarized Page 1. As a reminder, if any expense pages have changed, which result in a net increase or decrease to total expenses, please submit the necessary amended Pages 27, 35 and 36. If any depreciation and/or amortization expenses have changed, please submit the corresponding Page 23 or 24 along

General Information

Name of Facility	Address	Phone Number
Sacred Heart manor, Inc.	261 Benham Street, Hamden, CT 06514	203-248-4031

Type of Facility and License Number(s)

CCNH RHNS

License Number	1893
Medicaid Provider Number	

Report for Year Beginning	Report for Year Ending
10/1/2016	9/30/2017

Medicare Provider Number

Printed Name (Administrator)	Printed Name (Owner)
Sr. Barbara Matazzaro ASCJ	Sacred Heart Manor, Inc.

Report Prepared By	Phone Number	Date
Kevin P Kelleher CPA	860-677-8440	2/9/2018

Type of Ownership (Check appropriate box)

Proprietorship LLC Partnership Profit Corp. Non-Profit Corp. Government 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? If "Yes," explain fully.

Yes No

Name of Administrator
Sr Barbara Matazzaro ASCJ

Nursing Home Administrator's License No.

Other Operators/Owners who are Assistant Administrators (full or part time) of this facility.

Name	License #
none	

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
n/a		

Name of Partners/Members	Business Address	Title	% Owned
n/a			

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Sacred Heart Manor, Inc.	261 Benham Street, Hamden CT 06514	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Sister Barbara Matazzaro ASCJ	261 Benham Street, Hamden CT 06514	President	n/a
Sister Susan Emmerich ASCJ	261 Benham Street, Hamden CT 06514	Vice President	n/a
Sister Rita Petaraca ASCJ	261 Benham Street, Hamden CT 06514	Secretary	n/a
Sister Mary Lee ASCJ	261 Benham Street, Hamden CT 06514	Treasurer	n/a

Names of Stockholders Owning at Least 10% of Shares
none

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

Owner(s) of Facility
n/a

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:

Table with 7 columns: 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. Includes entries for Apostles of the Sacred Heart of Jesus Inc (Provincial) with various services like Lessor of Real Property, Provider of Sisters for Services, Lendor of Funds, and Provider of Maintenance Services.

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

Yes No

Amounts posted in the RHNS column are the amounts which are allocated to the Assisted Living Services Agency (ALSA) licensure category.

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

Sisters Services are allocated by standard departmental allocations. Real Property rent is allocated by square footage. Maintenance service costs are allocate by square footage.

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

Yes No

A 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.

Table with 7 columns: Name and Address of Lessor, Description of Items Leased, Date of Lease, Term of Lease, Annual Amount of Lease, Amount Claimed, Related to Owners. Includes entries for DirecTV and Comcast. Total amount claimed is 5,135.

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

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? If "No," explain.

Yes No

Name of Accounting Firm: Kelleher & Company

Address of Accounting Firm: 6 Forest Park Drive

Table with 2 columns: Services Provided by This Firm (describe fully), Charge for Service Provided. Entry: accounting general ledger reconciliations and cost report preparation services, 16,440.

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line number.

Yes No

page 15 / line 1d

Table with 3 columns: Name of Legal Firm or Independent Attorney, Address, Telephone Number.

Table with 2 columns: Services Provided by This Firm, Charge for Service Provided.

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line number.

Yes No

--

Are time records maintained by all individuals receiving compensation? Yes No

Name & Address of Individual	Full Explanation of Services	Explanation of Relationship	Related to Owners, Operators, Officers
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
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			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No
			<input type="radio"/> Yes <input checked="" type="radio"/> No

Name & Address of Individual or Company Supplying Service	Cost of Management Services	Full Description of Management Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

2H Is the cost of employee meals included in 2E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
2I Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2J Where is the revenue received reported in the Cost Report?		(Page/Line Item)

2K Is the cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
2L Is any revenue collected from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2M Where is the revenue received reported in the Cost Report?		(Page/Line Item)

2N Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
2O Is any revenue collected from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2P Where is the revenue received reported in the Cost Report?		(Page/Line Item)

3G Is cost of employee laundry included in 3E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
3H Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
3I Where is the revenue received reported in the Cost Report?		(Page/Line Item)

3J Is cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
3K Did you receive revenue from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
3L Where is the revenue received reported in the Cost Report?		(Page/Line Item)

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.

Description	Total
11A1 Date Land Purchased	
11A2 Date Structure Completed	
11A3 IF NOT Original Owner, Date of Purchase	
11A4 Date of Initial Licensure	10/19/2015
11A5 Total Licensed Bed Capacity	23
11A6 Square Footage	
11A7 Original Cost - Land	
11A7 Original Cost - Building	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
11B1a Type of Financing (e.g., fixed, variable)	none			
11B1b Date Mortgage Obtained				
11B1c Interest Rate for the Cost Year				
11B1d Term of Mortgage (number of years)				
11B1e Amount of Principal Borrowed				
11B1f Principal balance outstanding as of				
<i>Complete if Mortgage was Refinanced During Current Cost Year</i>				
11B1g Type of Financing (e.g., fixed, variable)				
11B1h Date of Refinancing				
11B1i New Interest Rate				
11B1j Term of Mortgage (number of years)				
11B1k Amount of Principal Borrowed				
11B1l 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
C Arms-length leases					
Arms-length leases					
Arms-length leases					
Arms-length leases					
Arms-length leases					

Printed Name of Preparer Kevin P Kelleher
Address of Preparer 6 Forest Park Drive, Farmington CT 06032
Phone Number of Preparer 860-677-8440

	A	B	C	D	E	F	G	H	I
355		27	Prescription Drugs	0					
356		28	Ambulance/Limousine	0					
357		29	X-rays, etc.	0					
358		30	Laboratory	0					
359		31	Medical Supplies	0					
360		32	Oxygen (not emergency)	0					
361		33	Occupational Therapy	0					
362		34	Other Ancillary Costs	0					
363			Page 29 Schedule	0	-	-	-		
364			Page 22 - Maintenance and Property						
364		35	Excess Movable Equipment Depreciation	0					
365		36	Depreciation on Unallowable Motor Vehicles	0					
366		37	Unallowable Property and Real Estate Taxes	0					
367		38	Rental of Building Space or Rooms	0					
368		39	Other Property Costs	0					
369			Page 29 Schedule	0	-	-	-		
370			Page 27 - Insurance						
370		40	Mortgage Insurance	0					
371		41	Property Insurance	9,184		4,816	4,368	27	14b
372			Other - Miscellaneous						
373		42	Research or Experimental Activities	0					
374		43	Radio and Television Revenue	0					
375		44	Vending Machine Revenue	0					
376		45	Purchase Discounts and Allowances	0					
377		46	Duplication of functions or services	0					
378		47	Expenditures for protection, promotion of provider interest	0					
379		48	Interest Income on Account Rec.	0					
380		49	Other Adjustments to Expense	2,853		822,741	112		
381			Page 29 Schedule	2,853	-	822,741	112		
382		50	Building/Non Movable Eq. Depreciation Unallowable Build Int	0					
383			Page 29 Schedule	0	-	-	-		
384		51	Total Amount of Decrease	853,175	0	832,568	20,607		

Page 29

Line #	Description	Total	CCNH	RHNS	Residential Care Home
386					
387	<i>Resident Room, Board & Routine Care Revenue</i>				
388	I1a Medicaid Residents (CT Only)	795,480			795,480
389	I1b Medicaid Room and Board Contractual Allowance	(69,636)			(69,636)
390	I2a Medicaid (All Other States)	0			
391	I2b Other States Room and Board Contractual Allowance	0			
392	I3a Medicare Residents (all inclusive)	0			
393	I3b Medicare Room and Board Contractual Allowance	0			
394	I4a Private-Pay Residents and Other	1,167,300		1,167,300	
395	I4b Private-Pay Room and Board Contractual Allowance	0			
396	<i>Other Resident Revenue</i>				
397	II1a Prescription Drugs - Medicare	0			
398	II1b Prescription Drugs - Medicare Contractual Allowance	0			
399	II1c Prescription Drugs - Non-Medicare	0			
400	II1d Prescription Drugs - Non-Medicare Contractual Allowance	0			
401	II2a Medical Supplies - Medicare	0			
402	II2b Medical Supplies - Medicare Contractual Allowance	0			
403	II2c Medical Supplies - Non-Medicare	0			
404	II2d Medical Supplies - Non-Medicare Contractual Allowance	0			
405	II3a Physical Therapy - Medicare	0			
406	II3b Physical Therapy - Medicare Contractual Allowance	0			
407	II3c Physical Therapy - Non-Medicare	0			
408	II3d Physical Therapy - Non-Medicare Contractual Allowance	0			
409	II4a Speech Therapy - Medicare	0			
410	II4b Speech Therapy - Medicare Contractual Allowance	0			
411	II4c Speech Therapy - Non-Medicare	0			
412	II4d Speech Therapy - Non-Medicare Contractual Allowance	0			
413	II5a Occupational Therapy - Medicare	0			
414	II5b Occupational Therapy - Medicare Contractual Allowance	0			
415	II5c Occupational Therapy - Non-Medicare	0			
416	II5d Occupational Therapy - Non-Medicare Contractual Allowance	0			
417	II6a Other (Specify) - Medicare	0			
418	II6b Other (Specify) - Non-Medicare	0			
419	III Total Resident Revenue	1,893,144	0	1,167,300	725,844
420	<i>Other Revenue</i>				
421	IV1 Meals sold to guests, employees & others	0			
422	IV2 Rental of rooms to non-residents	0			
423	IV3 Telephone and Telegraph	0			
424	IV4 Rental of Televisions and Cable Services	0			
425	IV5 Interest Income (Specify)	0			
426	IV6 Private Duty Nurses' Fees	0			
427	IV7 Barber, Coffee, Beauty & Gift shops	0			
428	IV8 Other (Specify)	35,563		10,274	25,289
429	See Attached Schedule				
430	V Total Other Revenue	35,563	0	10,274	25,289
431	VI Total All Revenue	1,928,707	0	1,177,574	751,133

Page 30

	B	C	D	E	F	G
46	7A	Physical Therapy - Medicare Part B	0			
47	7B1	Maintenance Treatments	0			
48	7B2	Restorative Treatments	0			
49	7C	Physical Therapy - Other	0			
50	7D	Total Physical Therapy Treatments	0	0	0	0
51	8A	Speech Therapy - Medicare Part B	0			
52	8B1	Maintenance Treatments	0			
53	8B2	Restorative Treatments	0			
54	8C	Speech Therapy - Other	0			
55	8D	Total Speech Therapy Treatments	0	0	0	0
56	9A	Occupational Therapy - Medicare Part B	0			
57	9B1	Maintenance Treatments	0			
58	9B2	Restorative Treatments	0			
59	9C	Occupational Therapy - Other	0			
60	9D	Total Occupational Therapy Treatments	0	0	0	0
61						

Line #

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

Page 11 & 12

Section I- Operators/Owners

Name	CCNH	RHNS	Residential Care Home	Total Hours Worked	Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received

Section II-Other Related Parties

Sr Ann Maria		5,074	11,113	856	A4	none	admin, payroll	none		
Sr Susan Francis RN		18,500		938	12b	none	RN	none		
Sr Marylin Langermann RN		37,000		1,637	12b	none	RN	none		
Sr Estelle			27,750	1,358	12d	none	Aide	none		

Section III- Administrators

Sr Barbara Matazzaro ASCJ		21,941	48,060	2,080	A2	\$6,003 medical insurance	all in charge duties	none		

Section IV- Assistant Administrators

List all contracted services - not just those you consider pertain to resident care.

Page 21

Name of Individual/Company	Address	Related to Owner		Explanation of Relationship	Full Explanation of Services Provided	Total Cost/Page Ref.				
		Operators, Officers				CCNH	RHNS	Residential Care Home	Page	Line
Apostles of the Sacred Heart of Jesus (Provincial)	295 Benham St, Hamden CT 06514	<input checked="" type="radio"/> Yes <input type="radio"/> No		Provincial Home of the Order of Nuns	Maintenance staffing		48,060	59,615	22	6f
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								
		<input type="radio"/> Yes <input type="radio"/> No								

Please fill in the Depreciation Schedule as follows:

Asset Addition Schedule

	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
A1 Land Improvements - Acquired prior to report period							
A2 Land Improvements - Disposals	-						-
A3 Land Improvements - Acquired during this report period (attach schedule)							-
B1 Building Improvements - Acquired prior to this report period							
B2 Building Improvements - Disposals	-						-
B3 Building Improvements - Acquired during this report period (attach schedule)							-
C1 Non-Movable Equipment - Acquired prior to this report period	25,519		25,519	638	sl	20	1,276
C2 Non-Movable Equipment - Disposals	-						-
C3 Non-Movable Equipment - Acquired during this report period (attach schedule)							-

	Movable Equipment - Motor vehicles (specify name, model and year of each vehicle)	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
		Yes	No	Month	Year							
		D1a	2016 Toyota	x								
D1b												
D1c												
D1d												
D2a	Movable Equipment - Acquired prior to this report period					24,493		24,493	3,162	sl	var	4,310
D2b	Disposals					-						-
D2c	Movable Equipment - Acquired during this report period (attach schedule)					34,144		34,144		sl	var	2,207

Please fill in the Amortization Schedule as follows:

	Organization Expense	Date of Acquisition		Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
		Month	Year						
		A1							
A2									
A3									
	Mortgage Expense	Date of Acquisition		Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
		Month	Year						
		B1							
B2									
B3									
C1	Leasehold Improvements and Other - Acquired prior to this report period								
C2	Leasehold Improvements and Other - Disposals				-			-	
C3	Leasehold Improvements and Other - Acquired during this report period (attach schedule)							-	

	A	B	C	D	E
1	Line #		Description	Subtotal	Total
2	<i>Current Assets</i>				
3	A1		Cash (on hand and in banks)		66,433
4	A2		Resident Accounts Receivable		72,770
5	A3		Other Accounts Receivable		
6	A4		Inventories		
7	A5		Prepaid Expenses (itemize)		0
8	a				
9	b				
10	c				
11	d				
12	A6		Interest Receivable		
13	A7		Medicare Final Settlement Receivable		
14	A8		Other Current Assets (itemize)		0
15					
16					
17					
18					
19	A9		Total Current Assets (Lines A1 thru 8)		139,203
20					
21	<i>Fixed Assets</i>				
22	B1		Land		
23	B2		Land Improvements		0
24			Historical Cost		
25			Accumulated Depreciation		
26	B3		Buildings		0
27			Historical Cost		
28			Accumulated Depreciation		
29	B4		Leasehold Improvements		0
30			Historical Cost		
31			Accumulated Depreciation		
32	B5		Non-Movable Equipment		23,605
33			Historical Cost	25,519	
34			Accumulated Depreciation	1,914	
35	B6		Movable Equipment		48,958
36			Historical Cost	58,637	
37			Accumulated Depreciation	9,679	
38	B7		Motor Vehicles		12,247
39			Historical Cost	16,329	
40			Accumulated Depreciation	4,082	
41	B8		Minor Equipment-Not Depreciable		
42	B9		Other Fixed Assets (itemize)		0
43					
44					
45	B10		Total Fixed Assets (Lines B1 thru 9)		84,810
46			Total Brought Forward		224,013
47	<i>Leasehold or like property recorded for Equity Purposes</i>				
48	C1		Land		
49	C2		Land Improvements		0
50			Historical Cost		
51			Accumulated Depreciation		
52	C3		Buildings		0
53			Historical Cost		
54			Accumulated Depreciation		
55	C4		Non-Movable Equipment		0
56			Historical Cost		
57			Accumulated Depreciation		
58	C5		Movable Equipment		0
59			Historical Cost		
60			Accumulated Depreciation		
61	C6		Motor Vehicles		0
62			Historical Cost		
63			Accumulated Depreciation		
64	C7		Minor Equipment -Not Depreciable		
65	C8		Total Leasehold or Like Properties (C1 thru 7)		0
66					
67	<i>Investment and Other Assets</i>				
68	D1		Deferred Deposits		
69	D2		Escrow Deposits		

Page 31

Page 32

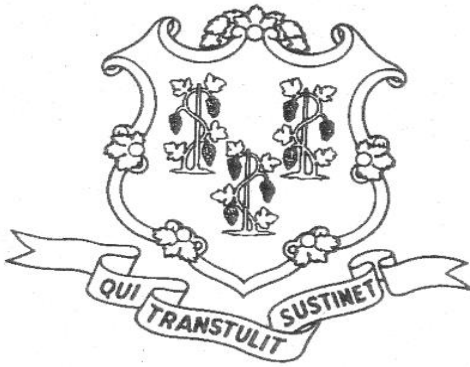
	A	B	C	D	E
70		D3	Organization Expense		0
71			Historical Cost		
72			Accumulated Depreciation		
73		D4	Goodwill		
74		D5	Investments Related to Resident Care		0
75					
76					
77		D6	Loans to Owners or Related Parties		0
78			Name and Address		
79			Amount		
80			Loan Date		
81					
82		D7	Other Assets		0
83					
84					
85					
86		D8	Total Investments and Other Assets (Lines D1 thru 7)		0
87		D9	Total All Assets (Lines A9 + B10 + C8 + D8)		224,013
88					
89			<i>Current Liabilities</i>		
90		A1	Trade Accounts Payable		110,205
91		A2	Notes Payable (itemize)		0
92					
93					
94					
95					
96		A3	Loans Payable for Equipment		0
97			Name of Lender		
98			Purpose		
99			Amount		
100			Date Due		
101					
102			Name of Lender		
103			Purpose		
104			Amount		
105			Date Due		
106					
107		A4	Accrued Payroll (<i>Exclusive of Owners & Stockholders</i>)		1,563
108		A5	Accrued Payroll (<i>Owners & Stockholders only</i>)		
109		A6	Accrued Payroll Taxes Payable		
110		A7	Medicare Final Settlement Payable		
111		A8	Medicare Current Financing Payable		
112		A9	Mortgage Payable		
113		A10	Interest Payable		
114		A11	Accrued Income Taxes		
115		A12	Other Current Liabilities (itemize)		149,190
116			Due to Province	148,975	
117			Payroll deductions withheld	215	
118					
119					
120					
121					
122					
123					
124		A13	Total Current Liabilities Lines A1 thru 12)		260,958
125			Total Brought Forward		260,958
126			<i>Long-Term Liabilities</i>		
127		B1	Loans Payable-Equipment		
128			Name of Lender		
129			Purpose		
130			Amount		
131			Date Due		
132					
133			Name of Lender		
134			Purpose		
135			Amount		
136			Date Due		
137					
138		B2	Mortgages Payable		

Page 33

	A	B	C	D	E	
139	Page 34	B3	Loans from Owners or Related Parties		0	
140			Name and Address of Lender			
141			Amount			
142			Loan Date			
143						
144			Name and Address of Lender			
145			Amount			
146			Loan Date			
147						
148			B4	Other Long-Term Liabilities (itemize)		0
149						
150						
151						
152						
153		B5	Total Long-Term Liabilities (Lines B1 thru 4)		0	
154		C	Total All Liabilities (Lines A13 + B5)		260,958	
155						
156			<i>Reserves</i>			
157		A1	Reserve for value of leased land			
158		A2	Reserve for depreciation value of leased buildings and appurtenances to be amortized			
159		A3	Reserve for depreciation value of leased personal property (Equity)			
160		A4	Reserve for leasehold real properties on which fair rental value is based			
161		A5	Reserve for funds set aside as donor restricted			
162		A6	Total Reserves		0	
163			<i>Net Worth</i>			
164	Page 35	B1	Owner's Capital			
165		B2	Capital Stock			
166		B3	Paid-in Surplus			
167		B4	Treasury Stock			
168		B5	Cumulated Earnings		(141,614)	
169		B6	Gain or Loss for Period 10/1/2016 thru 09/30/2017		104,669	
170		B7	Total Net Worth		(36,945)	
171		C	Total Reserves and Net Worth		(36,945)	
172		D	Total Liabilities, Reserves, and Net Worth		224,013	
173						
174			A	Balance at End of Prior Period		(141,614)
175		B	Total Revenue		1,928,707	
176		C	Total Expenditures		1,824,038	
177		D	Net Income or Deficit		104,669	
178		E	Balance		(36,945)	
179		F1	Additional Capital Contributed (itemize)			
180						
181						
182						
183						
184		F2	Other (itemize)			
185						
186						
187						
188						
189		F3	Total Additions		0	
190	Page 36	G1	Drawings of Owners/Operators/Partners			
191			Name and Address			
192			Title			
193			Amount			
194						
195			Name and Address			
196			Title			
197			Amount			
198			G2	Other Withdrawings		
199			Purpose			
200			Amount			
201						
202			Purpose			
203			Amount			
204		G3	Total Deductions			

	A	B	C	D	E
205		H	<i>Balance at End of Period</i>		(36,945)

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Sacred Heart manor, Inc.	
Address (No. & Street, City, State, Zip Code) 261 Benham Street, Hamden, CT 06514	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH	RHNS	Residential Care Home 1893	Medicare Provider
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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

Table of Contents

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

General Information

Name of Facility (as licensed) Sacred Heart manor, Inc.	License No. 1893	Report for Year Ended 9/30/2017	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 Sacred Heart manor, Inc. [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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) Sr. Barbara Matazzaro ASCJ			Printed Name (Owner) Sacred Heart Manor, Inc.		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Sacred Heart manor, Inc.		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 261 Benham Street, Hamden, CT 06514				
Report Prepared By Kevin P Kelleher CPA		Phone Number 860-677-8440	Date 2/9/2018	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-248-4031		Report for Year Ended 9/30/2017		Page 2	of 37
Name of Facility (as shown on license) Sacred Heart manor, Inc.			Address (No. & Street, City, State, Zip) 261 Benham Street, Hamden, CT 06514		
License Numbers:	CCNH	RHNS	Residential Care Home 1893	Medicare Provider No.	
Type of Facility (Check appropriate box(es))					
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home	
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 Sr Barbara Matazzaro ASCJ			Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name none			License No.:		

**General Information and Questionnaire
Individual Proprietorship**

Name of Facility Sacred Heart manor, Inc.	License No. 1893	Report for Year Ended 9/30/2017	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

n/a

**General Information and Questionnaire
 Related Parties***

Name of Facility Sacred Heart manor, Inc.	License No. 1893	Report for Year Ended 9/30/2017	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	%**				
Apostles of the Sacred Heart of Jesus Inc (Provincial)	295 Benahm St, Hamden CT 06514	<input type="radio"/>	<input checked="" type="radio"/>		Lessor of Real Property	pg#22 / ln#9	120,000	1,879,732
Apostles of the Sacred Heart of Jesus Inc (Provincial)	295 Benham St, Hamden CT 06514	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Sisters for Services	pg#10 / var lines	169,437	n/a
Apostles of the Sacred Heart of Jesus Inc (Provincial)	295 Benham St, Hamden CT 06514	<input type="radio"/>	<input checked="" type="radio"/>		Lendor of Funds	none		n/a
Apostles of the Sacred Heart of Jesus Inc (Provincial)	295 Benham St, Hamden CT 06514	<input type="radio"/>	<input checked="" type="radio"/>		Provider of Maintenance Services	pg#22 / ln#6f	107,675	107,675
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Sacred Heart manor, Inc.	License No. 1893	Report for Year Ended 9/30/2017	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.

Amounts posted in the RHNS column are the amounts which are allocated to the Assisted Living Services Agency (ALSA) licensure category.

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

Sisters Services are allocated by standard departmental allocations. Real Property rent is allocated by square footage. Maintenance service costs are allocate by square footage.

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 Sacred Heart manor, Inc.			License No. 1893	Report for Year Ended 9/30/2017			Page 6	of 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						
DirecTV	<input type="radio"/>	<input checked="" type="radio"/>	cable TV outlets	unknown	month of month	1,156	1,156	
Comcast	<input type="radio"/>	<input checked="" type="radio"/>	internet and telephone	unknown	month to month	3,979	3,979	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
							Total ***	5,135

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 Sacred Heart manor, Inc.	License No. 1893	Report for Year Ended 9/30/2017	Page 7	of 37
----------------------------------------------	---------------------	------------------------------------	-----------	----------

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 Kelleher & Company 2 3 4	Address (No. & Street, City, State, Zip Code) 6 Forest Park Drive
----------------------------------------------------------------	----------------------------------------------------------------------

Services Provided by This Firm (*describe fully*)

1 accounting general ledger reconciliations and cost report preparation services	\$ 16,440
2	\$
3	\$
4	\$
Charge for Services Provided	
\$ 16,440	

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 2 3 4 5	Telephone Number
---------------------------------------------------------------------	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
Charge for Services Provided	
\$	

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 Sacred Heart manor, Inc.		License No. 1893			Report for Year Ended 9/30/2017				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	18			18	18			18	25		7		18
B. On last day of THIS report period	23		7	16	23		7	16	23		7		16
2. Number of Residents													
A. As of midnight of PREVIOUS report period	23		7	16	23		7	16	23		7		16
B. As of midnight of THIS report period													
3. Total Number of Days Care Provided During Period													
A. Medicare													
B. Medicaid (Conn.)													
C. Medicaid (other states)													
D. Private Pay	2,594		2,594		1,964		1,964		630		630		
E. State SSI for RCH	5,682			5,682	4,283			4,283	1,399				1,399
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	8,276		2,594	5,682	6,247		1,964	4,283	2,029		630		1,399
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	8,276		2,594	5,682	6,247		1,964	4,283	2,029		630		1,399

Schedule of Resident Statistics (Cont'd)

Name of Facility Sacred Heart manor, Inc.			License No. 1893			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(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	Residential Care Home			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents						7			16				
Per Diem Rate													
a. One bed rm.						450.00	140.00		124.82				
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Residential Care Home		
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments													
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments													
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments													

Report of Expenditures - Salaries & Wages

Name of Facility Sacred Heart manor, Inc.	License No. 1893	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)			21,941	652	48,060	1,428
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)			10,557	687	23,123	1,506
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers			34,012	1,816	109,451	5,845
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers			12,137	738	15,055	1,617
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers			9,405	1,062	18,862	2,325
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						
b. RN						
1. Direct Care			147,935	5,576		
2. Administrative**						
c. LPN						
1. Direct Care			103,323	4,424		
2. Administrative**						
d. Aides and Attendants			113,382	7,856	276,107	18,565
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers						
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						
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>			452,692	22,811	490,658	31,286

* 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		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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
Sacred Heart manor, Inc.				1893		9/30/2017			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	Residential Care Home							
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).										
Sr Ann Maria		5,074	11,113	none	admin, payroll	856	A4	none		
Sr Susan Francis RN		18,500		none	RN	938	12b	none		
Sr Marylin Langermann RN		37,000		none	RN	1,637	12b	none		
Sr Estelle			27,750	none	Aide	1,358	12d	none		

* 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	
Sacred Heart manor, Inc.				1893	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Sr Barbara Matazzaro ASCJ		21,941	48,060	\$6,003 medical insurance	all in charge duties	2,080		none		
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Sacred Heart manor, Inc.	1893	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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)						
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						
B-13 Total Fees Paid in Lieu of Salaries						

* 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 Sacred Heart manor, Inc.		License No. 1893		Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

* 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
Sacred Heart manor, Inc.	1893	9/30/2017		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 24,984		11,990	12,994	
2. Disability Insurance	\$ 5,531		2,654	2,877	
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 60,688		29,124	31,564	
5. Health Insurance	\$ 69,241		33,229	36,012	
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 339		163	176	
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 23,532		11,293	12,239	
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 16,440		7,580	8,860	
e. Legal (<i>Services should be fully described on Page 7</i>)	\$				
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 4,058		1,871	2,187	
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 6,073		2,800	3,273	
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	\$				
Subtotal	\$ 210,886		100,704	110,182	

* 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**

Sacred Heart manor, Inc.
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Sacred Heart manor, Inc.	1893	9/30/2017	16	37
				Residential Care Home
Item	Total	CCNH	RHNS	
Subtotals Brought Forward:	210,886		100,704	110,182
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$			
5. Education Expenses Related to Seminars and Conventions	\$ 721		332	389
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 679			679
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 189		87	102
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 178		82	96
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 1,643		758	885
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	\$ 36,351		16,764	19,587
C-14 Total Administrative & General Expenditures	\$ 250,647		118,727	131,920

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
BJs Warehouse		\$ 82	\$ 96
Total Dues	\$ -	\$ 82	\$ 96

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Data processing Payroll Fees		\$ 1,981	\$ 2,316
Contracted Administration Services		\$ 14,682	\$ 17,159
Miscellaneous		\$ 101	\$ 112
Total Other Administrative and General	\$ -	\$ 16,764	\$ 19,587

Schedule C-1 - Management Services*

Name of Facility Sacred Heart manor, Inc.	License No. 1893	Report for Year Ended 9/30/2017	Page 17	of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	

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

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

Name of Facility Sacred Heart manor, Inc.		License No. 1893	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 71,687		16,995	54,692
2.	Non-Food Supplies	\$ 12,150		2,881	9,269
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Management Services**					
d. Other (Specify) _____ Knife Sharpening					
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 84,149		19,950	64,199
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. deminimus					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Sacred Heart manor, Inc.		1893	9/30/2017	19	37
Item		Total	CCNH	RHNS	Residential Care Home
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. \$	1,716		571	1,145
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	1,716		571	1,145
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Sacred Heart manor, Inc.		1893	9/30/2017		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	335		111	224
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	335		111	224
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$				
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	21,714		21,714	
d.	Ambulance/Limousine***	\$				
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	\$	3,131			3,131
j.	Other (Specify)**** See Attached Schedule	\$	12,445			12,445
5K.	Total Resident Care Expenditures (5a - 5j)	\$	37,290		21,714	15,576

* 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	Residential Care Home
Chapel supplies and expense			\$ 12,445
Total Other Resident Care	\$ -	\$ -	\$ 12,445

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

Name of Facility Sacred Heart manor, Inc.			License No. 1893		Report for Year Ended 9/30/2017			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	Residential Care Home	Pg	Line
Apostles of the Sacred Heart of Jesus (Provincial)	295 Benham St, Hamden CT 06514	<input checked="" type="radio"/>	<input type="radio"/>	Provincial Home of the Order of Nuns	Maintenance staffing		48,060	59,615	22	6f
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
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		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* 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
Sacred Heart manor, Inc.	1893	9/30/2017			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 89,801		40,082	49,719		
b. Heat	\$ 32,483		14,499	17,984		
c. Light & Power	\$ 85,595		38,205	47,390		
d. Water	\$ 3,560		1,589	1,971		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 5,135		2,292	2,843		
f. Other (<i>itemize</i>)	\$ 107,675		48,060	59,615		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 324,249		144,727	179,522		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 1,276		570	706		
d. Movable Equipment	\$ 10,599			10,599		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 11,875		570	11,305		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 120,000		53,561	66,439		
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 131,875		54,131	77,744		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Contracted Maintenance Services		\$ 48,060	\$ 59,615
Total Other Repairs and Maintenance	\$ -	\$ 48,060	\$ 59,615

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended			Page	of				
Sacred Heart manor, Inc.		1893		9/30/2017			23	37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period		25,519		25,519	638	sl	20	1,276				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal									1,276			
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. 2016 Toyota												
	x		9	2016	16,329		16,329		sl	4	4,082	
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
					24,493		24,493	3,162	sl	var	4,310	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
					34,144		34,144		sl	var	2,207	
D-3. Subtotal												
E. Total Depreciation												
												10,599
												11,875

Sacred Heart manor, Inc.
9/30/2017

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:				
Total additions for Building Improvements		\$ -		\$ - *
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:				
11/29/2016	Curtains for RCH	\$ 1,450	5	\$ 242
11/17/2016	Pictures for RCH	\$ 1,660	5	\$ 277
11/16/2016	Furniture for RCH	\$ 3,940	\$ 10	\$ 328
2/25/2017	Curtains for RCH	\$ 2,170	\$ 5	\$ 253
5/31/2017	Curtains for RCH	\$ 2,690	\$ 5	\$ 179
7/7/2017	Dining Room Chairs for RCH	\$ 13,869	\$ 10	\$ 347
7/5/2017	Bariatric Chair for RCH	\$ 1,250	\$ 15	\$ 21
2/22/2017	Cameras for RCH	\$ 1,700	\$ 5	\$ 198
2/15/2017	Dishwasher for Kitchen	\$ 5,415	\$ 10	\$ 362
Total additions for Movable Equipment		\$ 34,144		\$ 2,207 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Sacred Heart manor, Inc.			License No. 1893		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Sacred Heart manor, Inc.	License No. 1893	Report for Year Ended 9/30/2017	Page 25	of 37																																																																											
11. Property Questionnaire																																																																															
Part A																																																																															
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.																																																																											
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.																																																																															
Description	Total																																																																														
1. Date Land Purchased																																																																															
2. Date Structure Completed																																																																															
3. If NOT Original Owner, Date of Purchase																																																																															
4. Date of Initial Licensure	10/19/15																																																																														
5. Total Licensed Bed Capacity	23																																																																														
6. Square Footage																																																																															
7. Acquisition Cost																																																																															
a. Land		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Part B - Owner and Related Parties</td> <td style="text-align: center;">1st Mortgage</td> <td style="text-align: center;">2nd Mortgage</td> <td style="text-align: center;">3rd Mortgage</td> <td style="text-align: center;">4th Mortgage</td> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">a. Type of Financing (e.g., fixed, variable)</td> <td style="text-align: center;">none</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">b. Date Mortgage Obtained</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">c. Interest Rate for the Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">d. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">e. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">f. Principal balance outstanding as of _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Complete if Mortgage was Refinanced During Current Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">h. Date of Refinancing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">i. New Interest Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)	none				b. Date Mortgage Obtained					c. Interest Rate for the Cost Year					d. Term of Mortgage (number of years)					e. Amount of Principal Borrowed					f. Principal balance outstanding as of _____					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 B - Owner and Related Parties	1st Mortgage				2nd Mortgage	3rd Mortgage	4th Mortgage																																																																								
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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
Sacred Heart manor, Inc.		1893	9/30/2017			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page of	
Sacred Heart manor, Inc.		1893		9/30/2017			27 37	
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (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)				\$				
14. Insurance								
a. Insurance on Property (buildings only)				\$	18,982	8,472	10,510	
b. Insurance on Automobiles				\$	10,790	4,816	5,974	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	5,640	2,517	3,123	
2. Fire and Extended Coverage				\$	4,211	1,880	2,331	
3. Other (Specify)				\$	10,804	10,804		
Professional Liability								
14d. Total Insurance Expenditures (14a + b + c)				\$	50,427	28,489	21,938	
15. Total All Expenditures (A-13 thru C-14)				\$	1,824,038	841,112	982,926	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Sacred Heart manor, Inc.				1893	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
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 & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
Page 18 - Dietary Expenditures							
24.	18	2E	Meals to employees, guests and others who are not residents	\$ 21,138		5,011	16,127
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)				\$ 21,138		5,011	16,127

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other A&G Adjustments			\$ -	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Sacred Heart manor, Inc.			1893	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 21,138		5,011	16,127
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 9,184		4,816	4,368
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 822,853		822,741	112
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 853,175		832,568	20,607

*** 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.

Sacred Heart manor, Inc.
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Property Adjustments			\$ -	\$ -	\$ -

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Balance of RHNS costs		\$ 822,741	
16	m13	Miscellaneous			\$ 112
Total Other Adjustments			\$ -	\$ 822,741	\$ 112

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Sacred Heart manor, Inc.	1893	9/30/2017			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 795,480					795,480
b. Medicaid Room and Board Contractual Allowance **	\$ (69,636)					(69,636)
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 1,167,300		1,167,300			
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
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	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 1,893,144		1,167,300			725,844
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 35,563		10,274			25,289
V. Total Other Revenue (1 thru 8)	\$ 35,563		10,274			25,289
VI. Total All Revenue (III +V)	\$ 1,928,707		1,177,574			751,133

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30	Unrestricted Contributions		\$ 10,274	\$ 25,289
Total Other Revenue		\$ -	\$ 10,274	\$ 25,289

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Sacred Heart manor, Inc.	1893	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	66,433
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	72,770
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	
a. _____				
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	139,203
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>25,519</u>		\$	23,605
	Accum. Depreciation <u>1,914</u>	Net		
6. Movable Equipment	*Historical Cost <u>58,637</u>		\$	48,958
	Accum. Depreciation <u>9,679</u>	Net		
7. Motor Vehicles	*Historical Cost <u>16,329</u>		\$	12,247
	Accum. Depreciation <u>4,082</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	84,810

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Sacred Heart manor, Inc.	License No. 1893	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	224,013
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

7. Other Assets (<i>itemize</i>)			\$	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	224,013

* 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 Sacred Heart manor, Inc.		License No. 1893	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	110,205
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	1,563
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	149,190
Due to Province		148,975			
Payroll deductions withheld		215			

A-13. Total Current Liabilities (Lines A1 thru 12)				\$	260,958

* 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 Sacred Heart manor, Inc.	License No. 1893	Report for Year Ended 9/30/2017	Page 34	of 37
Account			Amount	
Total Brought Forward:			260,958	
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>)				\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 260,958

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

Name of Facility	License No.	Report for Year Ended	Page	of
Sacred Heart manor, Inc.	1893	9/30/2017	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			\$	(141,614)
6. Gain or Loss for Period			\$	104,669
10/1/2016 thru 9/30/2017				
7. Total Net Worth			\$	(36,945)
C. Total Reserves and Net Worth			\$	(36,945)
D. Total Liabilities, Reserves, and Net Worth			\$	224,013

H. Changes in Total Net Worth

Name of Facility Sacred Heart manor, Inc.	License No. 1893	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(141,614)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	1,928,707
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	1,824,038
D. Net Income or Deficit			\$	104,669
E. Balance			\$	(36,945)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/17	\$	(36,945)

I. Preparer's/Reviewer's Certification

Name of Facility Sacred Heart manor, Inc.	License No. 1893	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<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				
Kevin P Kelleher				
Address			Phone Number	
6 Forest Park Drive, Farmington CT 06032			860-677-8440	

Error Check

Level Item

Reported as