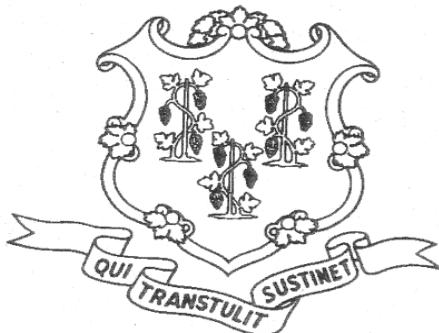


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center					
Address (No. & Street, City, State, Zip Code) 4 Hazel Ave., Naugatuck, CT 06770					
Type of Facility					
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)		Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018		Report for Year Ending 9/30/2019			

License Numbers:	CCNH 2371	RHNS	(Specify)	Medicare Provider 07-5240
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 000010975	RHNS	ICF-IID
----------------------------	-------------------	------	---------

### For Department Use Only

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

State of Connecticut

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

CSP-1 Rev.9/2002

**General Information**

Name of Facility (as licensed) 4 Hazel Avenue Operations LLC, d/b/a/ Glendale cent	License No. 2371	Report for Year Ended 9/30/2019	Page 1	of 37
---	---------------------	------------------------------------	-----------	----------

**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 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Molly Narvaez			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genenis Healthcare	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

# 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
<b>A. Report of Expenditures - Salaries &amp; Wages</b>	<b>10</b>
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>B. Report of Expenditures - Professional Fees</b>	<b>13</b>
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
<b>C. Expenditures Other than Salaries - Administrative and General</b>	<b>15</b>
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
<b>D. Adjustments to Statement of Expenditures</b>	<b>28</b>
D. Adjustments to Statement of Expenditures (Cont'd)	29
<b>F. Statement of Revenue</b>	<b>30</b>
<b>G. Balance Sheet</b>	<b>31</b>
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
<b>H. Changes in Total Net Worth</b>	<b>36</b>
<b>I. Preparer's/Reviewer's Certification</b>	<b>37</b>

State of Connecticut

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

CSP-1A Rev. 6/95

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 4 Hazel Ave., Naugatuck, CT 06770				
Report Prepared By Thomas Farnan	Phone Number 978-247-5029	Date 12/28/2019		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	4,037,951	4,037,951	
5. All other wages paid	\$	568,581	568,581	
6. <b>Total Wages Paid</b>	\$	4,606,533	4,606,533	
7. Total salaries paid	\$	250,033	250,033	
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$	4,856,566	4,856,566	

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 203-723-1456	Report for Year Ended 9/30/2019	Page 2
Name of Facility (as shown on license) 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		Address (No. & Street, City, State, Zip) 4 Hazel Ave., Naugatuck, CT 06770	
License Numbers:	CCNH 2371	RHNS	(Specify)
Type of Facility (Check appropriate box(es))			
<input checked="" 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 type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input 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 type="radio"/> Yes <input checked="" type="radio"/> No	If "Yes," explain fully.
<b>Administrator</b> Name of Administrator Molly Narvaez			
		Nursing Home Administrator's License No.:	01977
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name		License No.:	

## State of Connecticut

## Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

## **General Information and Questionnaire**

### **Partners/Members**

# **General Information and Questionnaire**

## **Corporate Owners**

# **General Information and Questionnaire**

## **Individual Proprietorship**

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale	2371	9/30/2019	3B	37

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

**GLENDALE CENTER**

4 Hazel Avenue  
Naugatuck, CT

**4 Hazel Avenue Operations LLC (Operator)**

EIN: 26-0842182  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Genesis CT Holdings LLC (100%)

---

**Genesis CT Holdings LLC**

EIN: 26-0787896  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Genesis Operations LLC (100%)

---

**Genesis Operations LLC**

EIN: 26-0787826  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

GHC Holdings LLC (100%)

---

**GHC Holdings LLC**

EIN: 26-0740682  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Genesis Holdings, LLC (100%)

---

**Genesis Holdings, LLC**

EIN: 30-0843337  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Genesis HealthCare LLC (100%)

---

**Genesis HealthCare LLC**

EIN: 27-3237296  
101 East State Street

Kennett Square, PA 19348

*Ownership*

GEN Operations II, LLC (100%)

---

**GEN Operations II, LLC**

EIN: 27-3237225

101 East State Street

Kennett Square, PA 19348

*Ownership*

GEN Operations I, LLC (100%)

---

**GEN Operations I, LLC**

EIN: 27-3237090

101 East State Street

Kennett Square, PA 19348

*Ownership*

FC-GEN Operations Investment, LLC (100%)

---

**FC-GEN Operations Investment, LLC**

EIN: 27-3237005

101 East State Street

Kennett Square, PA 19348

*Ownership*

Sun Healthcare Group, Inc. (approximately 59.2957%)

Sundance Rehabilitation Holdco, Inc. (5.5444%)

Other members that are disclosed herein as owners of Genesis Healthcare, Inc.

Other members that do not trigger 5% ownership test

---

**Sundance Rehabilitation Holdco, Inc.**

EIN: 38-3954180

101 East State Street

Kennett Square, PA 19348

*Ownership*

Sun Healthcare Group, Inc. (100%)

**Sun Healthcare Group, Inc.**

EIN: 13-4230695

101 East State Street

Kennett Square, PA 19348

*Ownership*

Genesis Healthcare, Inc. (100%)

---

**Genesis Healthcare, Inc.**

(publicly traded company on the New York Stock Exchange)

(f/k/a Skilled Healthcare Group, Inc.)  
EIN: 20-3934755  
101 East State Street  
Kennett Square, PA 19348

*Ownership*  
HCCF Management Group XI, LLC (approximately 14.0%)

Senior Care Genesis, LLC (approximately 5.3%)  
ZAC Properties XI, LLC (approximately 8.1%)  
Welltower, Inc. (approximately 5.9%)  
Others that do not trigger 5% ownership test

---

**HCCF Management Group XI, LLC**

EIN: 20-8751674  
3820 Mansell Road  
Suite 280  
Alpharetta, GA 30022

*Ownership*

[Arnold M. Whitman\[1\]](#)  
3820 Mansell Road  
Suite 280  
Alpharetta, GA 30022

---

**ZAC Properties XI, LLC**

EIN: 20-8794579  
1617 JFK Boulevard  
Suite 545  
Philadelphia, PA 19103

[Steven E. Fishman\[2\]](#)

1617 JFK Boulevard  
Suite 545  
Philadelphia, PA 19103  
Other members that do not trigger 5% ownership test

---

**Welltower Inc.**

EIN: 34-1096634  
4500 Dorr Street  
Toledo, OH 43615

*Ownership*  
(publicly traded company on the New York Stock Exchange)

**Senior Care Genesis, LLC**  
EIN: 20-8282470  
234 Church Street, Suite 901  
New Haven, CT 06510

*Ownership*  
[David Reis\[3\]](#)

234 Church Street, Suite 901  
New Haven, CT 06510

*The information included in this memorandum supersedes all previously submitted ownership information for the Operator as well as all officer/director/manager information for the Operator and its 5% or more direct and indirect owners.*

[1] HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may be considered the  
[2] ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Fishman may be conside

3 Senior Care is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Reis may be considered the beneficial owner of the shares held by Senior Care.

**General Information and Questionnaire**  
**Related Parties\***

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a Glendale center	License No. 2371	Report for Year Ended 9/30/2019	Page 4	of 37
--	---------------------	------------------------------------	-----------	----------

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	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	510,334	510,334
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	908,237	908,237
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	50,830	50,830
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	84%	Outside Agency	Pg 13/B11 pg 10-12, 1	18,937	18,937
Respiratory Health Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	30,692	30,692
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	187,130	187,130
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A		
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

State of Connecticut

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

CSP-5 Rev. 9/2002

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glenda	License No. 2371	Report for Year Ended 9/30/2019	Page 5	of 37
--	---------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total \*\*\*

\* 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 4 Hazel Avenue Operations LLC, d	License No. 2371	Report for Year Ended 9/30/2019	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 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
---	---

Services Provided by This Firm (*describe fully*)

1 Year end financial audit 2 3 4	\$ \$ \$ \$
	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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Senior Care Valuation LLC 2 3 4 5	Telephone Number
---	------------------

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

1 4 Willow Lane Old Greenwich, CT 06870 2 3 4 5
---

Services Provided by This Firm (*describe fully*)

1 Saving on R.E Tax for the new property assessment 2 3 4 5	\$ 1,000 \$ \$ \$ \$
	Charge for Services Provided \$ 1,000

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 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			License No. 2371				Report for Year Ended 9/30/2019				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					120	120			120	120		
A. On last day of PREVIOUS report period	120	120										
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents					102	102			106	106		
A. As of midnight of PREVIOUS report period	102	102										
B. As of midnight of THIS report period	113	113			106	106			113	113		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,516	4,516				3,401	3,401			1,115	1,115	
B. Medicaid (Conn.)	30,554	30,554				22,734	22,734			7,820	7,820	
C. Medicaid (other states)												
D. Private Pay	990	990				791	791			199	199	
E. State SSI for RCH												
F. Other (Specify)	4,242	4,242				3,209	3,209			1,033	1,033	
G. Total Care Days During Period (3A thru F)	40,302	40,302				30,135	30,135			10,167	10,167	
Total Number of Days Not Included in Figures in 3G												
4. for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	35	35				20	20			15	15	
B. Other Bed Reserve Days	13	13				7	7			6	6	
<b>5. Total Resident Days (3G + 4A + 4B)</b>	<b>40,350</b>	<b>40,350</b>				<b>30,162</b>	<b>30,162</b>			<b>10,188</b>	<b>10,188</b>	

State of Connecticut

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

CSP-9 Rev. 9/2002

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glen	License No. 2371	Report for Year Ended 9/30/2019	Page 9	of 37
--	---------------------	------------------------------------	-----------	----------

4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH (1)	RHNS (2)	(Specify) (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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	16	83		#####				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	549.50	217.41		521.34				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	TOTAL	CCNH	RHNS	(Specify)
	2,395	2,395		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	602	602		
C. Other	20,373	20,373		
D. <b>Total Physical Therapy Treatments</b>	23,370	23,370		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	614	614	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments	14	14	
C. Other	1,936	1,936	
D. <b>Total Speech Therapy Treatments</b>	2,564	2,564	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	2,356	2,356	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments	725	725	
C. Other	21,998	21,998	
D. <b>Total Occupational Therapy Treatments</b>	25,079	25,079	

State of Connecticut

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	License No. 2371	Report for Year Ended 9/30/2019		Page 10	of 37		
Are time records maintained by all individuals receiving compensation?	<input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours		
A. Salaries and Wages*							
1. Operators/Owners (Complete also Sec. I of Schedule A1)							
2. Administrator(s) (Complete also Sec. III of Schedule A1)	120,110	1,848					
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	166,258	7,553					
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor							
c. Dietary Workers							
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers							
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance	51,732	1,610					
b. Other Maintenance Workers	32,588	1,851					
8. Laundry Service							
a. Supervisor							
b. Other Laundry Workers							
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	129,923	2,081					
b. RN							
1. Direct Care	1,367,272	37,443					
2. Administrative**	208,725	5,505					
c. LPN							
1. Direct Care	723,721	24,890					
2. Administrative**							
d. Aides and Attendants	1,635,473	93,451					
e. Physical Therapists							
f. Speech Therapists							
g. Occupational Therapists							
h. Recreation Workers	124,257	6,024					
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	193,746	7,173					
n. Marketing							
o. Other (Specify)							
See Attached Schedule	102,760	4,772					
<i>A-13. Total Salary Expenditures</i>	4,856,566	194,201					

\* 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)**

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

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center				License No. 2371	Report for Year Ended 9/30/2019			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* 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.

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
CSP-12 Rev. 10/2005

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

Name of Facility (as licensed) 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center				License No. 2371	Report for Year Ended 9/30/2019			Page 12	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Molly Narvaez	99,448				Management of Center	1,512	2			
Marnie Talamona 11/15/2018 to 1/7/2019	6,923				Management of Center	96	2			
Heather Rodriguez 10/1/2018 to 11/14/18	13,740				Management of Center	240	2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

State of Connecticut

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

CSP-13 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2371	9/30/2019		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	2,250	15			
3. Pharmacist	16,853	344			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	790,191	10,825			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	53,964	286			
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	43,710	560			
b. Other					
10. Occupational Therapist					
a. Resident Care	86,754	1,188			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	18,937	316			
2. Administrative***					
b. LPN					
1. Direct Care	6,437	152			
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule	48,854				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,067,950	13,686			

\* 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

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale	License No. 2371	Report for Year Ended 9/30/2019	Page 15	of 37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 251,686	251,686		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 85,233	85,233		
4. Social Security (F.I.C.A.)	\$ 353,274	353,274		
5. Health Insurance	\$ 473,254	473,254		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 143,769	143,769		
d. Accounting and Auditing	\$			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 1,000	1,000		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 22,327	22,327		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 29,398	29,398		
2. Cellular Phones	\$ 1,315	1,315		
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 (Specify) See Attached Schedule	\$ 1,004	1,004		
3. Resident Day User Fee	\$ 678,231	678,231		
<b>Subtotal</b>	<b>\$ 2,040,491</b>	<b>2,040,491</b>		

\* 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**

Attachment Page 15

## **Schedule of Other Employee Benefits**

## Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 1,004	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
<b>Total</b>	<b>\$ 1,004</b>	<b>\$ -</b>	<b>\$ -</b>

State of Connecticut

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

CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	2371	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>	2,040,491	2,040,491		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$	51	51	
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$	2,754	2,754	
5. Education Expenses Related to Seminars and Conventions	\$	925	925	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )**** See Attached Schedule	\$	7,143	7,143	
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	\$	1,759	1,759	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	9,870	9,870	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	50	50	
9. Subscriptions	\$	178	178	
10. Contributions*** See Attached Schedule	\$	1,541	1,541	
11. Services Provided by Contract ( <i>Specify and Complete</i> <i>Schedule C-2, Page 21 for each firm or individual</i> )	\$	6,877	6,877	
12. Administrative Management Services**	\$	505,389	505,389	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	20,881	20,881	
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	2,597,908	2,597,908	

\* 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)
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising	\$ 1,183	\$ -	\$ -
Marketing Expense	\$ 3,628	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 2,332	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ -	\$ -	\$ -
<b>Total Other Advertising</b>	<b>\$ 7,143</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 9,920	\$ -	\$ -
Dues to Chamber of Commerce	\$ (50)	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
<b>Total Dues</b>	<b>\$ 9,870</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Contributions	\$ 75	\$ -	\$ -
Political Contributions	\$ 1,466	\$ -	\$ -
0	\$ -	\$ -	\$ -
<b>Total Contributions</b>	<b>\$ 1,541</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 4,715	\$ -	\$ -
Collection Fees	\$ 1,685	self-disallowed	\$ -
Education Expense	\$ 565	\$ -	\$ -
Employee Physicals	\$ 8,350	\$ -	\$ -
Employee Relations	\$ 1,863	\$ -	\$ -
Printing	\$ 121	\$ -	\$ -
Training Expense	\$ 530	\$ -	\$ -
Fines & Penalties	\$ -	self-disallowed	\$ -
Miscellaneous	\$ (2)	\$ -	\$ -
Rental Expense	\$ 147	\$ -	\$ -
Accrued Expense Estimation	\$ (416)	self-disallowed	\$ -
Landlord Operating Taxes	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ 20	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ 3,302	\$ -	\$ -
<b>Total Other Administrative and General</b>	<b>\$ 20,881</b>	<b>\$ -</b>	<b>\$ -</b>

State of Connecticut

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

CSP-17 Rev. 10/97

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ C	License No. 2371	Report for Year Ended 9/30/2019	Page      of 17             37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	510,334	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348			

\* 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	License No.	Report for Year Ended	Page of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	2371	9/30/2019	18   37
Item	Total	CCNH	RHNS
2. Dietary			(Specify)
a. In-House Preparation & Service			
1. Raw Food	\$ 188,819	188,819	
2. Non-Food Supplies	\$ 27,212	27,212	
3. Other (Specify) _____	\$ (460)	(460)	
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 538,583	538,583	
c. Other (Specify) _____	\$		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 754,154</b>	<b>754,154</b>	
2E. Dietary Questionnaire	Total	CCNH	RHNS
F. Resident Meals: Total no. of meals served per day:*			(Specify)
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No			
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)			
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)			
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)			

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
	2371	9/30/2019		19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	4,979	4,979		
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. \$	4,161	4,161		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$	147,562	147,562		
c. Other (Specify)	\$				
<b>3D. Total Laundry Expenditures (3a + b + c )</b>	\$	<b>156,701</b>	<b>156,701</b>		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3D.

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

State of Connecticut

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

CSP-20 Rev. 9/2018

**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
		9/30/2019		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 17,328	17,328		
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
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.	\$ 220,492	220,492		
C. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>	\$	<b>237,820</b>	<b>237,820</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	365,772	365,772		
b. Medicine Cabinet Drugs	\$	4,721	4,721		
c. Medical and Therapeutic Supplies	\$	146,514	146,514		
d. Ambulance/Limousine***	\$	1,597	1,597		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	9,162	9,162		
f. X-rays and Related Radiological Procedures***	\$	23,214	23,214		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	66,058	66,058		
i. Recreation	\$	36,544	36,544		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )****	\$	67,350	67,350		
See Attached Schedule					
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>720,933</b>	<b>720,933</b>		

\* 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)
Incontinency	\$ 51,342	\$ -	\$ -
Advertising-Help Wanted	\$ (9,611)	\$ -	\$ -
Advertising-Help Wanted	\$ 900	\$ -	\$ -
Books, Dues & Subscriptions	\$ -	\$ -	\$ -
Education Expense	\$ 997	\$ -	\$ -
Supplies	\$ 1,646	\$ -	\$ -
Supplies	\$ 20,576	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ 268	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 658	\$ -	\$ -
Rental Expense	\$ 6,328	\$ -	\$ -
Consolidated Billing	\$ 2,218	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ (6,731)	\$ -	\$ -
Miscellaneous	\$ (1,239)	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
<b>Total Other Resident Care</b>	<b>\$ 67,350</b>	<b>\$ -</b>	<b>\$ -</b>

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

\* 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).

State of Connecticut

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

CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended		Page of
4 Hazel Avenue Operations LLC, d/b/a/ Glend	2371	9/30/2019		22   37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 145,281	145,281		
b. Heat	\$ 52,330	52,330		
c. Light & Power	\$ 141,085	141,085		
d. Water	\$ 60,078	60,078		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$			
f. Other ( <i>itemize</i> )	\$			
See Attached Schedule				
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 398,774	398,774		
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$ 2,178	2,178		
b. Building & Building Improvements	\$ 28,736	28,736		
c. Non-Movable Equipment	\$ 3,408	3,408		
d. Movable Equipment	\$ 73,518	73,518		
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 107,839	107,839		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$			
d. Other ( <i>Specify</i> )	\$			
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,313,486	1,313,486		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 236,393	236,393		
c. Personal property taxes	\$			
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 1,657,718	1,657,718		

\* 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**

## Depreciation Schedule

**Schedule of Land Improvements Acquired during this report period**

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

---

**Schedule of Non-Movable Equipment Acquired during this report period**

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

**Schedule of Movable Equipment Acquired during this report period**

\*Ties to Page 23, Line D2e

---ties to Page 23, Line D2

**Schedule of Leasehold Improvements Acquired during this report period**

\*\*Ties to Page 24, Line C3

--11-- Page 24, Line C2

Depreciation Expense Report  
As of September 30, 2019

Book = Internal  
FYI Month = December  
Net Grand Total

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	EstLife	Depreciable Basis	0.00		773,177.09	107,839.41	881,016.55			
										1,453,555.69							
										9/30/2018	2019						
55001	150080	Movable E000500	000	(6) Task C	12/31/2011	344.93	10 03	344.93	227.14		33.65		260.79				
55001	150070	Non Mova 000502	000	FERNO H	12/31/2011	138.52	00 00	138.52	-		-		-				
55001	150080	Movable E000503	000	75" MAXI	12/31/2011	39.91	00 00	39.91	-		-		-				
55001	150110	Movable E000505	000	CABLING	12/31/2011	45.18	00 00	45.18	-		-		-				
55001	150070	Non Mova 000506	000	INSTALL.	12/31/2011	23.89	00 00	23.89	-		-		-				
55001	150070	Non Mova 000507	000	2 PDI ZEN	12/31/2011	46.70	00 00	46.70	-		-		-				
55001	150110	Movable E000508	000	CABLING	12/31/2011	29.88	00 00	29.88	-		-		-				
55001	150070	Non Mova 000509	000	TRANSPC	12/31/2011	20.98	00 00	20.98	-		-		-				
55001	150070	Non Mova 000510	000	USER SAI	12/31/2011	0.27	00 01	0.27	0.27		-		0.27				
55001	150070	Non Mova 000511	000	HATCO M	12/31/2011	41.21	00 01	41.21	41.21		-		41.21				
55001	150085	Movable E000512	000	HEATED :	12/31/2011	483.50	03 01	483.50	483.50		-		483.50				
55001	150080	Movable E000513	000	NEW BLC	12/31/2011	23.61	00 02	23.61	23.61		-		23.61				
55001	150085	Movable E000514	000	(1) FOOD	12/31/2011	676.48	03 03	676.48	676.48		-		676.48				
55001	150080	Movable E000515	000	PULSE O2	12/31/2011	62.96	00 06	62.96	62.96		-		62.96				
55001	150080	Movable E000516	000	SPOT VIT	12/31/2011	329.93	00 06	329.93	329.93		-		329.93				
55001	150080	Movable E000517	000	INDUSTR	12/31/2011	30.14	00 07	30.14	30.14		-		30.14				
55001	150080	Movable E000518	000	ELECTRC	12/31/2011	473.78	00 07	473.78	473.78		-		473.78				
55001	150117	Movable E000519	000	URGE	12/31/2011	3,732.52	00 09	3,732.52	3,732.52		-		3,732.52				
55001	150070	Non Mova 000520	000	Air Condit	12/31/2011	521.53	00 10	521.53	521.53		-		521.53				
55001	150080	Movable E000521	000	Washer ex	12/31/2011	1,473.42	00 10	1,473.42	1,473.42		-		1,473.42				
55001	150080	Movable E000522	000	Dyna Drye	12/31/2011	410.37	01 00	410.37	410.37		-		410.37				
55001	150085	Movable E000523	000	Storage Ca	12/31/2011	303.65	04 00	303.65	303.65		-		303.65				
55001	150085	Movable E000524	000	Wheel Cha	12/31/2011	182.40	04 00	182.40	182.40		-		182.40				
55001	150085	Movable E000525	000	Commerci	12/31/2011	504.90	04 01	504.90	504.90		-		504.90				
55001	150110	Movable E000526	000	Cabling	12/31/2011	21.00	00 00	21.00	-		-		-				
55001	150110	Movable E000527	000	Telephone	12/31/2011	26.90	00 00	26.90	-		-		-				
55001	150117	Movable E000528	000	New Telep	12/31/2011	260.33	01 02	260.33	260.33		-		260.33				
55001	150117	Movable E000529	000	New Telep	12/31/2011	100.61	01 02	100.61	100.61		-		100.61				
55001	150117	Movable E000530	000	New Telep	12/31/2011	58.97	01 02	58.97	58.97		-		58.97				
55001	150117	Movable E000531	000	New Telep	12/31/2011	119.72	01 02	119.72	119.72		-		119.72				
55001	150117	Movable E000532	000	New Telep	12/31/2011	90.06	01 02	90.06	90.06		-		90.06				
55001	150117	Movable E000533	000	New Telep	12/31/2011	260.20	01 02	260.20	260.20		-		260.20				
55001	150080	Movable E000534	000	Four Mobi	12/31/2011	526.39	01 03	526.39	526.39		-		526.39				
55001	150100	Movable E000535	000	File Cabin	12/31/2011	487.88	04 03	487.88	487.88		-		487.88				
55001	150080	Movable E000536	000	Welch Alk	12/31/2011	852.42	01 04	852.42	852.42		-		852.42				
55001	150085	Movable E000537	000	Electrical C	12/31/2011	529.98	04 07	529.98	529.98		-		529.98				
55001	150085	Movable E000538	000	Wheelchai	12/31/2011	73.33	04 07	73.33	73.33		-		73.33				
55001	150100	Movable E000539	000	Box Draw	12/31/2011	352.89	04 07	352.89	352.89		-		352.89				
55001	150100	Movable E000540	000	Free Stand	12/31/2011	95.31	04 07	95.31	95.31		-		95.31				
55001	150080	Movable E000541	000	Thru the w	12/31/2011	343.98	01 08	343.98	343.98		-		343.98				
55001	150110	Movable E000542	000	Computer	12/31/2011	95.82	00 00	95.82	-		-		-				
55001	150085	Movable E000543	000	GE spaces	12/31/2011	114.46	04 09	114.46	114.46		-		114.46				
55001	150085	Movable E000544	000	GE 30 in. f	12/31/2011	492.42	04 09	492.42	492.42		-		492.42				
55001	150085	Movable E000545	000	(4) chart ra	12/31/2011	799.56	04 10	799.56	799.56		-		799.56				
55001	150085	Movable E000546	000	Install PT 1	12/31/2011	426.78	04 11	426.78	426.78		-		426.78				
55001	150085	Movable E000547	000	Treadmill	12/31/2011	3,180.13	04 11	3,180.13	3,180.13		-		3,180.13				
55001	150085	Movable E000548	000	Physical Tl	12/31/2011	2,928.96	04 11	2,928.96	2,928.96		-		2,928.96				
55001	150100	Movable E000549	000	Lateral Fil	12/31/2011	307.33	04 11	307.33	307.33		-		307.33				
55001	150110	Movable E000550	000	Computer	12/31/2011	41.94	00 00	41.94	-		-		-				
55001	150085	Movable E000551	000	Physical Tl	12/31/2011	1,129.65	05 01	1,129.65	1,129.65		-		1,129.65				
55001	150075	Non Mova 000552	000	Thru the w	12/31/2011	8,411.82	05 01	8,411.82	8,411.82		-		8,411.82				
55001	150080	Movable E000553	000	Spot Vital	12/31/2011	435.12	02 01	435.12	435.12		-		435.12				
55001	150085	Movable E000554	000	Chair, Ova	12/31/2011	961.24	05 02	961.24	961.24		-		961.24				
55001	150085	Movable E000555	000	Equipment	12/31/2011	4,279.26	05 02	4,279.26	4,279.26		-		4,279.26				
55001	150085	Movable E000556	000	Window T	12/31/2011	1,189.45	05 03	1,189.45	1,189.45		-		1,189.45				
55001	150087	Movable E000557	000	Alarm Sys	12/31/2011	32.86	00 03	32.86	32.86		-		32.86				
55001	150085	Movable E000558	000	Nemschof	12/31/2011	675.64	05 04	675.64	675.64		-		675.64				
55001	150100	Movable E000559	000	Office Furi	12/31/2011	2,596.83	05 04	2,596.83	2,596.83		-		2,596.83				
55001	150085	Movable E000560	000	Common A	12/31/2011	53,450.30	05 04	53,450.30	53,450.30		-		53,450.30				
55001	150080	Movable E000561	000	AED semi	12/31/2011	792.30	02 05	792.30	792.30		-		792.30				
55001	150117	Movable E000562	000	Phones ins	12/31/2011	289.92	02 05	289.92	289.92		-		289.92				
55001	150117	Movable E000563	000	Phones ins	12/31/2011	170.30	02 05	170.30	170.30		-		170.30				
55001	150117	Movable E000564	000	Phones ins	12/31/2011	52.86	02 05	52.86	52.86		-		52.86				
55001	150117	Movable E000565	000	Phones ins	12/31/2011	146.43	02 05	146.43	146.43		-		146.43				
55001	150080	Movable E000566	000	Showe Ch	12/31/2011	119.47	02 06	119.47	119.47		-		119.47				
55001	150085	Movable E000567	000	Window T	12/31/2011	4,812.17	05 06	4,812.17	4,812.17		-		4,812.17				
55001	150085	Movable E000568	000	Artwork	12/31/2011	5,297.62	05 07	5,297.62	5,297.62		-		5,297.62				
55001	150085	Movable E000569	000	54 Headbo	12/31/2011	3,891.45	05 07	3,891.45	3,891.45		-		3,891.45				
55001	150100	Movable E000570	000	Cubicle Di	12/31/2011	453.58	05 08	453.58	453.58		-		453.58				
55001	150085	Movable E000571	000	Install new	12/31/2011	929.40	05 09	929.40	929.40		-		929.40				
55001	150085	Movable E000572	000	New Electi	12/31/2011	6,514.24	05 09	6,514.24	6,514.24		-		6,514.24				

Depreciation Expense Report  
As of September 30, 2019

Book = Internal  
FYI Month = December  
Net Grand Total

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	EstLife	Depreciable Basis	0.00		773,177.09	107,839.41	881,016.55			
										1,453,555.69							
										9/30/2018	2019						
55001	150085	Movable	E000573	000	New Electi	12/31/2011	36,941.69	05 09	36,941.69	36,941.69	-	36,941.69					
55001	150080	Movable	E000574	000	HD Supply	12/31/2011	131.70	02 10	131.70	131.70	-	131.70					
55001	150085	Movable	E000575	000	Reach in R	12/31/2011	1,692.52	05 10	1,692.52	1,692.52	-	1,692.52					
55001	150085	Movable	E000576	000	Beam Chai	12/31/2011	1,206.09	05 10	1,206.09	1,206.09	-	1,206.09					
55001	150070	Non Mova	000577	000	TB&A Ho	12/31/2011	1,450.24	02 11	1,450.24	1,450.24	-	1,450.24					
55001	150075	Non Mova	000578	000	Sump Pum	12/31/2011	1,187.59	05 11	1,187.59	1,187.59	-	1,187.59					
55001	150087	Movable	E000579	000	Pressure W	12/31/2011	80.68	00 11	80.68	80.68	-	80.68					
55001	150087	Movable	E000580	000	Alarm Syst	12/31/2011	75.30	00 11	75.30	75.30	-	75.30					
55001	150087	Movable	E000581	000	Pressure W	12/31/2011	244.51	00 11	244.51	244.51	-	244.51					
55001	150087	Movable	E000582	000	Snow Blov	12/31/2011	88.87	00 11	88.87	88.87	-	88.87					
55001	150087	Movable	E000583	000	Chair sitter	12/31/2011	88.99	01 01	88.99	88.99	-	88.99					
55001	150117	Movable	E000584	000	MER MAC	12/31/2011	87.08	03 01	87.08	87.08	-	87.08					
55001	150117	Movable	E000585	000	Pay phone	12/31/2011	264.84	03 01	264.84	264.84	-	264.84					
55001	150087	Movable	E000586	000	Alarm Syst	12/31/2011	191.68	01 02	191.68	191.68	-	191.68					
55001	150117	Movable	E000587	000	MER MAC	12/31/2011	130.85	03 03	130.85	130.85	-	130.85					
55001	150075	Non Mova	000588	000	Circulator	12/31/2011	1,669.85	06 04	1,669.85	1,669.85	-	1,669.85					
55001	150115	Movable	E000589	000	Computer	12/31/2011	294.33	01 05	294.33	294.33	-	294.33					
55001	150080	Movable	E000590	000	2 Gas fired	12/31/2011	4,240.27	03 05	4,240.27	4,240.27	-	4,240.27					
55001	150080	Movable	E000591	000	2 Edro NX	12/31/2011	8,685.04	03 05	8,685.04	8,685.04	-	8,685.04					
55001	150085	Movable	E000592	000	Wheelchai	12/31/2011	265.48	06 05	265.48	265.48	-	265.48					
55001	150075	Non Mova	000593	000	3 Ton Rtu	12/31/2011	7,848.10	06 06	7,848.10	7,848.10	-	7,848.10					
55001	150075	Non Mova	000594	000	3 Ton Gas/	12/31/2011	3,974.36	06 07	3,974.36	3,974.36	-	3,974.36					
55001	150080	Movable	E000595	000	14 Thru the	12/31/2011	9,495.83	03 07	9,495.83	9,495.83	-	9,495.83					
55001	150087	Movable	E000596	000	Chair Alar	12/31/2011	130.91	01 07	130.91	130.91	-	130.91					
55001	150087	Movable	E000597	000	10 Chair al	12/31/2011	279.49	01 08	279.49	279.49	-	279.49					
55001	150117	Movable	E000598	000	Cortelco E	12/31/2011	108.36	03 10	108.36	108.36	-	108.36					
55001	150085	Movable	E000599	000	Double 3 C	12/31/2011	1,605.53	07 01	1,605.53	1,529.96	75.57	1,605.53					
55001	150088	Movable	E000600	000	(4) Whee	12/31/2011	51.13	00 03	51.13	51.13	-	51.13					
55001	150080	Movable	E000601	000	Outdoor 4	12/31/2011	105.85	04 04	105.85	105.85	-	105.85					
55001	150080	Movable	E000602	000	Outdoor 4	12/31/2011	4,034.33	04 04	4,034.33	4,034.33	-	4,034.33					
55001	150080	Movable	E000603	000	Sales tax o	12/31/2011	253.00	04 05	253.00	253.00	-	253.00					
55001	150075	Non Mova	000604	000	Saucier inv	12/31/2011	404.94	07 06	404.94	364.43	40.51	404.94					
55001	150088	Movable	E000605	000	Gaymar 84	12/31/2011	1,764.70	00 06	1,764.70	1,764.70	-	1,764.70					
55001	150100	Movable	E000606	000	Corp Expr	12/31/2011	190.01	07 06	190.01	171.05	18.96	190.01					
55001	150085	Movable	E000607	000	Direct supj	12/31/2011	2,883.96	07 07	2,883.96	2,567.03	316.93	2,883.96					
55001	150110	Movable	E000608	000	CDW Gov	12/31/2011	26.44	00 07	26.44	26.44	-	26.44					
55001	150110	Movable	E000609	000	CDW Gov	12/31/2011	26.44	00 07	26.44	26.44	-	26.44					
55001	150110	Movable	E000610	000	CoreCal lic	12/31/2011	99.82	00 09	99.82	99.82	-	99.82					
55001	150110	Movable	E000611	000	17" flat pa	12/31/2011	37.05	00 10	37.05	37.05	-	37.05					
55001	150110	Movable	E000612	000	17" flat pa	12/31/2011	167.36	00 10	167.36	167.36	-	167.36					
55001	150115	Movable	E000613	000	HP Laserje	12/31/2011	83.69	02 10	83.69	83.69	-	83.69					
55001	150088	Movable	E000614	000	Genesis Se	12/31/2011	121.07	01 00	121.07	121.07	-	121.07					
55001	150085	Movable	E000615	000	Beds, Que	12/31/2011	2,388.57	08 00	2,388.57	2,015.35	298.57	2,313.92					
55001	150085	Movable	E000616	000	ACCECAI	12/31/2011	5,093.87	08 01	5,093.87	4,253.65	630.17	4,883.82					
55001	150110	Movable	E000617	000	Cell phone	12/31/2011	90.68	01 02	90.68	90.68	-	90.68					
55001	150085	Movable	E000618	000	Medium dt	12/31/2011	1,242.96	08 02	1,242.96	1,027.35	152.20	1,179.55					
55001	150087	Movable	E000619	000	Genesis on	12/31/2011	662.33	03 03	662.33	662.33	-	662.33					
55001	150085	Movable	E000620	000	Tax added	12/31/2011	2,575.24	08 03	2,575.24	2,107.01	312.15	2,419.16					
55001	150085	Movable	E000621	000	Tax added	12/31/2011	2,575.24	08 03	2,575.24	2,107.01	312.15	2,419.16					
55001	150085	Movable	E000622	000	Overbed ta	12/31/2011	148.36	08 04	148.36	120.15	17.80	137.95					
55001	150115	Movable	E000623	000	Replace 1	12/31/2011	281.69	03 05	281.69	281.69	-	281.69					
55001	150115	Movable	E000624	000	Replace 1	12/31/2011	275.86	03 05	275.86	275.86	-	275.86					
55001	150085	Movable	E000625	000	Commercial	12/31/2011	1,219.57	08 08	1,219.57	949.86	140.72	1,090.58					
55001	150080	Movable	E000626	000	5 26" Resid	12/31/2011	1,720.44	05 08	1,720.44	1,720.44	-	1,720.44					
55001	150080	Movable	E000627	000	Spot vital s	12/31/2011	3,542.40	05 08	3,542.40	3,542.40	-	3,542.40					
55001	150080	Movable	E000628	000	208V prim	12/31/2011	11,718.80	05 09	11,718.80	11,718.80	-	11,718.80					
55001	150085	Movable	E000629	000	Dish mach	12/31/2011	1,719.37	08 09	1,719.37	1,326.38	196.50	1,522.88					
55001	150080	Movable	E000630	000	oxygen cor	12/31/2011	2,465.35	04 11	2,465.35	2,465.35	-	2,465.35					
55001	150080	Movable	E000631	000	Huntleigh l	12/31/2011	571.39	05 10	571.39	571.39	-	571.39					
55001	150080	Movable	E000632	000	Reliant 45	12/31/2011	1,119.37	06 00	1,119.37	1,119.37	-	1,119.37					
55001	150087	Movable	E000633	000	Snowblow	12/31/2011	1,125.36	04 01	1,125.36	1,125.36	-	1,125.36					
55001	150080	Movable	E000634	000	Digital Lif	12/31/2011	602.61	06 01	602.61	602.61	-	602.61					
55001	150088	Movable	E000635	000	15 MATTI	12/31/2011	3,100.50	02 02	3,100.50	3,100.50	-	3,100.50					
55001	150085	Movable	E000636	000	Various pi	12/31/2011	59,330.94	09 02	59,330.94	43,689.17	6,472.47	50,161.64					
55001	150085	Movable	E000637	000	5 tables an	12/31/2011	2,693.82	09 02	2,693.82	1,983.62	293.87	2,277.49					
55001	150085	Movable	E000638	000	Various pi	12/31/2011	9,214.42	09 02	9,214.42	6,785.17	1,005.21	7,790.38					
55001	150085	Movable	E000639	000	Various pi	12/31/2011	32,308.72	09 02	32,308.72	23,790.98	3,524.59	27,315.57					
55001	150085	Movable	E000640	000	Window tr	12/31/2011	67,236.08	09 02	67,236.08	49,510.24	7,334.85	56,845.09					
55001	150085	Movable	E000641	000	64 display	12/31/2011	2,105.48	09 02	2,105.48	1,550.41	229.69	1,780.10					
55001	150085	Movable	E000642	000	1 Entrée X	12/31/2011	9,712.10	09 02	9,712.10	7,151.63	1,059.50	8,211.13					
55001	150080	Movable	E000643	000	Towel/bath	12/31/2011	1,313.17	06 02									

Depreciation Expense Report  
As of September 30, 2019

Book = Internal  
FYE Month = December  
Net Grand Total

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	EstLife	Depreciable Basis	0.00		773,177.09	107,839.41	881,016.55	
										1,453,555.69					
										9/30/2018			2019	9/30/2019	
Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	EstLife	Depreciable Basis	Prior Accum Depreciation as of 9/30/2018	Current YTD Depreciation in 2019	Current Accum Depreciation	2019	9/30/2019	
55001	150085	Movable E000644	000	Tax added	12/31/2011	2,283.38	09 02	2,283.38	1,681.43	249.10	1,930.53				
55001	150085	Movable E000645	000	Tax added	12/31/2011	6,072.92	09 02	6,072.92	4,471.88	662.50	5,134.38				
55001	150085	Movable E000646	000	119 table l	12/31/2011	20,840.94	09 02	20,840.94	15,346.53	2,273.56	17,620.09				
55001	150085	Movable E000647	000	Various pic	12/31/2011	79,411.45	09 02	79,411.45	58,475.72	8,663.07	67,138.79				
55001	150085	Movable E000648	000	Various pic	12/31/2011	58,389.39	09 02	58,389.39	42,995.81	6,369.75	49,365.56				
55001	150085	Movable E000649	000	Various pic	12/31/2011	9,940.38	09 02	9,940.38	7,319.77	1,084.41	8,404.18				
55001	150085	Movable E000650	000	Shower &	12/31/2011	2,974.66	09 03	2,974.66	2,170.73	321.59	2,492.32				
55001	150085	Movable E000651	000	Cubicle cu	12/31/2011	418.52	09 03	418.52	305.44	45.25	350.69				
55001	150087	Movable E000658	000	ALARM S	12/31/2011	442.83	04 04	442.83	442.83	-	442.83				
55001	150087	Movable E000659	000	20i Heavy	12/31/2011	643.49	04 04	643.49	643.49	-	643.49				
55001	150110	Movable E000660	000	1 HP LJ P2	12/31/2011	169.74	02 04	169.74	169.74	-	169.74				
55001	150085	Movable E000663	000	Tax added	12/31/2011	13,202.17	09 05	13,202.17	9,463.50	1,402.00	10,865.50				
55001	150110	Movable E000671	000	1 HP Laser	12/31/2011	350.08	02 07	350.08	350.08	-	350.08				
55001	150080	Movable E000672	000	2 Spot Vitt	12/31/2011	4,292.77	06 07	4,292.77	4,292.77	-	4,292.77				
55001	150087	Movable E000679	000	Repair hou	12/31/2011	1,111.34	04 08	1,111.34	1,111.34	-	1,111.34				
55001	150087	Movable E000680	000	30i Triple j	12/31/2011	1,762.93	04 08	1,762.93	1,762.93	-	1,762.93				
55001	150110	Movable E000681	000	1 HP 19" N	12/31/2011	133.82	02 09	133.82	133.82	-	133.82				
55001	150080	Movable E000682	000	20 RCA 2c	12/31/2011	12,059.47	06 09	12,059.47	12,059.47	-	12,059.47				
55001	150085	Movable E000688	000	Cubicle cu	12/31/2011	335.36	09 10	335.36	230.24	34.11	264.35				
55001	150080	Movable E000689	000	Install 20 T	12/31/2011	2,066.52	06 10	2,066.52	2,041.34	25.18	2,066.52				
55001	150110	Movable E000696	000	1 InFocus j	12/31/2011	708.11	03 00	708.11	708.11	-	708.11				
55001	150088	Movable E000699	000	10 MATTI	2/29/2012	3,137.33	03 00	3,137.33	3,137.33	-	3,137.33				
55001	150100	Movable E000700	000	Credit card	4/30/2012	499.00	02 08	499.00	499.00	-	499.00				
55001	150088	Movable E000701	000	Misc asset	4/30/2012	2,401.00	00 08	2,401.00	2,401.00	-	2,401.00				
55001	150050	Bldg Imp 000702	000	1st install f	4/30/2012	2,345.00	20 00	2,345.00	752.36	117.25	869.61				
55001	150080	Movable E000703	000	Spot Vital	4/30/2012	2,320.51	07 00	2,320.51	2,127.13	193.38	2,320.51				
55001	150080	Movable E000704	000	Spot Vital	5/31/2012	2,036.58	07 00	2,036.58	1,842.63	193.95	2,036.58				
55001	150075	Non Mova 000705	000	Condenser	5/31/2012	1,240.00	10 00	1,240.00	785.33	124.00	909.33				
55001	150050	Bldg Imp 000706	000	Isolation v.	5/31/2012	1,005.00	20 00	1,005.00	318.25	50.25	368.50				
55001	150046	#N/A 000707	000	Est Buildir	12/31/2011	12,962,365.13	30 06	12,962,365.13	2,868,720.17	-	-				
55001	150046	#N/A 000707	000	Est Buildir	10/1/2018	(12,962,365.13)		(12,962,365.13)	(2,868,720.17)	-	-				
55001	150016	#N/A 000708	000	Establish l	12/31/2011	2,780,000.00	00 00	2,780,000.00	-	-	-				
55001	150016	#N/A 000708	000	Establish l	10/1/2018	(2,780,000.00)		(2,780,000.00)	-	-	-				
55001	150088	Movable E000709	000	(10) MAT	6/30/2012	3,137.33	03 00	3,137.33	3,137.33	-	3,137.33				
55001	150085	Movable E000710	000	Conveyor	6/30/2012	1,185.49	10 00	1,185.49	740.94	118.55	859.49				
55001	150087	Movable E000711	000	(8) X-TRA	6/30/2012	2,560.91	05 00	2,560.91	2,560.91	-	2,560.91				
55001	150080	Movable E000712	000	3.0 Cu Ft I	6/30/2012	501.96	07 00	501.96	448.19	53.77	501.96				
55001	150050	Bldg Imp 000713	000	Final Instal	6/30/2012	3,515.00	20 00	3,515.00	1,098.44	175.75	1,274.19				
55001	150050	Bldg Imp 000714	000	Final Instal	6/30/2012	1,290.00	20 00	1,290.00	403.13	64.50	467.63				
55001	150020	Land Imp 000715	000	RAB LED	6/30/2012	648.79	20 00	648.79	202.75	32.44	235.19				
55001	150075	Non Mova 000716	000	Cutler Han	6/30/2012	527.00	10 00	527.00	329.37	52.70	382.07				
55001	150075	Non Mova 000717	000	Disconnect	6/30/2012	1,055.47	10 00	1,055.47	659.68	105.55	765.23				
55001	150075	Non Mova 000718	000	Replace se	6/30/2012	396.05	10 00	396.05	247.56	39.61	287.17				
55001	150025	Land Imp 000719	000	Stockade fi	6/30/2012	696.59	10 00	696.59	435.38	69.66	505.04				
55001	150050	Bldg Imp 000720	000	1st InstallIn	6/30/2012	1,290.00	20 00	1,290.00	403.13	64.50	467.63				
55001	150110	Movable E000721	000	Asus 19 in	7/31/2012	114.15	03 00	114.15	114.15	-	114.15				
55001	150080	Movable E000722	000	10 PTACS	7/31/2012	13,012.24	07 00	13,012.24	11,463.16	1,549.08	13,012.24				
55001	150075	Non Mova 000723	000	Condenser	7/31/2012	1,167.48	10 00	1,167.48	719.96	116.75	836.71				
55001	150075	Non Mova 000724	000	AC Motor	7/31/2012	967.97	10 00	967.97	596.93	96.80	693.73				
55001	150050	Bldg Imp 000725	000	Replace cy	7/31/2012	1,522.93	20 00	1,522.93	469.59	76.15	545.74				
55001	150050	Bldg Imp 000726	000	Architectu	7/31/2012	8,710.00	20 00	8,710.00	2,685.59	435.50	3,121.09				
55001	150050	Bldg Imp 000727	000	Final Instal	7/31/2012	1,005.00	20 00	1,005.00	309.88	50.25	360.13				
55001	150075	Non Mova 000728	000	Condenser	8/31/2012	833.40	10 00	833.40	506.99	83.34	590.33				
55001	150075	Non Mova 000729	000	Condenser	8/31/2012	835.91	10 00	835.91	508.50	83.59	592.09				
55001	150075	Non Mova 000730	000	Condenser	8/31/2012	520.46	10 00	520.46	316.64	52.05	368.69				
55001	150088	Movable E000731	000	Plexus Au	8/31/2012	2,556.63	03 00	2,556.63	2,556.63	-	2,556.63				
55001	150050	Bldg Imp 000732	000	Architectu	9/30/2012	22,085.00	20 00	22,085.00	6,625.50	1,104.25	7,729.75				
55001	150050	Bldg Imp 000733	000	Engineerin	9/30/2012	4,287.50	20 00	4,287.50	1,286.28	214.38	1,500.66				
55001	150075	Non Mova 000734	000	Motor conc	9/30/2012	1,037.44	10 00	1,037.44	622.45	103.74	726.19				
55001	150050	Bldg Imp 000735	000	Architectu	10/31/2012	43,057.50	20 00	43,057.50	12,737.87	2,152.88	14,890.75				
55001	150050	Bldg Imp 000736	000	Electrical	10/31/2012	8,250.00	20 00	8,250.00	2,440.63	412.50	2,853.13				
55001	150110	Movable E000737	000	1 APC Sr	11/30/2012	558.64	03 00	558.64	558.64	-	558.64				
55001	150050	Bldg Imp 000738	000	B&G pump	11/30/2012	1,467.63	20 00	1,467.63	428.06	73.38	501.44				
55001	150050	Bldg Imp 000739	000	Architectu	11/30/2012	34,463.35	20 00	34,463.35	10,051.83	1,723.17	11,775.00				
55001	150085	Movable E000740	000	Food Procc	11/30/2012	2,612.31	10 00	2,612.31	1,523.84	261.23	1,785.07				
55001	150110	Movable E000741	000	1 APC Ne	11/30/2012	248.99	03 00	248.99	248.99	-	248.99				
55001	150050	Bldg Imp 000742	000	Replace ac	12/31/2012	1,271.20	20 00	1,271.20	365.47	63.56	429.03				
55001	150025	Land Imp 000743	000	6x8 wood :	1/31/2013	903.98	10 00	903.98	512.27	90.40	602.67				
55001	150085	Movable E000748	000	Solenoid v	4/30/2013	1,512.51	10 00	1,512.51	819.27	151.25	970.52				
55001	150020	Land Imp 000749	000	Install 6 co	4/30/2013	2,103.23	20 00</td								

Depreciation Expense Report  
As of September 30, 2019

Book = Internal  
FYE Month = December  
Net Grand Total

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	EstLife	Depreciable Basis	0.00		773,177.09	107,839.41	881,016.55			
										1,453,555.69							
										9/30/2018	2019						
55001	150117	Movable	E000751	000	Extension	5/31/2013	532.00	07 00	532.00	405.33	76.00	481.33					
55001	150055	Bldg Imp	000752	000	1st paymer	5/31/2013	73,950.00	15 00	73,950.00	26,293.33	4,930.00	31,223.33					
55001	150085	Movable	E000753	000	Tracer 20x	6/30/2013	355.21	10 00	355.21	186.48	35.52	222.00					
55001	150085	Movable	E000754	000	Omni Cycl	6/30/2013	6,487.36	10 00	6,487.36	3,405.89	648.74	4,054.63					
55001	150085	Movable	E000755	000	Wheelchai	7/31/2013	419.00	10 00	419.00	216.49	41.90	258.39					
55001	150050	Bldg Imp	000756	000	2nd install	7/31/2013	73,950.00	20 00	73,950.00	19,103.76	3,697.50	22,801.26					
55001	150055	Bldg Imp	000757	000	Final instal	8/31/2013	16,435.00	15 00	16,435.00	5,569.65	1,095.67	6,665.32					
55001	150050	Bldg Imp	000758	000	2 new chec	8/31/2013	1,360.00	20 00	1,360.00	345.67	68.00	413.67					
55001	150050	Bldg Imp	000759	000	Bearing as	8/31/2013	1,537.82	20 00	1,537.82	390.86	76.89	467.75					
55001	150085	Movable	E000760	000	OmniCycl	9/30/2013	15,633.45	10 00	15,633.45	7,816.75	1,563.35	9,380.10					
55001	150050	Bldg Imp	000761	000	OEM motc	9/30/2013	1,004.50	20 00	1,004.50	251.15	50.23	301.38					
55001	150110	Movable	E000762	000	Asus 19 in	10/31/2013	116.36	03 00	116.36	116.36	-	116.36					
55001	150050	Bldg Imp	013966	000	Wood dooi	11/30/2013	1,359.15	20 00	1,359.15	328.47	67.96	396.43					
55001	150050	Bldg Imp	013967	000	1st install	11/30/2013	1,065.00	20 00	1,065.00	257.38	53.25	310.63					
55001	150080	Movable	E014084	000	PLC batter	12/31/2013	860.71	07 00	860.71	584.06	122.96	707.02					
55001	150080	Movable	E014085	000	PLC expan	12/31/2013	991.45	07 00	991.45	672.79	141.64	814.43					
55001	150085	Movable	E014086	000	Ice machin	12/31/2013	1,618.43	10 00	1,618.43	768.74	161.84	930.58					
55001	150085	Movable	E014275	000	IVC TRAC	1/31/2014	536.00	10 00	536.00	250.13	53.60	303.73					
55001	150050	Bldg Imp	014276	000	Final instal	1/31/2014	1,305.00	20 00	1,305.00	304.50	65.25	369.75					
55001	150085	Movable	E014427	000	Ice Machir	3/31/2014	2,330.11	10 00	2,330.11	1,048.55	233.01	1,281.56					
55001	150080	Movable	E014428	000	LG 60i Re	3/31/2014	1,653.20	07 00	1,653.20	1,062.77	236.17	1,298.94					
55001	150085	Movable	E014523	000	Hoshizaki	4/30/2014	785.00	10 00	785.00	346.71	78.50	425.21					
55001	150080	Movable	E014524	000	IPSO 75 lb	4/30/2014	5,881.16	07 00	5,881.16	3,710.75	840.17	4,550.92					
55001	150075	Non Mova	E014525	000	2 Bearing	4/30/2014	1,101.74	10 00	1,101.74	486.59	110.17	596.76					
55001	150050	Bldg Imp	014526	000	(4) 30 amp	4/30/2014	2,273.98	20 00	2,273.98	502.18	113.70	615.88					
55001	150075	Non Mova	E014527	000	Gearbox m	4/30/2014	1,335.85	10 00	1,335.85	590.02	133.59	723.61					
55001	150057	Bldg Imp	014645	000	2 security	5/31/2014	1,616.52	10 00	1,616.52	700.49	161.65	862.14					
55001	150110	Movable	E014761	000	Credit Card	6/30/2014	75.07	10 00	75.07	31.91	7.51	39.42					
55001	150110	Movable	E014942	000	HP Laserje	7/31/2014	250.21	03 00	250.21	250.21	-	250.21					
55001	150080	Movable	E014943	000	Detecto Fo	7/31/2014	2,446.03	07 00	2,446.03	1,455.96	349.43	1,805.39					
55001	150088	Movable	E014944	000	20 MATTI	7/31/2014	6,274.66	03 00	6,274.66	6,274.66	-	6,274.66					
55001	150080	Movable	E015065	000	5 ISL CUS	8/31/2014	7,917.97	07 00	7,917.97	4,618.83	1,131.14	5,749.97					
55001	150110	Movable	E015066	000	1 APC Sm	8/31/2014	877.25	03 00	877.25	877.25	-	877.25					
55001	150050	Bldg Imp	015146	000	30 amp 12	9/30/2014	675.00	20 00	675.00	135.00	33.75	168.75					
55001	150050	Bldg Imp	015222	000	Maglock D	10/31/2014	957.51	20 00	957.51	187.53	47.88	235.41					
55001	150050	Bldg Imp	015223	000	Bearing As	10/31/2014	1,229.14	20 00	1,229.14	240.71	61.46	302.17					
55001	150085	Movable	E015372	000	1.6 cu ft m	12/31/2014	527.54	10 00	527.54	197.81	52.75	250.56					
55001	150080	Movable	E015640	000	Whirlpool	3/31/2015	634.45	07 00	634.45	317.24	90.64	407.88					
55001	150080	Movable	E015641	000	X-Tra Util	3/31/2015	342.62	07 00	342.62	171.32	48.95	220.27					
55001	150075	Non Mova	E016047	000	1st installn	4/30/2015	3,225.00	10 00	3,225.00	1,101.88	322.50	1,424.38					
55001	150075	Non Mova	E016160	000	Final instal	5/31/2015	3,945.00	10 00	3,945.00	1,315.01	394.50	1,709.51					
55001	150057	Bldg Imp	016161	000	DVR for se	5/31/2015	2,500.29	10 00	2,500.29	833.43	250.03	1,083.46					
55001	150050	Bldg Imp	016285	000	2 domestic	5/31/2015	1,160.69	20 00	1,160.69	193.46	58.04	251.50					
55001	150080	Movable	E016258	000	15" PDI Lc	7/31/2015	6,770.74	07 00	6,770.74	3,062.96	967.25	4,030.21					
55001	150080	Movable	E016704	000	5 ISL CUS	8/31/2015	7,758.45	07 00	7,758.45	3,417.41	1,108.35	4,525.76					
55001	150057	Bldg Imp	016705	000	Schlage M	8/31/2015	760.54	10 00	760.54	234.49	76.05	310.54					
55001	150080	Movable	E016706	000	IPSO Gas	8/31/2015	5,801.39	07 00	5,801.39	2,555.38	828.77	3,384.15					
55001	150050	Bldg Imp	016716	000	Circuit and	9/30/2015	825.00	20 00	825.00	123.75	41.25	165.00					
55001	150050	Bldg Imp	016981	000	1st install	10/31/2015	920.00	20 00	920.00	134.17	46.00	180.17					
55001	150050	Bldg Imp	016982	000	2nd install	10/31/2015	115.00	20 00	115.00	16.77	5.75	22.52					
55001	150080	Movable	E017075	000	10 Custom	10/31/2015	15,516.89	07 00	15,516.89	6,465.38	2,216.70	8,682.08					
55001	150075	Non Mova	E017356	000	Final instal	12/31/2015	1,750.00	10 00	1,750.00	481.25	175.00	656.25					
55001	150075	Non Mova	E017357	000	First instal	12/31/2015	1,750.00	10 00	1,750.00	481.25	175.00	656.25					
55001	150085	Movable	E017475	000	Relia+ Wh	2/29/2016	180.68	10 00	180.68	46.68	18.07	64.75					
55001	150085	Movable	E017697	000	BLENDER	3/31/2016	317.54	10 00	317.54	79.38	31.75	111.13					
55001	150050	Bldg Imp	017801	000	Fabricate a	4/30/2016	1,701.60	20 00	1,701.60	205.61	85.08	290.69					
55001	150088	Movable	E017802	000	8 MATTR	4/30/2016	2,509.86	03 00	2,509.86	2,021.84	488.02	2,509.86					
55001	150110	Movable	E018122	000	1 InFocus	6/30/2016	503.40	03 00	503.40	377.55	125.85	503.40					
55001	150075	Non Mova	E018154	000	3 Phase 60	7/31/2016	1,048.41	10 00	1,048.41	227.15	104.84	331.99					
55001	150055	Bldg Imp	018272	000	Black iron	7/31/2016	694.74	15 00	694.74	100.36	46.32	146.68					
55001	150055	Bldg Imp	018273	000	2 in supply	7/31/2016	2,850.53	15 00	2,850.53	411.75	190.04	601.79					
55001	150055	Bldg Imp	018274	000	2 in supply	7/31/2016	1,900.35	15 00	1,900.35	274.50	126.69	401.19					
55001	150075	Non Mova	E018282	000	Compressc	8/31/2016	1,520.00	10 00	1,520.00	316.67	152.00	468.67					
55001	150057	Bldg Imp	018393	000	Vinyl tile a	9/30/2016	1,194.91	10 00	1,194.91	238.98	119.49	358.47					
55001	150057	Bldg Imp	018394	000	Manningto	9/30/2016	65,153.41	10 00	65,153.41	13,030.69	6,515.34	19,546.03					
55001	150050	Bldg Imp	018395	000	Fabricate s	9/30/2016	1,701.60	20 00	1,701.60	170.16	85.08	255.24					
55001	150080	Movable	E018396	000	(8) Custom	9/30/2016	9,310.13	07 00	9,310.13	2,660.05	1,330.02	3,990.07					
55001	150050	Bldg Imp	018654	000	Architectu	11/30/2016	515.00	20 00	515.00	47.21	25.75	72.96					
55001	150075	Non Mova	E018655	000	Compressc	11/30/2016	1,520.00	10									

Depreciation Expense Report  
As of September 30, 2019

Book = Internal  
FYE Month = December  
Net Grand Total

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	EstLife	Depreciable Basis	0.00		773,177.09	107,839.41	881,016.55			
										Prior Accum Depreciation as of 9/30/2018	Current YTD Depreciation in 2019						
55001	150050	Bldg Imp	019608	000	Permiy dra	9/30/2017	500.00	20 00	500.00	25.00	25.78			50.78			
55001	150085	Movable	E020015	000	Ice Machir	1/31/2018	2,443.90	10 00	2,443.90	162.93	244.39			407.32			
55001	150085	Movable	E020091	000	Installation	2/28/2018	454.65	10 00	454.65	26.52	45.47			71.99			
55001	150075	Non Mova	020346	000	2nd installi	4/30/2018	1,940.00	10 00	1,940.00	80.83	194.00			274.83			
55001	150075	Non Mova	020347	000	1st installn	4/30/2018	1,940.00	10 00	1,940.00	80.83	194.00			274.83			
55001	150025	Land Imp	020348	000	Change in	4/30/2018	1,600.00	10 00	1,600.00	66.67	160.00			226.67			
55001	150085	Movable	E020378	000	UCXT Bec	5/31/2018	1,648.43	10 00	1,648.43	54.95	164.84			219.79			
55001	150057	Bldg Imp	020379	000	(2) Install l	5/31/2018	3,078.83	10 00	3,078.83	102.63	307.88			410.51			
55001	150055	Bldg Imp	020621	000	Install Upg	7/31/2018	5,120.00	15 00	5,120.00	56.89	341.33			398.22			
55001	150055	Bldg Imp	020658	000	Install Upg	8/31/2018	6,985.00	15 00	6,985.00	38.81	465.66			504.47			
55001	150075	Non Mova	020659	000	Install Con	8/31/2018	2,010.00	10 00	2,010.00	16.75	201.00			217.75			
55001	150075	Non Mova	020660	000	Install Con	8/31/2018	2,010.00	10 00	2,010.00	16.75	201.00			217.75			
55001	150080	Movable	E020793	000	15 - PTAC	9/30/2018	24,976.30	07 00	24,976.30	-	3,568.04			3,568.04			
55001	150088	Movable	E020903	000	2 promatt p	10/31/2018	4,252.81	3	4,252.81	-	1,299.47			1,299.47			
55001	150110	Movable	E020976	000	2 - 2 watt	11/30/2018	443.25	3	443.25	-	123.13			123.12			
55001	150088	Movable	E020977	000	35 Visco S	11/30/2018	8,449.88	3	8,449.88	-	2,347.19			2,347.19			
55001	150087	Movable	E020978	000	Bellcart	11/30/2018	440.28	5	440.28	-	73.38			73.39			
55001	150110	Movable	E021028	000	2 - 4 chann	12/31/2018	151.42	3	151.42	-	37.86			37.85			
55001	150088	Movable	E021029	000	35 - Visco	12/31/2018	8,449.88	3	8,449.88	-	2,112.47			2,112.47			
55001	150080	Movable	E021118	000	Diagnostic	12/31/2018	615.75	7	615.75	-	65.97			65.98			
55001	150080	Movable	E021119	000	9 lifts & 5	12/31/2018	26,423.42	7	26,423.42	-	2,831.08			2,831.09			
55001	150110	Movable	E021121	000	2 - 4 chann	12/31/2018	443.23	3	443.23	-	110.81			110.81			
55001	150085	Movable	E021122	000	Hamilton I	1/31/2019	767.35	10	767.35	-	51.16			51.16			
55001	150085	Movable	E021123	000	Ice Machir	1/31/2019	3,311.70	10	3,311.70	-	220.78			220.78			
55001	150110	Movable	E021124	000	4-Motorola	1/31/2019	886.49	3	886.49	-	197.00			197.00			
55001	150088	Movable	E021125	000	Mattress B	1/31/2019	346.18	3	346.18	-	76.93			76.93			
55001	150080	Movable	E021231	000	2 Spot Vite	2/28/2019	4,252.55	7	4,252.55	-	354.38			354.38			
55001	150085	Movable	E021232	000	Master-Bil	2/28/2019	2,643.33	10	2,643.33	-	154.19			154.20			
55001	150110	Movable	E021233	000	4 Motorola	2/28/2019	886.49	3	886.49	-	172.37			172.38			
55001	150088	Movable	E021311	000	2 - Mattres	3/31/2019	782.40	3	782.40	-	130.40			130.40			
55001	150050	Bldg Imp	021524	000	Heating Lc	5/31/2019	2,485.00	17 08	2,485.00	-	46.89			46.89			
55001	150050	Bldg Imp	021756	000	New Emer	7/31/2019	6,065.35	17 06	6,065.35	-	57.76			57.76			
55001	150085	Movable	E021757	000	Blixer 3.7	7/31/2019	1,684.65	10	1,684.65	-	28.08			28.08			
55001	150050	Bldg Imp	021839	000	Heating Lc	7/31/2019	3,040.00	17 06	3,040.00	-	28.95			28.95			
55001	150050	Bldg Imp	021840	000	Staff Loun	7/31/2019	2,195.00	17 06	2,195.00	-	20.90			20.90			
55001	150057	Bldg Imp	021844	000	New LED	8/31/2019	3,814.16	10	3,814.16	-	31.78			31.79			
55001	150050	Bldg Imp	021845	000	2nd & Fina	8/31/2019	2,685.00	17 05	2,685.00	-	12.85			12.85			
55001	150080	Movable	E021846	000	2 LED HD	8/31/2019	210.57	7	210.57	-	2.51			2.51			
55001	150050	Bldg Imp	021847	000	Allocate G	8/31/2019	16,524.33	17 05	16,524.33	-	79.07			79.07			
55001	150050	Bldg Imp	021961	000	Rebuilt Ex	8/31/2019	701.28	17 05	701.28	-	3.36			3.36			
55001	150080	Movable	Equip		September	9/30/2019	784.33		784.33								
55001	150050	Bldg Imp			September	9/30/2019	1187.9		1,187.90								
55001	150020	Land Imp			September	9/30/2019	505.17		505.17								

**Amortization Schedule\***

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			License No. 2371		Report for Year Ended 9/30/2019			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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
<b>A-4. Subtotal</b>									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
<b>B-4. Subtotal</b>									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>C-4. Subtotal</b>									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

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

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

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a	License No. 2371	Report for Year Ended 9/30/2019	Page 25	of 37
--	---------------------	------------------------------------	------------	----------

#### 11. Property Questionnaire

##### Part A

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

Yes

No

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

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

Description	Total			
1. Date Land Purchased	n/a			
2. Date Structure Completed	n/a			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	120			
6. Square Footage				
7. Acquisition Cost				
a. Land	n/a			
b. Building	n/a			

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Convert Bond			
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				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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
Well Tower / Healthcare REIT,	Building and Equipments	04/01/11	20	1,313,486
Address: One Seagate Suite 1500, Toledo, OH 43603-1475				

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.

State of Connecticut

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

CSP-26 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended 9/30/2019			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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$				

*(Carry Subtotals forward to next page)*

State of Connecticut

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

CSP-27 Rev. 6/95

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

Name of Facility 4 Hazel Avenue Operations LLC, c	License No. 2371	Report for Year Ended 9/30/2019			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
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. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>		\$				
14. Insurance						
a. Insurance on Property (buildings only)		\$ 5,830	5,830			
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$ 181,300	181,300			
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>		\$ 187,130	187,130			
15. <b>Total All Expenditures (A-13 thru C-14)</b>		\$ 12,635,655	12,635,655			

## **D. Adjustments to Statement of Expenditures**

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center				License No. 2371	Report for Year Ended 9/30/2019		Page of 28   37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			<b>Page 10 - Salaries and Wages</b>				
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 21,554	21,554		
			<b>Page 13 - Professional Fees</b>				
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 969,275	969,275		
			<b>Pages 15 &amp; 16 - Administrative and General</b>				
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 143,769	143,769		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 7,143	7,143		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,541	1,541		
21.			Unallowable Management Fees	\$ (4,945)	(4,945)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 97,622	97,622		
			<b>Page 18 - Dietary Expenditures</b>				
24.			Meals to employees, guests and others who are not residents	\$			
			<b>Page 19 - Laundry Expenditures</b>				
25.			Laundry services to employees, guests and others who are not residents	\$			
			<b>Page 20 - Housekeeping Expenditures</b>				
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,235,960	1,235,960		

\* 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)
10	2	Administrator's salary disallowed	\$ 21,554	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
<b>Total Other Salaries Adjustment</b>			\$ 21,554	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 87,030	\$ -	\$ -
13	5	Rehabilitation Services	\$ 703,161	\$ -	\$ -
13	9	Speech Therapist	\$ 43,710	\$ -	\$ -
13	10	Occupational Therapist	\$ 86,754	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Other	\$ 18,814	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 29,807	\$ -	\$ -
<b>Total Other Fees Adjustments</b>			\$ 969,275	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 1,685	\$ -	\$ -
16	m-13	Estimated Accrual	\$ (416)	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ -	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ 50	\$ -	\$ -
16	m-13	Penalty	\$ -	\$ -	\$ -
16	m-12		0	\$ -	\$ -
15	1-a-1	adj workers comp	\$ 96,303	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
<b>Total Other A&amp;G Adjustments</b>			\$ 97,622	\$ -	\$ -

State of Connecticut

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

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page	of
Item No.	Page No.	Line No.		2371	9/30/2019	29	37
						Total Amount of Decrease	
						CCNH	RHNS
						(Specify)	
			Subtotals Brought Forward			\$ 1,235,960	1,235,960
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5-a-2	Prescription Drugs	\$ 365,772	365,772		
28.	20	5-d	Ambulance/Limousine	\$ 1,597	1,597		
29.	20	5-f	X-rays, etc	\$ 23,214	23,214		
30.	20	5-h	Laboratory	\$ 66,058	66,058		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 9,162	9,162		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 29,122	29,122		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$ 22,836	22,836		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 87,855	87,855		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest -				
			See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>			\$	1,841,577	1,841,577		

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

## Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Consolidated Billing	\$ 2,218	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 20,576	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 6,328	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Other Ancillary Costs</b>			<b>\$ 29,122</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Property Adjustments

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

## Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 22,836	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Other Adjustments</b>			<b>\$ 22,836</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	\$ 87,855	\$ -	\$ -
<b>Total Other Adjustments</b>			<b>\$ 87,855</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other - Direct Adjustments

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

## Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Unallowable Building Interest</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended 9/30/2019		Page 30	of 37
Item		Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 14,670,229	14,670,229			
b. Medicaid Room and Board Contractual Allowance **	\$ (8,076,573)	(8,076,573)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,462,597	2,462,597			
b. Medicare Room and Board Contractual Allowance **	\$ (859,646)	(859,646)			
4. a. Private-Pay Residents and Other	\$ 2,877,579	2,877,579			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,241,940)	(1,241,940)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 174,263	174,263			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (60,832)	(60,832)			
c. Prescription Drugs - Non-Medicare	\$ 209,529	209,529			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (93,089)	(93,089)			
2. a. Medical Supplies - Medicare	\$ 11	11			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (4)	(4)			
c. Medical Supplies - Non-Medicare	\$ 28	28			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (12)	(12)			
3. a. Physical Therapy - Medicare	\$ 580,889	580,889			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (202,777)	(202,777)			
c. Physical Therapy - Non-Medicare	\$ 479,126	479,126			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (210,366)	(210,366)			
4. a. Speech Therapy - Medicare	\$ 116,641	116,641			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (40,717)	(40,717)			
c. Speech Therapy - Non-Medicare	\$ 95,926	95,926			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (41,413)	(41,413)			
5. a. Occupational Therapy - Medicare	\$ 672,518	672,518			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (234,763)	(234,763)			
c. Occupational Therapy - Non-Medicare	\$ 534,535	534,535			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (233,952)	(233,952)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 47,832	47,832			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 36,391	36,391			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,662,010	11,662,010			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 214	214			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 19,959	19,959			
8. Other ( <i>Specify</i> )	\$ 238	238			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 20,410	20,410			
<b>VI. Total All Revenue</b> (III +V)	\$ 11,682,421	11,682,421			

\* 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)
II-6-a	Medicare	X-Ray	\$ 10,509	\$ -
II-6-a	Medicare	Laboratory	\$ 33,064	\$ -
II-6-a	Medicare	Respiratory Ther.	\$ 19,206	\$ -
II-6-a	Medicare	Nursing Treatment	\$ -	\$ -
II-6-a	Medicare	Audiology	\$ -	\$ -
II-6-a	Medicare	Incontinency	\$ -	\$ -
II-6-a	Medicare	Oxygen & Supples	\$ -	\$ -
II-6-a	Medicare	Physician Visit	\$ -	\$ -
II-6-a	Medicare	Ambulance	\$ -	\$ -
II-6-a	Medicare	Flu Shot	\$ 10,704	\$ -
II-6-a	Medicare Contractual	X-Ray	\$ (3,669)	\$ -
II-6-a	Medicare Contractual	Laboratory	\$ (11,542)	\$ -
II-6-a	Medicare Contractual	Respiratory Ther.	\$ (6,705)	\$ -
II-6-a	Medicare Contractual	Nursing Treatment	\$ -	\$ -
II-6-a	Medicare Contractual	Audiology	\$ -	\$ -
II-6-a	Medicare Contractual	Incontinency	\$ -	\$ -
II-6-a	Medicare Contractual	Oxygen & Supples	\$ -	\$ -
II-6-a	Medicare Contractual	Physician Visit	\$ -	\$ -
II-6-a	Medicare Contractual	Ambulance	\$ -	\$ -
II-6-a	Medicare Contractual	Flu Shot	\$ (3,737)	\$ -
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 47,832</b>	<b>\$ -</b>	<b>\$ -</b>

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

### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ (64)	\$ -
II-6-b	Medicaid	Laboratory	\$ 886	\$ -
II-6-b	Medicaid	Respiratory Ther.	\$ 5,547	\$ -
II-6-b	Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Suppli	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Contractuals-Medicaid	X-Ray	\$ 35	\$ -
II-6-b	Contractuals-Medicaid	Laboratory	\$ (488)	\$ -
II-6-b	Contractuals-Medicaid	Respiratory Ther.	\$ (3,054)	\$ -
II-6-b	Contractuals-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Audiology	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Oxygen & Suppli	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Non-Medicaid	X-Ray	\$ 9,570	\$ -
II-6-b	Non-Medicaid	Laboratory	\$ 26,169	\$ -
II-6-b	Non-Medicaid	Respiratory Ther.	\$ 23,248	\$ -
II-6-b	Non-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Non-Medicaid	Audiology	\$ -	\$ -
II-6-b	Non-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Non-Medicaid	Oxygen & Suppli	\$ -	\$ -
II-6-b	Non-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Non-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Non-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Non-Medicaid	Capitation Contr.	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ (4,131)	\$ -
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ (11,295)	\$ -
II-6-b	Contractuals-Non-Medicaid	Respiratory Ther.	\$ (10,034)	\$ -
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Audiology	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Oxygen & Suppli	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Capitation Contr.	\$ -	\$ -
<b>Total Other Resident Revenue</b>			\$ 36,391	\$ -

### **Interest Income**

### Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts		\$ 214	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -
<b>Total Interest Income</b>			\$ 214	\$ -	\$ -

**Schedule of Other Revenue**

State of Connecticut

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

CSP-31 Rev. 6/95

**G. Balance Sheet**

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/	License No. 2371	Report for Year Ended 9/30/2019	Page 31	of 37
Account				Amount
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )				\$ 4,383
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				\$ 1,462,820
3. Other Accounts Receivable (Excluding Owners or Related Parties)				\$ 8,162
4. Inventories				\$ 68,236
5. Prepaid Expenses				\$ 63,763
a. _____				
b. _____				
c. _____				
d. See Schedule				63,763
6. Interest Receivable				\$
7. Medicare Final Settlement Receivable				\$
8. Other Current Assets ( <i>itemize</i> )				\$
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)				\$ 1,607,363
B. Fixed Assets				
1. Land				\$
2. Land Improvements	*Historical Cost Accum. Depreciation	25,361 6,694	Net	\$ 18,667
3. Buildings	*Historical Cost Accum. Depreciation	496,524 142,827	Net	\$ 353,697
4. Leasehold Improvements	*Historical Cost Accum. Depreciation	_____	Net	\$
5. Non-Movable Equipment	*Historical Cost Accum. Depreciation	60,202 39,645	Net	\$ 20,557
6. Movable Equipment	*Historical Cost Accum. Depreciation	871,470 691,850	Net	\$ 179,620
7. Motor Vehicles	*Historical Cost Accum. Depreciation	_____	Net	\$
8. Minor Equipment-Not Depreciable				\$
9. Other Fixed Assets ( <i>itemize</i> )				\$
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)				\$ 572,541

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

(Carry Total forward to next page)

**Schedule of Prepaid Expenses Page 31 Line A5**

Page Ref	Line Ref	Description	
	31 a5d	Prepaid Expenses	\$ -
	31 a5d	Prepaid Property Tax	\$ 59,496
	31 a5d	Prepaid Personal Property Tax	\$ 4,267
	31 a5d	Prepaid Personal Property Tax	\$ -
<b>Total Prepaid Expenses</b>			\$ 63,763

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

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

Page Ref	Line Ref	Description	
<b>Total Other Other Fixed Assets (Itemize)</b>			\$ -

**Schedule of Other Assets Page 32 Line D7**

Page Ref	Line Ref	Description	
32	D7	ROU Bldg Asset-Oper Lease	\$ 5,751,205
32	D7	AccumAmort-ROU Bldg OprLease	\$ (52,273)
<b>Total Other Assets</b>			\$ 5,698,932

**Schedule of Notes Payable (Itemize) Page 33 Line A2**

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

Page Ref	Line Ref	Description	
	33 a12d	Accrued Provider/Bed Tax	\$ 173,289
	33 a12d	Accr Exp Other	\$ 223,962
	33 a12d	Accr Exp Water and Sewer	\$ 2,987
	33 a12d	Accr Exp Gas	\$ 2,241
	33 a12d	Accr Exp Electricity	\$ 8,304
	33 a12d	Deferred Revenue	\$ 3,306
	33 a12d	Accr Sales and Use Tax	\$ 207
	33 a12d	A/R Credit Gross Up Liability	\$ 146,731
<b>Total Other Current Liabilities (Itemize)</b>			\$ 561,027

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

State of Connecticut

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

CSP-32 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/	2371	9/30/2019	32	37
Account				Amount
Total Brought Forward:				\$ 2,179,904
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation	Net		\$
3. Buildings	*Historical Cost			
	Accum. Depreciation	Net		\$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation	Net		\$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation	Net		\$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation	Net		\$
7. Minor Equipment-Not Depreciable				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation	Net		\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care ( <i>itemize</i> )				\$
6. Loans to Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )				\$ 6,589,969
I/C Due to/Due From Owned	891,037			
I/C Due to/Due From Multicare				
See Schedule	5,698,932			
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				\$ 6,589,969
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				\$ 8,769,873

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

State of Connecticut

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

CSP-33 Rev. 6/95

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glend	License No. 2371	Report for Year Ended 9/30/2019	Page 33	of 37										
Account				Amount										
<b>Liabilities</b>														
A. Current Liabilities														
1. Trade Accounts Payable				\$ 599,248										
2. Notes Payable ( <i>itemize</i> )				\$										
See Schedule														
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Name of Lender</th> <th style="text-align: left; padding: 2px;">Purpose</th> <th style="text-align: left; padding: 2px;">Amount</th> <th style="text-align: left; padding: 2px;">Date Due</th> <th style="text-align: left; padding: 2px;"></th> </tr> </thead> <tbody> <tr><td style="height: 100px;"></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Name of Lender	Purpose	Amount	Date Due						
Name of Lender	Purpose	Amount	Date Due											
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$ 210,022										
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$										
6. Accrued Payroll Taxes Payable				\$ 649										
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> )				\$ 561,027										
See Schedule				561,027										
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				<b>\$ 1,370,946</b>										

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

(Carry Total forward to next page)

State of Connecticut

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

CSP-34 Rev. 6/95

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale	License No. 2371	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,370,946	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
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> )				\$ 6,356,254
LT Debt-Financing Obligation		6,356,254		
Escheatable Funds				
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 6,356,254
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 7,727,200

State of Connecticut

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

CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a	2371	9/30/2019	35	37
Account				Amount
<b>A. Reserves</b>				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
<b>B. Net Worth</b>				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$ (12,129)
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 2,008,037
6. Gain or Loss for Period 10/1/2018 thru 9/30/2019				\$ (953,237)
7. Total Net Worth				\$ 1,042,671
<b>C. Total Reserves and Net Worth</b>				\$ 1,042,671
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 8,769,871

State of Connecticut

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

CSP-36 Rev. 6/95

**H. Changes in Total Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/	2371	9/30/2019	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ 1,995,905
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 11,682,421
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 12,635,655
D. Net Income or Deficit				\$ (953,234)
E. Balance				\$ 1,042,671
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 (No., City, State, Zip)	Title	Amount		
2. Other Withdrawings ( <i>Specify</i> )				\$
Purpose				
3. Total Deductions				\$
H. Balance at End of Period	09/30/19		\$	1,042,671

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/	License No. 2371	Report for Year Ended 9/30/2019	Page <b>37</b> of <b>37</b>
---	---------------------	------------------------------------	-----------------------------

*Check appropriate category*

Chronic and Convalescent Nursing Home only (CCNH)

Rest Home with Nursing Supervision only (RHNS)

(Specify)

### **Preparer/Reviewer Certification**

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.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Thomas Farnan		
Address Address 200 Brickstone Square, Andover, MA 01810		Phone Number 978-247-5029
Contacted Person Regarding Additional Information Needed Regarding This Report Thomas Farnan		Phone Number 978-247-5029
Contact Email Address Thomas.Farnan@geneshcc.com		