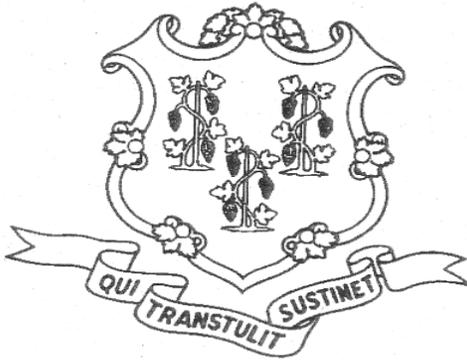


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Bridgeport Manor	
Address (No. & Street, City, State, Zip Code) 540 Bond Street Bridgeport CT 06610	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

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

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

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General Information

Name of Facility (as licensed) Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bridgeport Manor [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Carla Ward			Printed Name (Owner) Rachel Blass		
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 Bridgeport Manor	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 540 Bond Street Bridgeport CT 06610				
Report Prepared By Burg & Weingarten CPA PC	Phone Number 718-845-6141	Date 2/10/2016		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. 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 203-384-6500		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Bridgeport Manor			Address (No. & Street, City, State, Zip) 540 Bond Street Bridgeport CT 06610		
License Numbers:		CCNH 2079C	RHNS	(Specify)	Medicare Provider No. 07-5369
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," explain fully.					
Sale from one shareholder to another shareholder.					
Administrator					
Name of Administrator Carla Ward			Nursing Home Administrator's License No.:	001231	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name Chaim Stern			License No.:		
Joseph Stern					
Rachel Blass					

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Bridgeport Health Care Center Inc	Business Address 600 Bond St Bridgeport CT 06610	State(s) in Which Incorporated CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Rachel Blass	600 Bond St Bridgeport CT 06610	resident/Asst Adm	17.5	
Names of Stockholders Owning at Least 10% of Shares				
Miriam Stern			65	
Norma Loren			17.5	
Rachel Blass		ent/Asst Admini	17.5	

**General Information and Questionnaire
 Related Parties***

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Bridgeport Health Care Realty	600 Bond St Bridgeport CT 06610	<input type="radio"/>	<input checked="" type="radio"/>		Rental of Land & Building, Loans	P 22/9	533,334	223,674
New Coleman Park Health LLC / Paradise Realty	600 Bond St Bridgeport CT 06610	<input type="radio"/>	<input checked="" type="radio"/>		Loans			
The Rosegarden Health & Rehabilitation Center LLC	3845 E Main St Waterbury CT	<input checked="" type="radio"/>	<input type="radio"/>		Loans, Allocation of cost, 401K			
Rachel Blass		<input type="radio"/>	<input checked="" type="radio"/>		President/Asst Administrator	P 10 A 3	25,428	
Norma Loren		<input type="radio"/>	<input checked="" type="radio"/>		Shareholder			
Chaim Stern		<input type="radio"/>	<input checked="" type="radio"/>		Assistant Administrator	P 10 A3	119,183	
Joseph Stern		<input type="radio"/>	<input checked="" type="radio"/>		Assistant Administrator	P 10 A3	66,865	
Mordechai Blass		<input type="radio"/>	<input checked="" type="radio"/>		Administrator until December 2014	P 10 A2	37,587	
Comprehensive Rehabilitation Services LLC	26 FIREMENS MEMORIAL DRIVE POMONA NY 10970	<input type="radio"/>	<input checked="" type="radio"/>		Therapy	P. 13 L 5, 9 & 10	131,008	

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 Bridgeport Health Care Center Inc owns and operates Bridgeport Health Care Center and Bridgeport Manor. One set of corporate books exists and is allocated to each facility using various methods - some direct, some using patient days, and some using square 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.

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Bridgeport Manor			2079C	9/30/2015			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes POB 856179 Louisville KY 40285	<input type="radio"/>	<input checked="" type="radio"/>	Mail Machine Equipment	09/28/10	51 months	4,977	2,434	
Marlin Leasing 300 Fellowship Rd Mount Laurel NJ 08054	<input type="radio"/>	<input checked="" type="radio"/>	Copier Lease	09/10/11	60 months	2,536	2,536	
Accelerated Care Plus 9855 Double R Blvd Reno NV 89521	<input type="radio"/>	<input checked="" type="radio"/>	Therapy Equipment	02/01/13	12 months	12,771	12,771	
Great American Leasing PO BOX 606 Cedar Rapids IA 52406	<input type="radio"/>	<input checked="" type="radio"/>	Fax Machines	06/06/12	60 months	2,056	1,097	
Jaguar Financial Group 78074 Phoenix AZ 85062	<input type="radio"/>	<input checked="" type="radio"/>	Auto	11/09/10	48 months	12,340	503	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							19,341	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 General Accounting, Balance Sheet, Trial Balance, Cost Report	\$ 54,328
2 Medicare Cost Report	\$ 6,235
3	\$ 3,814
4	\$
	Charge for Services Provided
	\$ 64,377

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha, Cullina LLP	860-240-6000
2 Costello & McCormack PC	203-254-3340
3 Berchem, Moses & Devlin	203-783-1200
4 Berchem, Moses & Devlin	203-783-1200
5 Berchem, Moses & Devlin	203-783-1200

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

1 185 Asylum St Hartford CT 06103
2 1238 Post Rd Fairfield CT 06824
3 75 Broad St Milford CT 06460
4 75 Broad St Milford CT 06460
5 75 Broad St Milford CT 06460

Services Provided by This Firm (*describe fully*)

1 State legal matters, Protection Nursing Home info	\$ 2,742
2 Pending Title 19	\$ 201
3 Labor Matters	\$ 42,393
4 Corporate	\$ 17,065
5 Fiscal	\$ 3,874
	Charge for Services Provided
	\$ 66,275

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

Schedule of Resident Statistics

Name of Facility Bridgeport Manor			License No. 2079C		Report for Year Ended 9/30/2015				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	240	240			240	240			240	240			
B. On last day of THIS report period	240	240			240	240			240	240			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	205	205			205	205			191	191			
B. As of midnight of THIS report period	179	179			191	191			179	179			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,754	2,754			2,099	2,099			655	655			
B. Medicaid (Conn.)	59,580	59,580			45,119	45,119			14,461	14,461			
C. Medicaid (other states)													
D. Private Pay	1,261	1,261			989	989			272	272			
E. State SSI for RCH													
F. Other (Specify) VA / Insurance	6,356	6,356			4,561	4,561			1,795	1,795			
G. Total Care Days During Period (3A thru F)	69,951	69,951			52,768	52,768			17,183	17,183			
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	107	107			66	66			41	41			
5. Total Resident Days (3G + 4A + 4B)	70,058	70,058			52,834	52,834			17,224	17,224			

Schedule of Resident Statistics (Cont'd)

Name of Facility Bridgeport Manor			License No. 2079C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	4		155		20								
Per Diem Rate													
a. One bed rm.	Various		238.76		305.00								
b. Two bed rms.	Various		238.76		295.00								
c. Three or more bed rms.	Various		238.76		275.00								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,286	1,286				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,279	2,279				
C. Other								1,514	1,514				
D. Total Physical Therapy Treatments								5,079	5,079				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								237	237				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								475	475				
C. Other								147	147				
D. Total Speech Therapy Treatments								859	859				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,358	1,358				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								1,664	1,664				
C. Other								1,087	1,087				
D. Total Occupational Therapy Treatments								4,109	4,109				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bridgeport Manor	2079C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)						
	116,734	2,120				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
	234,857	3,214				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)						
	348,012	19,922				
5. Dietary Service						
a. Head Dietitian						
	46,291	2,283				
b. Food Service Supervisor						
	61,636	2,560				
c. Dietary Workers						
	438,372	32,569				
6. Housekeeping Service						
a. Head Housekeeper						
	26,210	763				
b. Other Housekeeping Workers						
	503,936	36,246				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
	28,131	1,009				
b. Other Maintenance Workers						
	145,345	8,845				
8. Laundry Service						
a. Supervisor						
	9,604	650				
b. Other Laundry Workers						
	112,787	7,619				
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						
	110,643	2,520				
b. RN						
1. Direct Care						
	660,780	21,751				
2. Administrative**						
c. LPN						
1. Direct Care						
	1,751,666	70,049				
2. Administrative**						
d. Aides and Attendants						
	2,408,947	196,233				
e. Physical Therapists						
	119,246	2,205				
f. Speech Therapists						
	20,012	487				
g. Occupational Therapists						
	86,526	3,318				
h. Recreation Workers						
	109,943	6,771				
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						
	104,012	5,439				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>						
	7,443,690	426,573				

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

Name of Facility				License No.	Report for Year Ended				Page	of
Bridgeport Manor				2079C	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Norma Loren				Health Ins				Bridgeport Health Care		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Bridgeport Manor				2079C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Carl Ward PO Box 112 Pound Ridge NY 10576	79,147				Administrator 1/1/15- 9/30/15	1,560	A.2	Rosegarden	600	18,644
Mordechai Blass	37,587				Administrator 10/1/14- 12/31/14	560	A.2	Other non related facility		
Section IV - Assistant Administrators										
Chaim Stern	119,183				Asst Administrator	1,036	A.3	Rosegarden, Bridgeport Health	1,084	124,544
Joseph Stern	66,865				Asst Administrator	1,036	A.3	Bridgeport Health, Carlton	1,084	69,873
Rachel Blass	25,428				President/Asst Administrator	51	A.3	Rosegarden, Bridgeport Health	53	26,572
Keith Cavanagh/David Segal	23,381				Asst Administrator	1,091	A.3	Bridgeport Health	1,141	24,433

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Bridgeport Manor	2079C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	2,897	226				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	64,512	898				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	33,000	330				
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	15,535	216				
b. Other						
10. Occupational Therapist						
a. Resident Care	50,961	708				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	547,830	11,234				
2. Administrative***						
b. LPN						
1. Direct Care	172,188	4,290				
2. Administrative***	63,662					
c. Aides	1,354,809	66,937				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	2,305,394	84,839				

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

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

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

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

Name of Facility Bridgeport Manor		License No. 2079C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Raintree Healthcare 116West 23rd St New York NY 10011	Nursing Registry	<input type="radio"/>	<input checked="" type="radio"/>		
Towne Nursing 2110 Boston Ave Bridgeport CT 06610	Nursing Registry	<input type="radio"/>	<input checked="" type="radio"/>		
Lifemed 447 Doughty Blvd Inwood NY 11096	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Northeast Medical Group 95 Armory Rd Stratford CT 06614	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Sharon Kinch 66 Chestnut St Bpt CT. 06604	Nursing Aide	<input type="radio"/>	<input checked="" type="radio"/>		
Ct Medical Associates 1825 Barnum Ave Stratford CT 06614	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Hightech Nursing 1 Stafford St Springfield MA 01104	Nursing Registry	<input type="radio"/>	<input checked="" type="radio"/>		
Comprehensive Rehabilitation Services LLC 26 Firemens Dr Suite 205 Pomona NY 10970	Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>		
Comprehensive Rehabilitation Services LLC 26 Firemens Dr Suite 205 Pomona NY 10970	Physical Therapy	<input checked="" type="radio"/>	<input type="radio"/>		
Comprehensive Rehabilitation Services LLC 26 Firemens Dr Suite 205 Pomona NY 10970	Occupational Therapy	<input checked="" type="radio"/>	<input type="radio"/>		
Theresa Marine 317 Queen Street Bpt. CT 06606	LPN	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Manor	2079C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 132,114	132,114		
2. Disability Insurance	\$ 63,640	63,640		
3. Unemployment Insurance	\$ 113,564	113,564		
4. Social Security (F.I.C.A.)	\$ 576,119	576,119		
5. Health Insurance	\$ 1,315,339	1,315,339		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ (988)	(988)		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 271,061	271,061		
8. Uniform Allowance	\$ 15,479	15,479		
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*	\$ 47,276	47,276		
d. Accounting and Auditing	\$ 64,377	64,377		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 66,275	66,275		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 35,778	35,778		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 18,989	18,989		
2. Cellular Phones	\$ 12,919	12,919		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 122	122		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,085,468	1,085,468		
Subtotal	\$ 3,817,532	3,817,532		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Bridgeport Manor	2079C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		3,817,532	3,817,532		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	4,103	4,103		
3. Gifts to Staff and Residents	\$	4,861	4,861		
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$	1,164	1,164		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	35,863	35,863		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	7,856	7,856		
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	\$	3,810	3,810		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	301	301		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	3,839	3,839		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	58,500	58,500		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	482,670	482,670		
C-14 Total Administrative & General Expenditures	\$	4,420,499	4,420,499		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Credit Cards	\$ 301		
Total Dues	\$ 301	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Khal Yitzchok	\$ 3,839		
Total Contributions	\$ 3,839	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Penalties	\$ 429,349		
Non Reimbursable	\$ 1,854		
Bank Charges	\$ 48,300		
License	\$ 3,167		
Total Other Administrative and General	\$ 482,670	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 600,960	600,960		
2. Non-Food Supplies	\$ 196,400	196,400		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____			
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 797,360	797,360		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.				\$500
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Bridgeport Manor		License No. 2079C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	242,929	242,929	
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)	\$	48,833	48,833	
c.	Management Services**	\$			
d.	Other (Specify) Laundry Cleaning Supplies	\$	20,256	20,256	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	312,018	312,018	
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	
Bridgeport Manor	2079C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	250,901	250,901		
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)	\$	250,901	250,901		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	200,008	200,008		
b. Medicine Cabinet Drugs	\$	10,049	10,049		
c. Medical and Therapeutic Supplies	\$	504,411	504,411		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	23,347	23,347		
f. X-rays and Related Radiological Procedures***	\$	3,480	3,480		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	16,062	16,062		
i. Recreation	\$	54,692	54,692		
j. Other (Specify)**** See Attached Schedule	\$	34,492	34,492		
5K. Total Resident Care Expenditures (5a - 5j)	\$	846,541	846,541		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
IV	\$ 7,707		
Physical Therapy Supplies	\$ 374		
EKG	\$ 92		
Wound Vac	\$ 26,319		
Total Other Resident Care	\$ 34,492	\$ -	\$ -

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

Name of Facility Bridgeport Manor			License No. 2079C		Report for Year Ended 9/30/2015				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADL Data System	9 Skyline Dr Hawthorne NY 10532	<input type="radio"/>	<input checked="" type="radio"/>		Computer Software Maintenance	37,742			16	11
Smartlinx Solutions	7271-A Investment Dr N Charleston SC 29418	<input type="radio"/>	<input checked="" type="radio"/>		Time Clock Maintenance	10,426			16	11
Kone Elevator	16 Old Forge Road Rocky Hill CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	16,221			22	6.f
Stericycle	PO Box 6582 Carol Stream IL 60197	<input type="radio"/>	<input checked="" type="radio"/>		Medical Waste Services	5,133			22	6.f
Fire Protection	1701 Highland Ave Cheshire CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Fire System	5,905			22	6.f
Winter Bros	307 White St Danbury CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	40,521			22	6.f
Securitas	1 New Haven Ave Milford CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Security	62,160			22	6.f
Ikes Exterminating	104 Norben Road Monsey NY 10952	<input type="radio"/>	<input checked="" type="radio"/>		Pest Control	7,489			22	6.f
Rinaldi Linen Service	47 Commons Court Waterbury CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	48,833			19	3.b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2015			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	129,969	129,969			
b. Heat	\$	211,856	211,856			
c. Light & Power	\$	263,128	263,128			
d. Water	\$	97,193	97,193			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	19,341	19,341			
f. Other (<i>itemize</i>)	\$	154,756	154,756			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	876,243	876,243			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	75,936	75,936			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	75,936	75,936			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	112,116	112,116			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	112,116	112,116			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	533,334	533,334			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	174,278	174,278			
c. Personal property taxes	\$	30,247	30,247			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	925,911	925,911			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Elevator Service	\$ 16,221		
Maintenance Contract Service	\$ 75,888		
Security Contract Service	\$ 62,160		
Short Term Rentals	\$ 487		
Total Other Repairs and Maintenance	\$ 154,756	\$ -	\$ -

Bridgeport Manor
9/30/2015

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:				
4/30/2015	Appliances	\$ 12,232	5	\$ 1,019
5/31/2015	Laundry Equipment	\$ 11,247	15	\$ 250
9/30/2015	Beds	\$ 18,050	10	
9/30/2015	Buffers	4977	5	415
Total additions for Movable Equipment		\$ 46,506		\$ 1,684 *
Deletions:				
9/30/2007	Computers	\$ (7,720)		
9/30/2007	Time Clocks	\$ (1,639)		
Total deletions for Movable Equipment		\$ (9,359)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/31/2015	BOILRR	\$ 42,183	20	\$ 703
8/31/2015	AIR CONDITIONING	\$ 18,854	15	\$ 105
6/12/2015	PAVING	10000	8	417
4/30/2015	ELEVATOR	5161	20	108
5/15/2015	GENERATOR	1995	15	55
5/31/2015	ROOF, RENOVATIONS	3822	15	88
Total additions for Leasehold Improvement		\$ 82,015		\$ 1,476 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
10/19/2010	Cadillac	50593	5yrs	10119
8/27/2002	Infinity	54058	5yrs	
1/10/2003	Toyota Avalon	33036	5yrs	
7/21/2005	Toyota Avalon	31748	5yrs	
1/30/2009	Cadillac	43666	5yrs	
12/30/2012	Lexus	46580	5yrs	9316
Total		259681		19435
Days				
50.00%	Bridgeport Health Care	129841		9718
50.00%	Bridgeport Manor	129841		9718
Total		259681		22346

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Bridgeport Manor			License No. 2079C		Report for Year Ended 9/30/2015			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				4,615,948	2,499,922	S/L	Varior	110,640	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				82,015		S/L	Varior	1,476	
C-4. Subtotal									112,116
D. Total Amortization									112,116

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2015	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	04/01/90				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	240				
6. Square Footage	145,790				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Variable				
b. Date Mortgage Obtained	08/28/07				
c. Interest Rate for the Cost Year	4.78%				
d. Term of Mortgage (number of years)	15 Years				
e. Amount of Principal Borrowed	5.5M				
f. Principal balance outstanding as of <u> 9/30/15 </u>	2,219,810				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility Bridgeport Manor		License No. 2079C	Report for Year Ended 9/30/2015		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. 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
Bridgeport Manor	2079C	9/30/2015	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$ 506	506		
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$ 1,116	1,116		
A. Item	Rate	Amount		
Copiers	4.00%	61,020		
Lender				
Wells Fargo Financial				
Address of Lender				
PO Box 6434 Carol Stream IL 60197				
B. Item	Rate	Amount		
Computers	5.42%	98,519		
Lender				
HP				
Address of Lender				
200 Connell Drive Suite 5000 Berkley Heights, NJ 07922				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$ 1,622	1,622		
12. D. Other Interest Expense (Specify)	\$ 144,876	144,876		
Insurance, Credit Lines, Late Fees				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$ 146,498	146,498		
14. Insurance				
a. Insurance on Property (buildings only)	\$ 21,875	21,875		
b. Insurance on Automobiles	\$ 16,352	16,352		
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$ 58,110	58,110		
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$ 129,219	129,219		
Package, Boiler, Crime, Pension, Patient Fund, EPLI				
14d. Total Insurance Expenditures (14a + b + c)	\$ 225,556	225,556		
15. Total All Expenditures (A-13 thru C-14)	\$ 18,550,611	18,550,611		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Bridgeport Manor				2079C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1 c	Bad Debts	\$ 47,276	47,276		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.	15	1 j	Income Tax / Corporate Business Tax	\$ 122	122		
20.	16	m 10	Fund Raising / Contributions	\$ 3,839	3,839		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 440,167	440,167		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 491,404	491,404		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m. 13	Non Reimbursable	\$ 1,854		
16	L. 3	Gifts to Staff	\$ 4,861		
16	L. 2	Holiday Parties	\$ 4,103		
16	m. 13	Penalties	\$ 429,349		
Total Other A&G Adjustments			\$ 440,167	\$ -	\$ -

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

Name of Facility Bridgeport Manor			License No. 2079C	Report for Year Ended 9/30/2015	Page 29	of 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 491,404	491,404		
Page 20 - Resident Care Supplies***							
27.	20	5. A.	Prescription Drugs	\$ 200,008	200,008		
28.			Ambulance/Limousine	\$			
29.	20	5. f	X-rays, etc	\$ 3,480	3,480		
30.	20	5. h	Laboratory	\$ 16,062	16,062		
31.	20	5. c	Medical Supplies	\$ 3,058	3,058		
32.	20	5. e. 2	Oxygen (non emergency)	\$ 23,347	23,347		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 44,167	44,167		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7. d	Depreciation on Unallowable Motor Vehicles	\$ 9,717	9,717		
37.	22	10 c	Unallowable Property and Real Estate Taxes	\$ 2,388	2,388		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 40,082	40,082		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 833,713	833,713		

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

Bridgeport Manor
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5. j	IV	\$ 7,707		
20	5. j	EKG	\$ 92		
20	5. j	Wound Vac	\$ 26,319		
20	5. B	Medicine Cabinet Drugs	\$ 10,049		
Total Other Ancillary Costs			\$ 44,167	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6.e	Automobile Lease	\$ 503		
27	14.b	Automobile Insurance	\$ 11,047		
16	1. 6	Automobile Expense	\$ 28,532		
Total Other Property Adjustments			\$ 40,082	\$ -	\$ -

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2015			Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 17,146,335	17,146,335				
b. Medicaid Room and Board Contractual Allowance **	\$ (3,086,112)	(3,086,112)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 836,227	836,227				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 2,419,722	2,419,722				
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	\$ 114,751	114,751				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 67,964	67,964				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 22,409	22,409				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 20,705	20,705				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 115,744	115,744				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 53,201	53,201				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 46,236	46,236				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 17,757,182	17,757,182				
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>)	\$ 52	52				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$					
V. Total Other Revenue (1 thru 8)	\$ 52	52				
VI. Total All Revenue (III +V)	\$ 17,757,234	17,757,234				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	\$ 22,206		
	VA Travel Allowance	\$ 24,030		
Total Other Resident Revenue		\$ 46,236	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31	Accounts Receivable		\$ 52		
Total Interest Income			\$ 52	\$ -	\$ -

Schedule of Other Revenue

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Manor	2079C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	5,591
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,193,159
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,891
4. Inventories			\$	
5. Prepaid Expenses			\$	152,605
a. Prepaid Taxes	59,330			
b. Prepaid Insurance	93,275			
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)			\$	2,353,246
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>4,697,963</u>		\$	2,085,925
	Accum. Depreciation <u>2,612,038</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>150,849</u>		\$	
	Accum. Depreciation <u>150,849</u>	Net		
6. Movable Equipment	*Historical Cost <u>677,123</u>		\$	205,191
	Accum. Depreciation <u>471,932</u>	Net		
7. Motor Vehicles	*Historical Cost <u>163,154</u>		\$	42,645
	Accum. Depreciation <u>120,509</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,333,761

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Manor	2079C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	4,687,007
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	416,002		
	Accum. Depreciation	Net	\$	416,002
3. Buildings				
	*Historical Cost	4,784,029		
	Accum. Depreciation	Net	\$	4,784,029
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	Net	\$	
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	Net	\$	
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	5,200,031
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>)			\$	2,224,579
Name and Address		Amount	Loan Date	
Related Facilities & Owners		2,224,579		
7. Other Assets (<i>itemize</i>)			\$	83,643
Security Deposit		1,931		
_____		81,712		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,308,222
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	12,195,260

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Manor	2079C	9/30/2015	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	4,978,221
2. Notes Payable (<i>itemize</i>)			\$	46,947
Citicard		46,947		
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	17,998
Name of Lender	Purpose	Amount	Date Due	
Auto Finance	Auto Loan	6,351		
HP	Computer	11,647		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	1,097,099
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	759,107
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>)			\$	313,141
Cash Overdraft		237,500		
Accrued Water & Sewer		2,391		
Accrued Audit		8,750		
Patient Fund		64,500		
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	7,212,513

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Bridgeport Manor		License No. 2079C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				7,212,513	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$ 1,407,692
Name of Lender	Purpose	Amount	Date Due		
Auto Finance	Auto Loan	6,032			
Peoples Bank	Spinkler/Working Capital	1,401,660			
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$ 1,344,315
Name and Address of Lender	Amount	Loan Date			
Bridgeport Realty	1,344,315				
4. Other Long-Term Liabilities (<i>itemize</i>)					\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 2,752,007
C. Total All Liabilities (Lines A-13 + B-5)					\$ 9,964,520

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Manor	2079C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	416,002
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	4,784,029
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	5,200,031
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	302,429
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,478,343)
6. Gain or Loss for Period			\$	(793,377)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(2,969,291)
C. Total Reserves and Net Worth			\$	2,230,740
D. Total Liabilities, Reserves, and Net Worth			\$	12,195,260

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Manor	2079C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(1,268,412)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	17,757,234
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	18,550,611
D. Net Income or Deficit			\$	(793,377)
E. Balance			\$	(2,061,789)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Balance Adjustment	(907,502)			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(907,502)
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			\$	(2,969,291)
09/30/15				

I. Preparer's/Reviewer's Certification

Name of Facility Bridgeport Manor	License No. 2079C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Burg & Weingarten CPA PC				
Address Address			Phone Number	
149-12 83rd Street Howard Beach, NY 11414			718-845-6141	

Error Check

Level	Item	Reported as	
	Page 23 - Accumulated Dep. of Movable Eq.	481,291 is inconsistent with Page 31	471,932