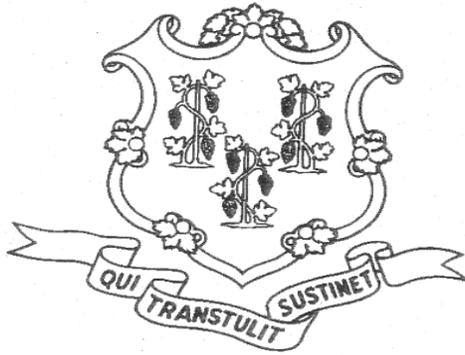


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) 59 Harrington Court Operations LLC, d/b/a Harrington Court center	
Address (No. & Street, City, State, Zip Code) 59 Harrington Court, Colchester, CT 06415	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2375	RHNS	(Specify)	Medicare Provider 07-5253
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 000008961	RHNS	ICF-IID
----------------------------	-------------------	------	---------

For Department Use Only

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

General Information

Name of Facility (as licensed) 59 Harrington Court Operations LLC, d/b/a Harrington	License No. 2375	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 59 Harrington Court Operations LLC, d/b/a Harrington Court 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) McClurg, Jarrett			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis 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
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 59 Harrington Court Operations LLC, d/b/a Harrington Court center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 59 Harrington Court, Colchester, CT 06415				
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	\$	3,538,355	3,538,355	
5. All other wages paid	\$	631,786	631,786	
6. Total Wages Paid	\$	4,170,141	4,170,141	
7. Total salaries paid	\$	260,644	260,644	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	4,430,785	4,430,785	

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-537-2339		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) 59 Harrington Court Operations LLC, d/b/a Harrington Court		Address (No. & Street, City, State, Zip) 59 Harrington Court, Colchester, CT 06415		
License Numbers:	CCNH 2375	RHNS (Specify)	Medicare Provider No. 07-5253	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input 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.				
Administrator				
Name of Administrator McClurg, Jarrett		Nursing Home Administrator's License No.:	36.001537	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

59 Harrington Court Operations LLC
d/b/a Harrington Court
OWNERSHIP DISCLOSURE

LICENSEE

59 Harrington Court Operations LLC

c/o Corporation Service Company, 50 Weston Street, Hartford CT 06120
FEIN: 26-0842217
Provider Location: Harrington Court, 59 Harrington Court, Colchester, CT 06415-1207
Ownership: Genesis CT Holdings LLC (100%)

MEMBER OF LICENSEE

Genesis CT Holdings LLC

c/o Corporation Service Company, 50 Weston Street, Hartford CT 06120
FEIN: 26-0787896
Ownership: Genesis Operations LLC (100%)

GENESIS SUBSIDIARIES HAVING INDIRECT BENEFICIAL OWNERSHIP

Genesis Operations LLC

c/o Corporation Service Company, 2711 Centerville Road , Suite 400, Wilmington, DE, 19808
FEIN: 26-0787826
Ownership: GHC Holdings LLC (100% membership interest)

GHC Holdings LLC

c/o Corporation Service Company, 2711 Centerville Road , Suite 400, Wilmington, DE, 19808
FEIN: 26-0740682
Ownership: Genesis HealthCare LLC (100% membership interest)

Genesis HealthCare LLC (Parent Company)

c/o CT Corporation System, 100 Pine Street, Suite 325, Harrisburg, PA, 17101
EIN: 27-3237296
Ownership: GEN Operations II, LLC. (100% membership interest)

INVESTMENT ENTITIES HAVING BENEFICIAL OWNERSHIP

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

Ownership

[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 consi](#)
[\[2\] ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Fishman may](#)

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 59 Harrington Court Operations LLC, d/b/a Harrington	License No. 2375	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	497,755	497,755
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	735,381	735,381
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	5,083	5,083
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	62,602	62,602
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, 15	173,367	173,367
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/C5E2	59,240	59,240
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	191,382	191,382
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.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility 59 Harrington Court Operations LLC, d/b/a Har	License No. 2375	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? <input checked="" type="radio"/> Yes <input type="radio"/> 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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility 59 Harrington Court Operations LLC, d/b/a Harrington Cou			License No. 2375			Report for Year Ended 9/30/2019		Page of 6 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes <input checked="" type="radio"/> 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.

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

**General Information and Questionnaire
Accounting Basis**

Name of Facility 59 Harrington Court Operations LL	License No. 2375	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 Goldman Gruder & Woods LL 2 Mark J. Witkin 3 4 5	Telephone Number 617-367-2500
--	----------------------------------

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

1 979 Maine St P.O Box 34 Willimantic, CT 06226
2 One Boston Place - 37th FL Boston MA 02108
3
4
5

Services Provided by This Firm (*describe fully*)

1 Probate Court Fee for the Conservators & Marshall Fee	\$
2 Service Fees for the saving on Real Estate tax (Valuation analysis for Tax Appeal)	\$ 10,738
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 10,738

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 59 Harrington Court Operations LLC, d/b/a Harrington Court center		License No. 2375			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													
A. On last day of PREVIOUS report period	130	130			130	130			125	125			
B. On last day of THIS report period	125	125			125	125			125	125			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	99	99			99	99			102	102			
B. As of midnight of THIS report period	103	103			102	102			103	103			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,422	3,422			2,549	2,549			873	873			
B. Medicaid (Conn.)	26,504	26,504			20,202	20,202			6,302	6,302			
C. Medicaid (other states)													
D. Private Pay	4,390	4,390			3,197	3,197			1,193	1,193			
E. State SSI for RCH													
F. Other (Specify)	3,175	3,175			2,437	2,437			738	738			
G. Total Care Days During Period (3A thru F)	37,491	37,491			28,385	28,385			9,106	9,106			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	1	1			1	1							
B. Other Bed Reserve Days	6	6							6	6			
5. Total Resident Days (3G + 4A + 4B)	37,498	37,498			28,386	28,386			9,112	9,112			

Schedule of Resident Statistics (Cont'd)

Name of Facility 59 Harrington Court Operations LLC, d/b/a H			License No. 2375			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	
7/1/2019	X			5						125			Licensed bed decreased from 130
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	11		66		26								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	537.40		237.25		457.30								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										2,386	2,386		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments										744	744		
C. Other										12,001	12,001		
D. Total Physical Therapy Treatments										15,131	15,131		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										216	216		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments										66	66		
C. Other										1,272	1,272		
D. Total Speech Therapy Treatments										1,554	1,554		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										3,292	3,292		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments										1,149	1,149		
C. Other										14,023	14,023		
D. Total Occupational Therapy Treatments										18,464	18,464		

Report of Expenditures - Salaries & Wages

Name of Facility 59 Harrington Court Operations LLC, d/b/a Harrington Cour	License No. 2375	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)	130,250	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	229,577	10,758				
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	51,951	1,998				
b. Other Maintenance Workers	25,474	1,512				
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	130,394	2,492				
b. RN						
1. Direct Care	556,182	14,006				
2. Administrative**	101,046	2,489				
c. LPN						
1. Direct Care	1,141,502	37,910				
2. Administrative**						
d. Aides and Attendants	1,609,586	85,788				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	157,855	7,673				
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	166,928	6,722				
n. Marketing						
o. Other (Specify) See Attached Schedule	130,038	6,557				
<i>A-13. Total Salary Expenditures</i>	4,430,785	179,986				

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
59 Harrington Court Operations LLC, d/b/a Harrington Court center				2375	9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
59 Harrington Court Operations LLC, d/b/a Harrington Court center				2375	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
McClurg, Jarrett	130,250				Management of Center	2,080	2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
59 Harrington Court Operations LLC, d/b/a Harrington	2375	9/30/2019	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	13,133	90				
3. Pharmacist	15,338	313				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	595,229	8,154				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	51,220	271				
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	25,531	327				
b. Other						
10. Occupational Therapist						
a. Resident Care	120,800	1,655				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	130,645	2,179				
2. Administrative***						
b. LPN						
1. Direct Care	46,554	1,099				
2. Administrative***						
c. Aides	4,878	200				
d. Other						
12. Other (Specify) See Attached Schedule	77,885					
B-13 Total Fees Paid in Lieu of Salaries	1,081,213	14,288				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d/b/a Harr	2375	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 162,707	162,707		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 45,345	45,345		
4. Social Security (F.I.C.A.)	\$ 333,480	333,480		
5. Health Insurance	\$ 48,874	48,874		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 254,140	254,140		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 723,049	723,049		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 109,164	109,164		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 10,738	10,738		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 20,826	20,826		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 32,211	32,211		
2. Cellular Phones	\$ 2,423	2,423		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 520	520		
3. Resident Day User Fee	\$ 651,073	651,073		
Subtotal	\$ 2,394,549	2,394,549		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Union Health & Welfare	\$ 23,601	\$ -	\$ -
Union Health & Welfare	\$ 9,064	\$ -	\$ -
Union Health & Welfare	\$ 24,097	\$ -	\$ -
Union Health & Welfare	\$ 140	\$ -	\$ -
Union Health & Welfare	\$ 29,819	\$ -	\$ -
Union Health & Welfare	\$ 255,267	\$ -	\$ -
Union Health & Welfare	\$ 374,922	\$ -	\$ -
Union Health & Welfare	\$ 6,138	\$ -	\$ -
Employee Benefits-Other	\$ -	\$ -	\$ -
Employee Benefits-Other	\$ -	\$ -	\$ -
Benefit Allocations	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total	\$ 723,049	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 520	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total	\$ 520	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
59 Harrington Court Operations LLC, d/b/a Harrington	2375	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,394,549	2,394,549			
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 425	425			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 1,231	1,231			
5. Education Expenses Related to Seminars and Conventions	\$ 608	608			
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>)	\$ 183	183			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 12,329	12,329			
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	\$ 1,720	1,720			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,425	10,425			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 415	415			
10. Contributions*** See Attached Schedule	\$ 1,804	1,804			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 7,302	7,302			
12. Administrative Management Services**	\$ 511,016	511,016			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 26,218	26,218			
C-14 Total Administrative & General Expenditures	\$ 2,968,227	2,968,227			

* 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 \$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 1,643	\$ -	\$ -
Marketing Expense	\$ 6,760	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 4,433	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ (506)	\$ -	\$ -
Total Other Advertising	\$ 12,329	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 10,425	\$ -	\$ -
Dues to Chamber of Commerce	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Dues	\$ 10,425	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 75	\$ -	\$ -
Political Contributions	\$ 1,729	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Contributions	\$ 1,804	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 5,098	\$ -	\$ -
Collection Fees	\$ 5,933	self-disallowed	\$ -
Education Expense	\$ 6	\$ -	\$ -
Employee Physicals	\$ 4,910	\$ -	\$ -
Employee Relations	\$ 4,094	\$ -	\$ -
Printing	\$ 151	\$ -	\$ -
Training Expense	\$ 563	\$ -	\$ -
Fines & Penalties	\$ 13,416	self-disallowed	\$ -
Miscellaneous	\$ (16,717)	\$ -	\$ -
Rental Expense	\$ 3,793	\$ -	\$ -
Accrued Expense Estimation	\$ 1,614	self-disallowed	\$ -
Landlord Operating Taxes	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ 20	\$ -	\$ -
Recruiting Fees	\$ 35	\$ -	\$ -
Recruiting Fees	\$ 3,302	\$ -	\$ -
Total Other Administrative and General	\$ 26,218	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
59 Harrington Court Operations LLC, d/b	2375	9/30/2019	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	497,755	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348		Capital Interest	pg 26 12-A-1

* 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
59 Harrington Court Operations LLC, d/b/a Harrington		2375	9/30/2019	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 183,571	183,571			
2. Non-Food Supplies	\$ 28,263	28,263			
3. Other (Specify) _____	\$ (2,759)	(2,759)			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 764,779	764,779			
c. Other (Specify) _____	\$				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 973,853	973,853			
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*					
G. Is cost of employee meals included in 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 59 Harrington Court Operations LLC, d/b/a Harrington C		License No. 2375	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	6,043	6,043	
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. \$	8,436	8,436	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	241,066	241,066	
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	255,545	255,545	
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.

**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
59 Harrington Court Operations LLC, d/b/a Ha		2375	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	13,688	13,688		
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. \$	371,310	371,310		
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 384,998	384,998		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	301,679	301,679		
	b. Medicine Cabinet Drugs	\$	4,746	4,746		
	c. Medical and Therapeutic Supplies	\$	85,861	85,861		
	d. Ambulance/Limousine***	\$	35,256	35,256		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	2,324	2,324		
	f. X-rays and Related Radiological Procedures***	\$	9,618	9,618		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	41,073	41,073		
	i. Recreation	\$	28,910	28,910		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	95,781	95,781		
5M. Total Resident Care Expenditures (5a - 5j)			\$ 605,248	605,248		

* 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	\$ 50,937	\$ -	\$ -
Advertising-Help Wanted	\$ (9,425)	\$ -	\$ -
Advertising-Help Wanted	\$ 912	\$ -	\$ -
Books, Dues & Subscriptions	\$ -	\$ -	\$ -
Education Expense	\$ 660	\$ -	\$ -
Supplies	\$ 4,275	\$ -	\$ -
Supplies	\$ 22,661	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ 8	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ 3	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 1,956	\$ -	\$ -
Rental Expense	\$ 12,258	\$ -	\$ -
Consolidated Billing	\$ 13,040	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ (1,037)	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
Supplies	\$ 83	\$ -	\$ -
Miscellaneous	\$ (142)	\$ -	\$ -
Miscellaneous	\$ (397)	\$ -	\$ -
Miscellaneous	\$ (12)	\$ -	\$ -
Total Other Resident Care	\$ 95,781	\$ -	\$ -

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

Name of Facility			License No.		Report for Year Ended			Page of		
59 Harrington Court Operations LLC, d/b/a Harrington Court center			2375		9/30/2019			21	37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	241,066			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	371,310			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	758,942			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
59 Harrington Court Operations LLC, d/b/a H	2375	9/30/2019			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	153,838	153,838			
b. Heat	\$	112,377	112,377			
c. Light & Power	\$	123,208	123,208			
d. Water	\$	65,858	65,858			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	455,281	455,281			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	148	148			
b. Building & Building Improvements	\$	22,498	22,498			
c. Non-Movable Equipment	\$	8,651	8,651			
d. Movable Equipment	\$	56,614	56,614			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	87,911	87,911			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	577,177	577,177			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	133,677	133,677			
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	798,765	798,765			

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

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended			Page	of					
59 Harrington Court Operations LLC, d/b/a Harrington Court center		2375		9/30/2019			23	37					
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		2,950		2,950	553	S/L	Various	148					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		1,651		1,651									
A-4. Subtotal									148				
B. Building and Building Improvements													
1. Acquired prior to this report period		4,263,638		4,263,638	1,423,532	S/L	Various	16,342					
2. Disposals (attach schedule)		(3,986,212)		(3,986,212)	(1,379,843)								
3. Acquired during this report period (attach schedule)		52,290		52,290				6,156					
B-4. Subtotal									22,498				
C. Non-Movable Equipment													
1. Acquired prior to this report period		109,524		109,524	33,975	S/L	Various	7,950					
2. Disposals (attach schedule)		(28,430)		(28,430)									
3. Acquired during this report period (attach schedule)		7,645		7,645				701					
C-4. Subtotal									8,651				
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
	Yes	No	Month	Year									
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period					771,544		771,544	549,059	S/L	Various	55,059		
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)					34,843		34,843				1,555		
D-3. Subtotal											56,614		
E. Total Depreciation												87,911	

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/30/2019	September 2019 DSSI Accrual	\$ 1,651	10	
Total additions for Land Improvement				
		\$ 1,651		\$ -
Deletions:				
Total deletions for Land Improvement				
		\$ -		\$ -

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2018	Fire Doors 50% deposit	\$ 7,351	18.01	\$ 305
3/31/2019	Actuator&Linkage for 3 way east wing do	\$ 2,133	17.10	\$ 60
7/31/2019	Fire Doors final 50% pmt	\$ 7,351	17.06	\$ 70
12/31/2018	Replaced Heat exchanger final pmt	\$ 1,935	15.00	\$ 97
12/31/2018	Replaced Heat exchanger 1st pmt	\$ 1,935	15.00	\$ 97
3/31/2019	2 - Water Heaters Install 3 final pmt	\$ 3,155	05.00	\$ 316
10/1/2018	2 - Water Heaters, Install 2	\$ 14,215	05.00	\$ 2,606
10/1/2018	2 - Water Heaters, Install 1	\$ 14,215	05.00	\$ 2,606
Total additions for Building Improvement				
		\$ 52,590		\$ 6,156
Deletions:				
10/1/2018	Est Building values 12/31/2011	\$ (3,986,212)		
Total deletions for Building Improvement				
		\$ (3,986,212)		\$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2018	Gas Piping First installment	\$ 3,440	10	\$ 315
10/1/2018	Gas Piping Final installment	\$ 4,205	10	\$ 385
Total additions for Non-Movable Equipmen				
		\$ 7,645		\$ 701
Deletions:				
10/1/2018	Move to acct # 150058-2 - Water Heaters, Install 2	\$ (14,215)	05.00	
10/1/2018	Move to acct # 150058-2 - Water Heaters, Install 1	\$ (14,215)	05.00	
Total deletions for Non-Movable Equipmen				
		\$ (28,430)		\$ -

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/31/2019	RCA 43" LTC Lite LED HDTV VESA 400x	\$ 588	07.00	\$ 56
4/30/2019	2 SPOTS Vital Signs Monitors w/NBP	\$ 3,605	07.00	\$ 215
5/31/2019	2 Digital Lift Scales 600lb Capacity	\$ 1,630	07.00	\$ 78
5/31/2019	6 Garrison Window A/C units 8000 BTU	\$ 2,055	07.00	\$ 98
6/30/2019	5 Continous 32" LTC LED HDTVs & 5 Mo	\$ 1,775	07.00	\$ 63
8/31/2019	RCA 49 Commercial Lite LED HDTV	\$ 662	07.00	\$ 8
10/31/2018	Wheelchair & Walker	\$ 2,534	10.00	\$ 232
2/28/2019	Whirlpool 18 Cubic Feet Top Mount Refri	\$ 633	10.00	\$ 37
6/30/2019	15 Maxwell Thomas Overbed Tables	\$ 1,914	10.00	\$ 48
7/31/2019	Countertop Ice Maker/Dispenser	\$ 3,538	10.00	\$ 59
8/31/2019	Countertop Ice Maker/Dispenser Air Cool	\$ 3,538	10.00	\$ 29
8/31/2019	AT Express Conveyor/Radiant Toaster w	\$ 586	10.00	\$ 5
9/30/2019	3 Overbed Tables	\$ 197	10.00	\$ -
9/30/2019	5 Direct Choice Overbed Table Tabletops	\$ 383	10.00	\$ -
12/31/2018	Oval Shampoo Bowl	\$ 534	05.00	\$ 80
7/31/2019	Wood Backbord w/runners	\$ 304	05.00	\$ 10
5/31/2019	20 Mattresses	\$ 4,829	03.00	\$ 537
9/30/2019	3 - ProMan Plus Mattress Systems	\$ 5,429	03.00	\$ -
8/31/2019	Basic VL210 Light Duty Task Chair	\$ 109	10.00	\$ 1
Total additions for Movable Equipmen				
		\$ 34,843		\$ 1,555
Deletions:				
Total deletions for Movable Equipmen				
		\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

59 Harrington Court Operations LLC, d/b/a Harrington Court center
 Depreciation Expense Report
 As of September 30, 2018

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	Current Accum Depreciation
							(5,046,212.40)		(1,379,842.76)
56000	150016	Financing Oblig Land	009112	000	Establish l:	12/31/2011	(1,060,000.00)	R	-
56000	150046	Financing Oblig Bldg	009113	000	Est Buildir	12/31/2011	(3,986,212.40)	R	(1,379,842.76)

59 Harrington Court Operations LLC, d/b/a Harrington Court center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 87,911.31
 Sch 29 total Deprn Adj -
 Total Deprn Expense 87,911.31

1,229,443.06

627,275.65 139,016.09 766,291.74

Locati	G/L Ass	Acct Desc	Sys	Descriptor	In Svc Date	Acquired Value	PT	DeprMeth	EstLife	Depreciable Basis	Prior Accum	Current YTD	Current
											Depreciation	Depreciation	Accum Depreciation
											9/30/2018	2019	9/30/2019
56000	150070	Non Mova	008862	UHF Purcl	12/31/2011	75.33	P	SLMM	04 04	75.33	75.33	-	75.33
56000	150070	Non Mova	008863	Carpet Pur	12/31/2011	2,975.41	P	SLMM	16 02	2,975.41	1,242.34	184.05	1,426.39
56000	150070	Non Mova	008864	BUSINES	12/31/2011	139.73	P	NoDep	00 00	139.73	-	-	-
56000	150070	Non Mova	008865	INSTALL	12/31/2011	56.02	P	NoDep	00 00	56.02	-	-	-
56000	150080	Movable E	008866	37 DININ	12/31/2011	280.94	P	NoDep	00 00	280.94	-	-	-
56000	150080	Movable E	008867	25 DININ	12/31/2011	228.67	P	NoDep	00 00	228.67	-	-	-
56000	150080	Movable E	008868	SCOTSM	12/31/2011	60.72	P	NoDep	00 00	60.72	-	-	-
56000	150070	Non Mova	008869	FURNISH	12/31/2011	69.73	P	NoDep	00 00	69.73	-	-	-
56000	150080	Movable E	008870	FREIGHT	12/31/2011	1.70	P	NoDep	00 00	1.70	-	-	-
56000	150080	Movable E	008871	(30)13"SW	12/31/2011	11.61	P	NoDep	00 00	11.61	-	-	-
56000	150085	Movable E	008872	(1) CONV	12/31/2011	207.62	P	SLMM	03 00	207.62	207.62	-	207.62
56000	150085	Movable E	008873	USER TA	12/31/2011	12.81	P	SLMM	03 01	12.81	12.81	-	12.81
56000	150080	Movable E	008874	USER TA	12/31/2011	0.54	P	SLMM	00 01	0.54	0.54	-	0.54
56000	150080	Movable E	008875	(1) ECON	12/31/2011	8.81	P	SLMM	00 01	8.81	8.81	-	8.81
56000	150080	Movable E	008876	USER TA	12/31/2011	14.94	P	SLMM	00 01	14.94	14.94	-	14.94
56000	150080	Movable E	008877	91) RACK	12/31/2011	8.04	P	SLMM	00 02	8.04	8.04	-	8.04
56000	150070	Non Mova	008878	INSTALL	12/31/2011	59.54	P	SLMM	00 02	59.54	59.54	-	59.54
56000	150085	Movable E	008879	(6)80" ELI	12/31/2011	1,949.50	P	SLMM	03 02	1,949.50	1,949.50	-	1,949.50
56000	150100	Movable E	008880	LABEL PF	12/31/2011	85.38	P	SLMM	00 03	85.38	85.38	-	85.38
56000	150080	Movable E	008881	FRONT L	12/31/2011	264.18	P	SLMM	00 03	264.18	264.18	-	264.18
56000	150070	Non Mova	008882	(30) TV Bl	12/31/2011	35.37	P	SLMM	00 03	35.37	35.37	-	35.37
56000	150070	Non Mova	008883	DEMOLIZ	12/31/2011	169.96	P	SLMM	00 03	169.96	169.96	-	169.96
56000	150085	Movable E	008884	USER TA	12/31/2011	47.66	P	SLMM	03 04	47.66	47.66	-	47.66
56000	150080	Movable E	008885	USER TA	12/31/2011	23.20	P	SLMM	00 04	23.20	23.20	-	23.20
56000	150100	Movable E	008886	(1) PREST	12/31/2011	79.15	P	SLMM	03 04	79.15	79.15	-	79.15
56000	150070	Non Mova	008887	USER TA	12/31/2011	2.80	P	SLMM	00 04	2.80	2.80	-	2.80
56000	150080	Movable E	008888	MULTI-D	12/31/2011	88.34	P	SLMM	00 07	88.34	88.34	-	88.34
56000	150080	Movable E	008889	Complete	12/31/2011	123.26	P	SLMM	00 08	123.26	123.26	-	123.26
56000	150100	Movable E	008890	Swivel Tilt	12/31/2011	133.13	R	SLMM	00 09	133.13	133.13	-	133.13
56000	150085	Movable E	008891	Electric Cc	12/31/2011	387.31	P	SLMM	03 10	387.31	387.31	-	387.31
56000	150080	Movable E	008892	Steam Vap	12/31/2011	139.99	P	SLMM	00 11	139.99	139.99	-	139.99
56000	150080	Movable E	008893	Portable D	12/31/2011	340.25	P	SLMM	01 00	340.25	340.25	-	340.25
56000	150085	Movable E	008894	Low Profil	12/31/2011	141.67	P	SLMM	04 01	141.67	141.67	-	141.67
56000	150085	Movable E	008895	Ice/Water l	12/31/2011	2,583.63	P	SLMM	04 03	2,583.63	2,583.63	-	2,583.63
56000	150085	Movable E	008896	Electric Be	12/31/2011	2,183.50	P	SLMM	04 03	2,183.50	2,183.50	-	2,183.50
56000	150085	Movable E	008897	Hi-Lo Stan	12/31/2011	1,501.73	P	SLMM	04 03	1,501.73	1,501.73	-	1,501.73
56000	150080	Movable E	008898	Vacuum	12/31/2011	133.27	P	SLMM	01 03	133.27	133.27	-	133.27
56000	150085	Movable E	008899	Dispenser	12/31/2011	424.99	P	SLMM	04 05	424.99	424.99	-	424.99
56000	150085	Movable E	008900	Midland D	12/31/2011	1,490.62	P	SLMM	04 06	1,490.62	1,490.62	-	1,490.62
56000	150085	Movable E	008901	Wheelchai	12/31/2011	815.40	P	SLMM	04 09	815.40	815.40	-	815.40
56000	150085	Movable E	008902	Wheelchai	12/31/2011	598.50	P	SLMM	04 09	598.50	598.50	-	598.50
56000	150085	Movable E	008903	Maxi-Rest	12/31/2011	1,618.93	P	SLMM	04 09	1,618.93	1,618.93	-	1,618.93
56000	150117	Movable E	008904	Installation	12/31/2011	956.72	P	SLMM	01 09	956.72	956.72	-	956.72
56000	150085	Movable E	008905	Full Electr	12/31/2011	6,174.60	P	SLMM	04 10	6,174.60	6,174.60	-	6,174.60
56000	150087	Movable E	008906	Spot Vital	12/31/2011	10.50	P	NoDep	00 00	10.50	-	-	-
56000	150085	Movable E	008907	Replaceme	12/31/2011	14,942.86	P	SLMM	04 10	#####	14,942.86	-	14,942.86
56000	150085	Movable E	008908	Electric tilt	12/31/2011	1,327.48	P	SLMM	04 10	1,327.48	1,327.48	-	1,327.48
56000	150085	Movable E	008909	Ice Machir	12/31/2011	866.53	P	SLMM	05 00	866.53	866.53	-	866.53
56000	150085	Movable E	008910	Food Proc	12/31/2011	1,090.48	P	SLMM	05 00	1,090.48	1,090.48	-	1,090.48
56000	150085	Movable E	008911	Mcal Deliv	12/31/2011	5,098.87	P	SLMM	05 01	5,098.87	5,098.87	-	5,098.87
56000	150080	Movable E	008912	Spot Vital	12/31/2011	2,931.54	P	SLMM	02 01	2,931.54	2,931.54	-	2,931.54
56000	150080	Movable E	008913	BVI 3000	12/31/2011	3,189.16	P	SLMM	02 01	3,189.16	3,189.16	-	3,189.16
56000	150085	Movable E	008914	Head/Footl	12/31/2011	862.50	P	SLMM	05 01	862.50	862.50	-	862.50
56000	150080	Movable E	008915	AED Semi	12/31/2011	1,415.02	P	SLMM	02 02	1,415.02	1,415.02	-	1,415.02
56000	150087	Movable E	008916	Alarm Sys	12/31/2011	32.86	P	SLMM	00 02	32.86	32.86	-	32.86
56000	150085	Movable E	008917	Table Elec	12/31/2011	1,029.52	P	SLMM	05 03	1,029.52	1,029.52	-	1,029.52
56000	150085	Movable E	008918	Parallel Ba	12/31/2011	2,204.28	P	SLMM	05 03	2,204.28	2,204.28	-	2,204.28
56000	150085	Movable E	008919	Garbage D	12/31/2011	1,486.80	P	SLMM	05 05	1,486.80	1,486.80	-	1,486.80
56000	150085	Movable E	008920	Shower Ch	12/31/2011	373.86	P	SLMM	05 05	373.86	373.86	-	373.86
56000	150085	Movable E	008921	Lift Gate	12/31/2011	201.47	P	SLMM	05 06	201.47	201.47	-	201.47

59 Harrington Court Operations LLC, d/b/a Harrington Court center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 87,911.31
 Sch 29 total Deprn Adj -
 Total Deprn Expense 87,911.31

1,229,443.06 627,275.65 139,016.09 766,291.74

Locati	G/L Ass	Acct Desc	Sys	Descriptor	In Svc Date	Acquired Value	PT	DeprMeth	EstLife	Prior Accum	Current YTD	Current	
										Depreciation	Depreciation	Accum Depreciation	
										9/30/2018	2019	9/30/2019	
										Depreciable Basis			
56000	150085	Movable E	008922	Headboard	12/31/2011	5,202.04	P	SLMM	05 07	5,202.04	5,202.04	-	5,202.04
56000	150087	Movable E	008923	Alarm Sys	12/31/2011	65.72	P	SLMM	00 08	65.72	65.72	-	65.72
56000	150087	Movable E	008924	Alarm Sys	12/31/2011	73.93	P	SLMM	00 09	73.93	73.93	-	73.93
56000	150117	Movable E	008925	Cabling fo	12/31/2011	784.07	P	SLMM	02 10	784.07	784.07	-	784.07
56000	150085	Movable E	008926	V Riser Be	12/31/2011	50,381.67	P	SLMM	05 10	#####	50,381.67	-	50,381.67
56000	150087	Movable E	008927	Snowblow	12/31/2011	222.38	P	SLMM	01 00	222.38	222.38	-	222.38
56000	150085	Movable E	008928	Plate Heat	12/31/2011	2,280.66	P	SLMM	06 00	2,280.66	2,280.66	-	2,280.66
56000	150087	Movable E	008929	Alarm Sys	12/31/2011	106.79	P	SLMM	01 01	106.79	106.79	-	106.79
56000	150075	Non Mova	008930	(2) 12 5 Tc	12/31/2011	4,498.75	P	SLMM	06 03	4,498.75	4,498.75	-	4,498.75
56000	150085	Movable E	008931	(1) One Ga	12/31/2011	651.12	P	SLMM	06 04	651.12	651.12	-	651.12
56000	150085	Movable E	008932	(1) Electric	12/31/2011	919.07	P	SLMM	06 04	919.07	919.07	-	919.07
56000	150085	Movable E	008933	(1) Tub for	12/31/2011	12,510.45	P	SLMM	06 04	#####	12,510.45	-	12,510.45
56000	150075	Non Mova	008934	Northeast v	12/31/2011	1,429.93	P	SLMM	06 05	1,429.93	1,429.93	-	1,429.93
56000	150085	Movable E	008935	(1) 3 Positi	12/31/2011	370.50	P	SLMM	06 06	370.50	370.50	-	370.50
56000	150085	Movable E	008936	2 Whirlpoc	12/31/2011	768.51	P	SLMM	06 06	768.51	768.51	-	768.51
56000	150085	Movable E	008937	Qty 1 Integ	12/31/2011	694.54	P	SLMM	06 06	694.54	694.54	-	694.54
56000	150117	Movable E	008938	Install 2 Ci	12/31/2011	418.76	P	SLMM	03 07	418.76	418.76	-	418.76
56000	150085	Movable E	008939	Disconnect	12/31/2011	1,235.69	P	SLMM	06 07	1,235.69	1,235.69	-	1,235.69
56000	150085	Movable E	008940	Installation	12/31/2011	2,633.33	P	SLMM	06 07	2,633.33	2,633.33	-	2,633.33
56000	150085	Movable E	008941	Dishwashe	12/31/2011	15,702.14	P	SLMM	06 07	#####	15,702.14	-	15,702.14
56000	150080	Movable E	008942	Dryers Gas	12/31/2011	5,662.41	P	SLMM	03 07	5,662.41	5,662.41	-	5,662.41
56000	150085	Movable E	008943	Cublet ice	12/31/2011	1,898.76	P	SLMM	06 08	1,898.76	1,898.76	-	1,898.76
56000	150087	Movable E	008944	Alarm Sys	12/31/2011	330.73	P	SLMM	01 08	330.73	330.73	-	330.73
56000	150085	Movable E	008945	Wheelchai	12/31/2011	1,419.97	P	SLMM	06 08	1,419.97	1,419.97	-	1,419.97
56000	150087	Movable E	008946	Alarm Sys	12/31/2011	358.28	P	SLMM	02 02	358.28	358.28	-	358.28
56000	150110	Movable E	008947	Verizon W	12/31/2011	11.47	P	SLMM	00 03	11.47	11.47	-	11.47
56000	150087	Movable E	008948	Alarm Sys	12/31/2011	74.42	P	SLMM	02 03	74.42	74.42	-	74.42
56000	150085	Movable E	008949	Wheelchai	12/31/2011	833.48	P	SLMM	07 03	833.48	775.98	57.50	833.48
56000	150085	Movable E	008950	Wheelchai	12/31/2011	344.55	P	SLMM	07 03	344.55	320.83	23.72	344.55
56000	150085	Movable E	008951	Wheelchai	12/31/2011	224.27	P	SLMM	07 03	224.27	208.78	15.49	224.27
56000	150110	Movable E	008952	Time Cloc	12/31/2011	578.14	P	SLMM	00 05	578.14	578.14	-	578.14
56000	150088	Movable E	008953	Plexus Ma	12/31/2011	1,411.75	P	SLMM	00 06	1,411.75	1,411.75	-	1,411.75
56000	150087	Movable E	008954	Alarm Sitt	12/31/2011	264.00	P	SLMM	02 07	264.00	264.00	-	264.00
56000	150085	Movable E	008955	Ice/water d	12/31/2011	2,357.65	P	SLMM	07 08	2,357.65	2,075.76	281.89	2,357.65
56000	150088	Movable E	008956	Genesis Vi	12/31/2011	572.57	P	SLMM	01 00	572.57	572.57	-	572.57
56000	150080	Movable E	008957	15" LCD T	12/31/2011	38,068.76	P	SLMM	05 00	#####	38,068.76	-	38,068.76
56000	150085	Movable E	008958	ACCECAI	12/31/2011	5,093.87	P	SLMM	08 01	5,093.87	4,253.65	630.17	4,883.82
56000	150087	Movable E	008959	Genesis on	12/31/2011	662.33	P	SLMM	03 03	662.33	662.33	-	662.33
56000	150085	Movable E	008960	Reach-In F	12/31/2011	3,557.95	P	SLMM	08 05	3,557.95	2,853.43	422.73	3,276.16
56000	150080	Movable E	008961	Reliant 60	12/31/2011	5,764.07	P	SLMM	05 06	5,764.07	5,764.07	-	5,764.07
56000	150085	Movable E	008962	REFRIGE	12/31/2011	1,172.46	P	SLMM	08 07	1,172.46	922.05	136.60	1,058.65
56000	150075	Non Mova	008963	Replace co	12/31/2011	1,612.26	P	SLMM	08 08	1,612.26	1,255.70	186.03	1,441.73
56000	150080	Movable E	008964	Window A	12/31/2011	464.37	P	SLMM	05 09	464.37	464.37	-	464.37
56000	150080	Movable E	008965	oxygen cor	12/31/2011	1,643.56	P	SLMM	04 11	1,643.56	1,643.56	-	1,643.56
56000	150110	Movable E	008966	1 HP 19" M	12/31/2011	110.38	P	SLMM	02 00	110.38	110.38	-	110.38
56000	150075	Non Mova	008967	Circulator	12/31/2011	1,229.05	P	SLMM	09 00	1,229.05	921.78	136.56	1,058.34
56000	150110	Movable E	008968	19" HP mc	12/31/2011	113.62	P	SLMM	02 01	113.62	113.62	-	113.62
56000	150100	Movable E	008969	2400 Serie	12/31/2011	272.70	P	SLMM	09 01	272.70	202.64	30.02	232.66
56000	150080	Movable E	008970	Reliant 60	12/31/2011	2,089.92	P	SLMM	06 01	2,089.92	2,089.92	-	2,089.92
56000	150080	Movable E	008971	Reliant 45	12/31/2011	1,720.02	P	SLMM	06 01	1,720.02	1,720.02	-	1,720.02
56000	150080	Movable E	008972	Reliant 35	12/31/2011	1,962.86	P	SLMM	06 01	1,962.86	1,962.86	-	1,962.86
56000	150080	Movable E	008973	2 Digital L	12/31/2011	1,205.21	P	SLMM	06 01	1,205.21	1,205.21	-	1,205.21
56000	150088	Movable E	008974	16 MATTH	12/31/2011	3,307.20	P	SLMM	02 02	3,307.20	3,307.20	-	3,307.20
56000	150110	Movable E	008975	HP monito	12/31/2011	120.87	P	SLMM	02 04	120.87	120.87	-	120.87
56000	150110	Movable E	008976	1 HP 19 W	12/31/2011	120.87	P	SLMM	02 04	120.87	120.87	-	120.87
56000	150087	Movable E	008977	Credit - Ty	12/31/2011	498.33	P	SLMM	04 04	498.33	498.33	-	498.33
56000	150080	Movable E	008978	Electric fir	12/31/2011	2,023.59	P	SLMM	06 04	2,023.59	2,023.59	-	2,023.59
56000	150085	Movable E	008979	Panacea &	12/31/2011	3,118.02	P	SLMM	09 04	3,118.02	2,254.97	334.07	2,589.04
56000	150085	Movable E	008980	7 Qt. Repl	12/31/2011	776.32	P	SLMM	09 04	776.32	561.47	83.18	644.65
56000	150085	Movable E	008981	XL2000 B	12/31/2011	944.51	P	SLMM	09 04	944.51	683.10	101.20	784.30

59 Harrington Court Operations LLC, d/b/a Harrington Court center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 87,911.31
 Sch 29 total Deprn Adj -
 Total Deprn Expense 87,911.31

1,229,443.06 627,275.65 139,016.09 766,291.74

Locati	G/L Ass	Acct Desc	Sys	Descriptor	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Prior Accum	Current YTD	Current	
										Depreciation	Depreciation	Accum	
										9/30/2018	2019	Accum	
										Depreciab		Depreciation	
										le Basis		9/30/2019	
56000	150075	Non Mova	008982	(2) 1 1/4 st	12/31/2011	3,226.22	P	SLMM	09 04	3,226.22	2,333.27	345.67	2,678.94
56000	150075	Non Mova	008983	Taco circu	12/31/2011	2,486.19	P	SLMM	09 04	2,486.19	1,798.07	266.38	2,064.45
56000	150075	Non Mova	008984	Install circ	12/31/2011	1,893.09	P	SLMM	09 04	1,893.09	1,369.10	202.83	1,571.93
56000	150085	Movable E	008985	Thurmadul	12/31/2011	5,968.81	P	SLMM	09 05	5,968.81	4,278.56	633.86	4,912.42
56000	150110	Movable E	008988	Lenovo Th	12/31/2011	787.37	P	SLMM	02 06	787.37	787.37	-	787.37
56000	150110	Movable E	008989	Lenovo wa	12/31/2011	58.30	P	SLMM	02 06	58.30	58.30	-	58.30
56000	150110	Movable E	008990	DuraFon 1	12/31/2011	1,866.05	P	SLMM	02 06	1,866.05	1,866.05	-	1,866.05
56000	150117	Movable E	008991	Data lines	12/31/2011	3,714.28	P	SLMM	06 06	3,714.28	3,714.28	-	3,714.28
56000	150117	Movable E	008992	Relocation	12/31/2011	4,178.57	P	SLMM	06 06	4,178.57	4,178.57	-	4,178.57
56000	150110	Movable E	008996	HP LJ P20	12/31/2011	234.71	P	SLMM	02 08	234.71	234.71	-	234.71
56000	150080	Movable E	008997	6 window .	12/31/2011	1,900.06	P	SLMM	06 08	1,900.06	1,900.06	-	1,900.06
56000	150085	Movable E	008998	2 V riser el	12/31/2011	2,697.66	P	SLMM	09 08	2,697.66	1,883.72	279.07	2,162.79
56000	150080	Movable E	008999	Digital Ch	12/31/2011	905.12	P	SLMM	06 08	905.12	905.12	-	905.12
56000	150110	Movable E	009002	Wireless p	12/31/2011	5,475.25	P	SLMM	02 09	5,475.25	5,475.25	-	5,475.25
56000	150080	Movable E	009003	Chart stora	12/31/2011	4,610.12	P	SLMM	06 09	4,610.12	4,610.12	-	4,610.12
56000	150085	Movable E	009010	Countertop	12/31/2011	6,708.58	R	SLMM	09 09	6,708.58	4,644.41	688.06	5,332.47
56000	150085	Movable E	009011	Drop in 4 v	12/31/2011	1,891.36	R	SLMM	09 09	1,891.36	1,309.43	193.99	1,503.42
56000	150085	Movable E	009012	CW-1 drop	12/31/2011	7,309.89	R	SLMM	09 09	7,309.89	5,060.68	749.73	5,810.41
56000	150085	Movable E	009013	Credit rece	12/31/2011	2,582.09	R	SLMM	09 09	2,582.09	1,787.60	264.83	2,052.43
56000	150085	Movable E	009014	Stainless re	12/31/2011	2,279.29	R	SLMM	09 09	2,279.29	1,577.95	233.77	1,811.72
56000	150087	Movable E	009020	4 vacuums	12/31/2011	16,981.45	R	SLMM	04 09	#####	16,981.45	-	16,981.45
56000	150080	Movable E	009023	5 wall mou	12/31/2011	1,056.01	P	SLMM	06 09	1,056.01	1,056.01	-	1,056.01
56000	150085	Movable E	009025	Belgian wa	12/31/2011	1,148.02	P	SLMM	09 09	1,148.02	794.81	117.75	912.56
56000	150085	Movable E	009026	GE Deluxe	12/31/2011	216.65	P	SLMM	09 09	216.65	149.99	22.22	172.21
56000	150085	Movable E	009028	T5 XR (Th	12/31/2011	7,070.37	P	SLMM	09 09	7,070.37	4,894.90	725.17	5,620.07
56000	150085	Movable E	009032	Countertop	12/31/2011	503.20	P	SLMM	09 09	503.20	348.37	51.61	399.98
56000	150080	Movable E	009037	5 47" HDT	12/31/2011	5,857.05	P	SLMM	06 09	5,857.05	5,857.05	-	5,857.05
56000	150085	Movable E	009040	Towel & b	12/31/2011	1,544.19	P	SLMM	09 09	1,544.19	1,069.07	158.38	1,227.45
56000	150085	Movable E	009043	Therapy ec	12/31/2011	18,905.00	P	SLMM	09 09	#####	13,088.12	1,938.98	15,027.10
56000	150085	Movable E	009048	Model GEI	12/31/2011	1,480.10	P	SLMM	09 09	1,480.10	1,024.72	151.81	1,176.53
56000	150085	Movable E	009049	Various pi	12/31/2011	4,148.21	P	SLMM	09 09	4,148.21	2,871.86	425.46	3,297.32
56000	150085	Movable E	009053	Therapy ec	12/31/2011	2,986.13	P	SLMM	09 09	2,986.13	2,067.32	306.27	2,373.59
56000	150085	Movable E	009060	Framed Ar	12/31/2011	12,662.32	P	SLMM	09 09	#####	8,766.23	1,298.70	10,064.93
56000	150100	Movable E	009061	9 keyboard	12/31/2011	3,805.61	P	SLMM	09 09	3,805.61	2,634.66	390.32	3,024.98
56000	150085	Movable E	009066	Various pi	12/31/2011	3,446.77	P	SLMM	09 09	3,446.77	2,386.26	353.52	2,739.78
56000	150085	Movable E	009067	Various pi	12/31/2011	4,583.61	P	SLMM	09 09	4,583.61	3,173.24	470.11	3,643.35
56000	150085	Movable E	009068	Various pi	12/31/2011	4,648.18	P	SLMM	09 09	4,648.18	3,218.00	476.74	3,694.74
56000	150085	Movable E	009069	Various pi	12/31/2011	11,601.88	P	SLMM	09 09	#####	8,032.10	1,189.94	9,222.04
56000	150085	Movable E	009070	Activity &	12/31/2011	19,031.34	P	SLMM	09 09	#####	13,175.53	1,951.93	15,127.46
56000	150085	Movable E	009073	Various pi	12/31/2011	1,146.95	P	SLMM	09 09	1,146.95	794.07	117.64	911.71
56000	150085	Movable E	009074	Litegait 26	12/31/2011	17,913.87	P	SLMM	09 09	#####	12,401.91	1,837.32	14,239.23
56000	150085	Movable E	009075	Roller shac	12/31/2011	20,814.51	P	SLMM	09 09	#####	14,410.04	2,134.82	16,544.86
56000	150085	Movable E	009084	Various pi	12/31/2011	57,364.08	P	SLMM	09 09	#####	39,713.63	5,883.50	45,597.13
56000	150085	Movable E	009085	2 self-serv	12/31/2011	3,874.64	P	SLMM	09 09	3,874.64	2,682.45	397.40	3,079.85
56000	150085	Movable E	009090	Mecho sha	12/31/2011	230.93	P	SLMM	09 09	230.93	159.91	23.69	183.60
56000	150085	Movable E	009100	Wheelchai	12/31/2011	3,139.51	P	SLMM	09 10	3,139.51	2,155.07	319.27	2,474.34
56000	150075	Non Mova	009102	1st install c	12/31/2011	2,168.25	P	SLMM	09 10	2,168.25	1,488.38	220.50	1,708.88
56000	150100	Movable E	009104	1 Cat 5E d	12/31/2011	446.25	P	SLMM	09 11	446.25	303.75	45.00	348.75
56000	150075	Non Mova	009105	Heat excha	12/31/2011	2,186.62	P	SLMM	09 11	2,186.62	1,488.38	220.50	1,708.88
56000	150088	Movable E	009106	10 MATTI	12/31/2011	3,338.38	P	SLMM	03 00	3,338.38	3,338.38	-	3,338.38
56000	150085	Movable E	009107	3 Direct ch	1/31/2012	203.20	P	SLMM	10 00	203.20	135.47	20.32	155.79
56000	150057	Bldg Imp	009108	Provide &	2/29/2012	2,653.98	R	SLMM	10 00	2,653.98	1,747.22	265.40	2,012.62
56000	150085	Movable E	009110	Tracer IV	3/31/2012	255.93	P	SLMM	10 00	255.93	166.34	25.59	191.93
56000	150100	Movable E	009111	Credit Car	5/31/2012	499.00	P	SLMM	02 07	499.00	499.00	-	499.00
56000	150016	Financing	'009112	Establish l	12/31/2011	1,060,000.00	R	NoDep	00 00	#####	-	-	-
56000	150016	Financing	'009112	Establish l	12/31/2011	(1,060,000.00)	R	NoDep	00 00	#####	-	-	-
56000	150046	Financing	'009113	Est Buildir	10/1/2018	3,986,212.40	R	SLMM	19 06	#####	#####	-	#####
56000	150046	Financing	'009113	Est Buildir	10/1/2018	(3,986,212.40)	R	SLMM	19 06	#####	#####	51,105.29	#####
56000	150085	Movable E	009114	5 Tracer E	6/30/2012	1,624.85	P	SLMM	10 00	1,624.85	1,015.56	162.49	1,178.05
56000	150085	Movable E	009115	Portable H	7/31/2012	2,207.57	P	SLMM	10 00	2,207.57	1,361.35	220.76	1,582.11

59 Harrington Court Operations LLC, d/b/a Harrington Court center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 87,911.31
 Sch 29 total Deprn Adj -
 Total Deprn Expense 87,911.31

1,229,443.06 627,275.65 139,016.09 766,291.74

Locati	G/L Ass	Acct Desc	Sys	Descriptor	In Svc Date	Acquired Value	PT	DeprMeth	EstLife	Depreciab le Basis	Prior Accum	Current YTD	Current
											Depreciation	Depreciation	Accum Depreciation
											9/30/2018	2019	9/30/2019
56000	150085	Movable E	009116	4 X-TRA U	7/31/2012	1,280.45	P	SLMM	10 00	1,280.45	789.64	128.05	917.69
56000	150085	Movable E	009117	2 Hausmar	7/31/2012	1,055.60	P	SLMM	10 00	1,055.60	650.95	105.56	756.51
56000	150050	Bldg Imp	009118	Replace dr	8/31/2012	6,570.72	R	SLMM	20 00	6,570.72	1,998.62	328.54	2,327.16
56000	150057	Bldg Imp	009119	Accelerato	10/31/2012	1,196.44	R	SLMM	10 00	1,196.44	707.87	119.64	827.51
56000	150050	Bldg Imp	009120	1st install c	10/31/2012	1,012.50	R	SLMM	20 00	1,012.50	299.56	50.63	350.19
56000	150050	Bldg Imp	009121	Upgrade to	10/31/2012	2,743.33	R	SLMM	20 00	2,743.33	811.59	137.17	948.76
56000	150050	Bldg Imp	009122	1st installn	11/30/2012	1,012.50	R	SLMM	20 00	1,012.50	295.34	50.63	345.97
56000	150100	Movable E	009128	Solutions S	5/31/2013	347.76	P	SLMM	10 00	347.76	185.50	34.78	220.28
56000	150100	Movable E	009129	Epoch Offi	5/31/2013	455.12	P	SLMM	10 00	455.12	242.72	45.51	288.23
56000	150055	Bldg Imp	009130	Pit channel	5/31/2013	3,564.85	R	SLMM	15 00	3,564.85	1,267.52	237.66	1,505.18
56000	150057	Bldg Imp	009131	Arrow fire	6/30/2013	1,518.68	R	SLMM	10 00	1,518.68	797.31	151.87	949.18
56000	150088	Movable E	009132	10 MATTI	7/31/2013	3,137.33	P	SLMM	03 00	3,137.33	3,137.33	-	3,137.33
56000	150085	Movable E	009133	22 BESIDI	7/31/2013	11,009.13	P	SLMM	10 00	#####	5,688.03	1,100.91	6,788.94
56000	150087	Movable E	009134	PVC Patie	7/31/2013	913.50	P	SLMM	05 00	913.50	913.50	-	913.50
56000	150085	Movable E	009135	OmniCycl	9/30/2013	3,126.69	P	SLMM	10 00	3,126.69	1,563.35	312.67	1,876.02
56000	150085	Movable E	009136	OmniCycl	9/30/2013	12,506.76	P	SLMM	10 00	#####	6,253.40	1,250.68	7,504.08
56000	150050	Bldg Imp	009137	Cartridge a	10/31/2013	1,639.86	R	SLMM	20 00	1,639.86	403.12	81.99	485.11
56000	150050	Bldg Imp	009138	Pipe replac	10/31/2013	2,995.00	R	SLMM	20 00	2,995.00	736.27	149.75	886.02
56000	150050	Bldg Imp	009139	Smoke and	10/31/2013	1,730.00	R	SLMM	20 00	1,730.00	425.30	86.50	511.80
56000	150110	Movable E	014042	1 Asus 19"	11/30/2013	116.42	P	SLMM	03 00	116.42	116.42	-	116.42
56000	150110	Movable E	014480	1 Asus 19"	3/31/2014	114.77	P	SLMM	03 00	114.77	114.77	-	114.77
56000	150050	Bldg Imp	014481	Repairs to	3/31/2014	4,841.58	R	SLMM	20 00	4,841.58	1,089.36	242.08	1,331.44
56000	150050	Bldg Imp	014482	Sewer line	3/31/2014	7,976.25	R	SLMM	20 00	7,976.25	1,794.65	398.81	2,193.46
56000	150080	Movable E	014600	2 Attendan	4/30/2014	2,068.18	P	SLMM	07 00	2,068.18	1,304.94	295.46	1,600.40
56000	150080	Movable E	014601	6765-6XP	4/30/2014	1,362.74	P	SLMM	07 00	1,362.74	859.84	194.68	1,054.52
56000	150075	Non Mova	014602	3 Phase br	4/30/2014	5,370.00	P	SLMM	10 00	5,370.00	2,371.75	537.00	2,908.75
56000	150080	Movable E	014603	2 bearing p	4/30/2014	9,288.79	P	SLMM	07 00	9,288.79	5,860.79	1,326.97	7,187.76
56000	150117	Movable E	014717	Data drop i	5/31/2014	798.00	P	SLMM	7	798.00	494.00	114.00	608.00
56000	150085	Movable E	014718	Counter Ct	5/31/2014	5,100.52	P	SLMM	10 00	5,100.52	2,210.22	510.05	2,720.27
56000	150050	Bldg Imp	014719	Installed (2	5/31/2014	1,535.00	R	SLMM	20 00	1,535.00	332.58	76.75	409.33
56000	150050	Bldg Imp	014720	Heater and	5/31/2014	1,995.00	R	SLMM	20 00	1,995.00	432.25	99.75	532.00
56000	150050	Bldg Imp	014721	Installed (2	5/31/2014	1,535.00	R	SLMM	20 00	1,535.00	332.58	76.75	409.33
56000	150100	Movable E	014877	Credit Car	6/30/2014	73.07	P	SLMM	10 00	73.07	31.06	7.31	38.37
56000	150085	Movable E	014878	4 Tracer E.	6/30/2014	726.92	P	SLMM	10 00	726.92	308.94	72.69	381.63
56000	150050	Bldg Imp	014879	TACO circ	6/30/2014	1,200.00	R	SLMM	20 00	1,200.00	255.00	60.00	315.00
56000	150050	Bldg Imp	014880	1st Install c	6/30/2014	16,335.00	R	SLMM	20 00	#####	3,471.19	816.75	4,287.94
56000	150080	Movable E	015026	4 Window	7/31/2014	1,403.73	P	SLMM	07 00	1,403.73	835.55	200.53	1,036.08
56000	150087	Movable E	015201	Deluxe Sh	9/30/2014	312.67	P	SLMM	05 00	312.67	250.12	62.55	312.67
56000	150075	Non Mova	015202	First instal	9/30/2014	2,495.00	P	SLMM	10 00	2,495.00	998.01	249.50	1,247.51
56000	150050	Bldg Imp	015203	Heat and A	9/30/2014	1,157.45	R	SLMM	20 00	1,157.45	231.48	57.87	289.35
56000	150050	Bldg Imp	015204	Final instal	9/30/2014	19,960.00	R	SLMM	20 00	#####	3,992.00	998.00	4,990.00
56000	150075	Non Mova	015205	Final instal	9/30/2014	3,050.00	P	SLMM	10 00	3,050.00	1,220.00	305.00	1,525.00
56000	150085	Movable E	015281	Direct Cho	10/31/2014	211.15	P	SLMM	10 00	211.15	82.72	21.12	103.84
56000	150050	Bldg Imp	015282	Smoke and	10/31/2014	1,230.00	R	SLMM	20 00	1,230.00	240.88	61.50	302.38
56000	150050	Bldg Imp	015283	New accel	10/31/2014	1,776.05	R	SLMM	20 00	1,776.05	347.80	88.80	436.60
56000	150050	Bldg Imp	015353	Broan ML:	11/30/2014	1,256.00	R	SLMM	20 00	1,256.00	240.73	62.80	303.53
56000	150050	Bldg Imp	015434	Labor and	12/31/2014	4,240.00	R	SLMM	20 00	4,240.00	795.00	212.00	1,007.00
56000	150020	Land Imp	015435	Exterior lig	12/31/2014	2,950.00	R	SLMM	20 00	2,950.00	553.13	147.50	700.63
56000	150088	Movable E	015516	3 MATTR	1/31/2015	941.20	P	SLMM	03 00	941.20	941.20	-	941.20
56000	150085	Movable E	015517	10i Stainle	1/31/2015	437.61	P	SLMM	10 00	437.61	160.46	43.76	204.22
56000	150050	Bldg Imp	015623	3 ft 10 in d	2/28/2015	3,750.00	R	SLMM	20 00	3,750.00	671.88	187.50	859.38
56000	150087	Movable E	015753	Snow Blov	3/31/2015	1,832.94	P	SLMM	05 00	1,832.94	1,283.06	366.59	1,649.65
56000	150080	Movable E	015754	Sales and U	3/31/2015	238.00	P	SLMM	07 00	238.00	119.00	34.00	153.00
56000	150088	Movable E	015755	3 MATTR	3/31/2015	941.20	P	SLMM	03 00	941.20	941.20	-	941.20
56000	150085	Movable E	015756	Medium D	3/31/2015	1,630.32	P	SLMM	10 00	1,630.32	570.60	163.03	733.63
56000	150088	Movable E	016121	3 MATTR	4/30/2015	941.20	P	SLMM	03 00	941.20	941.20	-	941.20
56000	150085	Movable E	016122	4 Direct Cl	4/30/2015	538.96	P	SLMM	10 00	538.96	184.15	53.90	238.05
56000	150085	Movable E	016123	4 Direct Cl	4/30/2015	538.96	P	SLMM	10 00	538.96	184.15	53.90	238.05
56000	150085	Movable E	016184	PANACE/	5/31/2015	261.99	P	SLMM	10 00	261.99	87.33	26.20	113.53
56000	150085	Movable E	016369	Liquid Ble	6/30/2015	372.69	P	SLMM	10 00	372.69	121.13	37.27	158.40

59 Harrington Court Operations LLC, d/b/a Harrington Court center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 87,911.31
 Sch 29 total Deprn Adj -
 Total Deprn Expense 87,911.31

1,229,443.06 627,275.65 139,016.09 766,291.74

Locati	G/L Ass	Acct Desc	Sys	Descriptor In Svc Date	Acquired Value	PT	DeprMeth	EstLife	Prior Accum	Current YTD	Current		
									Depreciation	Depreciation	Accum Depreciation		
									9/30/2018	2019	9/30/2019		
									Depreciable Basis				
56000	150087	Movable E	016370	BARIATR	6/30/2015	373.48	P	SLMM	05 00	373.48	242.78	74.70	317.48
56000	150085	Movable E	016490	Ice Cuber	7/31/2015	828.44	P	SLMM	10 00	828.44	262.33	82.84	345.17
56000	150088	Movable E	016491	50 MATTI	7/31/2015	15,686.63	P	SLMM	03 00	#####	15,686.63	-	15,686.63
56000	150085	Movable E	016492	Low-Temp	7/31/2015	869.93	P	SLMM	10 00	869.93	275.47	86.99	362.46
56000	150085	Movable E	016493	Ice Machir	7/31/2015	3,662.65	P	SLMM	10 00	3,662.65	1,159.85	366.27	1,526.12
56000	150075	Non Mova	016494	Aluminum	7/31/2015	3,250.00	P	SLMM	10 00	3,250.00	1,029.17	325.00	1,354.17
56000	150110	Movable E	016661	1 HP Lasei	8/31/2015	386.27	P	SLMM	03 00	386.27	386.27	-	386.27
56000	150085	Movable E	016737	10 GEN O	9/30/2015	14,920.03	P	SLMM	10 00	#####	4,476.00	1,492.00	5,968.00
56000	150088	Movable E	016738	3 GENESI	9/30/2015	6,255.80	P	SLMM	03 00	6,255.80	6,255.80	-	6,255.80
56000	150057	Bldg Imp	016739	Ceramic til	9/30/2015	1,931.00	R	SLMM	10 00	1,931.00	579.31	193.10	772.41
56000	150050	Bldg Imp	016740	Sprinklers	9/30/2015	3,612.71	R	SLMM	20 00	3,612.71	541.92	180.64	722.56
56000	150050	Bldg Imp	016741	Replace ex	9/30/2015	5,650.00	R	SLMM	20 00	5,650.00	847.51	282.50	1,130.01
56000	150087	Movable E	017031	Compressc	10/31/2015	383.30	P	SLMM	05 00	383.30	223.60	76.66	300.26
56000	150087	Movable E	017033	Snowblow	10/31/2015	1,594.19	P	SLMM	05 00	1,594.19	929.95	318.84	1,248.79
56000	150080	Movable E	017034	Sales and l	10/31/2015	565.00	P	SLMM	07 00	565.00	235.43	80.72	316.15
56000	150085	Movable E	017218	Quick-Ship	11/30/2015	2,964.11	P	SLMM	10 00	2,964.11	839.83	296.41	1,136.24
56000	150085	Movable E	017219	Window tr	11/30/2015	11,138.23	P	SLMM	10 00	#####	3,155.83	1,113.82	4,269.65
56000	150075	Non Mova	017220	Hot water :	11/30/2015	11,726.00	P	SLMM	10 00	#####	3,322.37	1,172.60	4,494.97
56000	150050	Bldg Imp	017221	Replace un	11/30/2015	2,640.00	R	SLMM	20 00	2,640.00	374.00	132.00	506.00
56000	150050	Bldg Imp	017222	Pipe replac	11/30/2015	2,916.12	R	SLMM	20 00	2,916.12	413.13	145.81	558.94
56000	150050	Bldg Imp	017223	Pipe replac	11/30/2015	1,870.81	R	SLMM	20 00	1,870.81	265.04	93.54	358.58
56000	150075	Non Mova	017316	Second ins	12/31/2015	11,726.00	P	SLMM	10 00	#####	3,224.65	1,172.60	4,397.25
56000	150075	Non Mova	017317	Final instal	12/31/2015	5,863.00	P	SLMM	10 00	5,863.00	1,612.33	586.30	2,198.63
56000	150085	Movable E	017597	CONVEY	2/29/2016	1,003.68	P	SLMM	10 00	1,003.68	259.29	100.37	359.66
56000	150088	Movable E	017598	Soft Form	2/29/2016	551.95	P	SLMM	03 00	551.95	475.29	76.66	551.95
56000	150087	Movable E	017599	Blower Mc	2/29/2016	448.92	P	SLMM	05 00	448.92	231.94	89.78	321.72
56000	150085	Movable E	017600	Food Procc	2/29/2016	2,807.82	P	SLMM	10 00	2,807.82	725.36	280.78	1,006.14
56000	150050	Bldg Imp	017601	Labor and	2/29/2016	5,198.00	R	SLMM	20 00	5,198.00	671.41	259.90	931.31
56000	150050	Bldg Imp	017602	Replaceme	2/29/2016	38,335.04	R	SLMM	20 00	#####	4,951.60	1,916.75	6,868.35
56000	150087	Movable E	017799	rigid k-400	3/31/2016	639.48	P	SLMM	05 00	639.48	319.75	127.90	447.65
56000	150050	Bldg Imp	017800	Attic sprinl	3/31/2016	30,978.48	R	SLMM	20 00	#####	3,872.30	1,548.92	5,421.22
56000	150085	Movable E	017889	Medical gr	4/30/2016	527.54	P	SLMM	10 00	527.54	127.48	52.75	180.23
56000	150050	Bldg Imp	017890	Water pum	4/30/2016	1,706.38	R	SLMM	20 00	1,706.38	206.19	85.32	291.51
56000	150050	Bldg Imp	017930	Attic sprinl	4/30/2016	30,978.48	R	SLMM	20 00	#####	3,743.23	1,548.92	5,292.15
56000	150117	Movable E	018082	Labor to in	6/30/2016	531.75	P	SLMM	7	531.75	170.93	75.97	246.90
56000	150080	Movable E	018083	20 Med cal	6/30/2016	11,674.54	P	SLMM	07 00	#####	3,752.53	1,667.79	5,420.32
56000	150085	Movable E	018239	Danby 4.4t	7/31/2016	260.91	P	SLMM	10 00	260.91	56.53	26.09	82.62
56000	150085	Movable E	018240	Roller shac	7/31/2016	30,082.66	P	SLMM	10 00	#####	6,517.92	3,008.27	9,526.19
56000	150050	Bldg Imp	018241	Jeron Prov	7/31/2016	2,311.39	R	SLMM	20 00	2,311.39	250.40	115.57	365.97
56000	150085	Movable E	018507	ETAC TUI	10/31/2016	329.89	P	SLMM	10 00	329.89	63.23	32.99	96.22
56000	150075	Non Mova	018577	Heat excha	11/30/2016	6,360.00	P	SLMM	10 00	6,360.00	1,166.00	636.00	1,802.00
56000	150050	Bldg Imp	018578	Boiler Hou	11/30/2016	1,130.00	R	SLMM	20 00	1,130.00	103.59	56.50	160.09
56000	150085	Movable E	018731	Panacea 63	12/31/2016	2,938.17	P	SLMM	10 00	2,938.17	514.19	293.82	808.01
56000	150088	Movable E	018911	Panacea O	12/31/2016	493.01	P	SLMM	03 00	493.01	287.60	164.33	451.93
56000	150050	Bldg Imp	019082	6 Duct smc	3/31/2017	3,891.35	R	SLMM	20 00	3,891.35	291.86	196.59	488.45
56000	150080	Movable E	019198	Spot Vital	4/30/2017	1,813.38	P	SLMM	07 00	1,813.38	367.00	259.06	626.06
56000	150080	Movable E	019318	Frigidaire	5/31/2017	589.40	P	SLMM	07 00	589.40	112.27	84.20	196.47
56000	150057	Bldg Imp	019319	Ceramic til	5/31/2017	10,501.00	R	SLMM	10 00	#####	1,400.14	1,050.10	2,450.24
56000	150075	Non Mova	019320	1st install j	5/31/2017	3,125.00	P	SLMM	10 00	3,125.00	416.67	312.50	729.17
56000	150088	Movable E	019482	Genesis Vi	7/31/2017	3,137.33	P	SLMM	03 00	3,137.33	1,220.08	1,045.78	2,265.86
56000	150075	Non Mova	019483	Replaceme	7/31/2017	3,125.00	P	SLMM	10 00	3,125.00	364.59	312.50	677.09
56000	150075	Non Mova	019484	Replaceme	7/31/2017	690.00	P	SLMM	10 00	690.00	80.50	69.00	149.50
56000	150115	Movable E	019555	1 APC Sm	8/31/2017	610.20	P	SLMM	05 00	610.20	132.21	122.04	254.25
56000	150080	Movable E	019556	Sales and l	8/31/2017	286.00	P	SLMM	07 00	286.00	44.27	40.86	85.13
56000	150050	Bldg Imp	019585	Nurse call	9/30/2017	2,252.96	R	SLMM	20 00	2,252.96	112.65	116.17	228.82
56000	150117	Movable E	019810	Cabling	10/31/2017	1,776.00	P	SLMM	7	1,776.00	232.58	253.72	486.30
56000	150050	Bldg Imp	019811	Property M	10/31/2017	7,189.77	R	SLMM	20	7,189.77	329.54	371.97	701.51
56000	150085	Movable E	019812	Meridian C	10/31/2017	5,716.28	P	SLMM	10	5,716.28	523.99	571.63	1,095.62
56000	150085	Movable E	019813	5 Tracer W	10/31/2017	958.90	P	SLMM	10	958.90	87.90	95.89	183.79
56000	150050	Bldg Imp	019814	Complete v	10/31/2017	442.01	R	SLMM	20	442.01	20.26	22.86	43.12

59 Harrington Court Operations LLC, d/b/a Harrington Court center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 87,911.31
 Sch 29 total Deprn Adj -
 Total Deprn Expense 87,911.31

1,229,443.06 627,275.65 139,016.09 766,291.74

Locati	G/L Ass	Acct Desc	Sys	Descriptor	In Svc Date	Acquired Value	PT	DeprMeth	EstLife	Prior Accum	Current YTD	Current	
										Depreciation	Depreciation	Accum Depreciation	
										9/30/2018	2019	9/30/2019	
										Depreciable Basis			
56000	150080	Movable E	019815	32i Long T	10/31/2017	6,201.55	P	SLMM	7	6,201.55	812.12	885.94	1,698.06
56000	150080	Movable E	019876	(2) 32 Lon	11/30/2017	612.53	P	SLMM	7	612.53	72.92	87.51	160.43
56000	150080	Movable E	020061	3 Continu.	1/31/2018	918.80	P	SLMM	7	918.80	87.51	131.26	218.77
56000	150088	Movable E	020161	GENESIS	2/28/2018	2,051.48	P	SLMM	3	2,051.48	398.90	683.83	1,082.73
56000	150057	Bldg Imp	020226	Upgrade ar	3/31/2018	19,956.58	R	SLMM	10	#####	997.83	1,995.66	2,993.49
56000	150085	Movable E	020320	3 Tracer w	4/30/2018	2,414.14	P	SLMM	10	2,414.14	100.59	241.41	342.00
56000	150088	Movable E	020321	5 GENESI	4/30/2018	10,362.99	P	SLMM	3	#####	1,439.31	3,454.33	4,893.64
56000	150088	Movable E	020443	Panacea Fc	5/31/2018	255.23	P	SLMM	3	255.23	28.36	85.08	113.44
56000	150088	Movable E	020444	(2) Panace	5/31/2018	784.82	P	SLMM	3	784.82	87.20	261.61	348.81
56000	150085	Movable E	020445	9" Safe-Ri	5/31/2018	4,509.56	P	SLMM	10	4,509.56	150.32	450.96	601.28
56000	150085	Movable E	020446	(3) Two-W	5/31/2018	1,518.68	P	SLMM	10	1,518.68	50.62	151.87	202.49
56000	150085	Movable E	020447	Bluetooth	5/31/2018	2,162.65	P	SLMM	10	2,162.65	72.09	216.27	288.36
56000	150085	Movable E	020448	(20) Overb	5/31/2018	2,445.62	P	SLMM	10	2,445.62	81.52	244.56	326.08
56000	150080	Movable E	020449	Samsung 5	5/31/2018	947.58	P	SLMM	7	947.58	45.13	135.37	180.50
56000	150080	Movable E	020450	(2) Spot Vi	5/31/2018	3,605.45	P	SLMM	7	3,605.45	171.69	515.07	686.76
56000	150110	Movable E	020538	(2) Powerh	6/30/2018	796.59	P	SLMM	3	796.59	66.39	265.53	331.92
56000	150088	Movable E	020539	(20) Visco	6/30/2018	5,011.21	P	SLMM	3	5,011.21	417.60	1,670.40	2,088.00
56000	150085	Movable E	020711	1 Gal Stair	8/31/2018	1,148.71	P	SLMM	10	1,148.71	9.57	114.87	124.44
56000	150085	Movable E	020712	Top Moun	8/31/2018	642.61	P	SLMM	10	642.61	5.36	64.26	69.62
56000	150058	Bldg Imp	020759	2 - Water I	9/30/2018	14,215.00	P	SLMM	10	#####	-	2,843.00	2,843.00
56000	150050	Bldg Imp	020760	Catch Basi	9/30/2018	8,508.00	R	SLMM	20	8,508.00	-	456.42	456.42
56000	150058	Bldg Imp	020761	2 - Water I	9/30/2018	14,215.00	P	SLMM	10	#####	-	2,843.00	2,843.00
56000	150075	Non Mova	020828	Gas Piping	10/1/2018	3,440.00	P	SLMM	10	3,440.00	-	544.67	544.67
56000	150075	Non Mova	020829	Gas Piping	10/1/2018	4,205.00	P	SLMM	10	4,205.00	-	665.80	665.80
56000	150085	Movable E	020860	Wheelchai	10/31/2018	2,533.65	P	SLMM	10	2,533.65	-	232.26	232.26
56000	150087	Movable E	021084	Oval Sham	12/31/2018	534.15	P	SLMM	5	534.15	-	80.12	80.12
56000	150050	Bldg Imp	021085	Fire Doors	12/31/2018	7,351.00	R	SLMM	20	7,351.00	-	304.88	304.88
56000	150055	Bldg Imp	021086	Replaced I	12/31/2018	1,935.00	R	SLMM	15	1,935.00	-	96.75	96.75
56000	150055	Bldg Imp	021087	Replaced I	12/31/2018	1,935.00	R	SLMM	15	1,935.00	-	96.75	96.75
56000	150080	Movable E	021203	RCA 43" I	1/31/2019	587.92	P	SLMM	7	587.92	-	55.99	55.99
56000	150085	Movable E	021289	Whirlpool	2/28/2019	632.98	P	SLMM	10	632.98	-	36.93	36.93
56000	150050	Bldg Imp	021378	Actuator&	3/31/2019	2,132.98	R	SLMM	20	2,132.98	-	59.81	59.81
56000	150058	Bldg Imp	021379	2 - Water I	3/31/2019	3,155.00	P	SLMM	5	3,155.00	-	315.50	315.50
56000	150080	Movable E	021520	2 SPOTS \	4/30/2019	3,605.45	P	SLMM	7	3,605.45	-	214.61	214.61
56000	150088	Movable E	021602	20 Mattres	5/31/2019	4,828.50	P	SLMM	3	4,828.50	-	536.50	536.50
56000	150080	Movable E	021603	2 Digital L	5/31/2019	1,630.30	P	SLMM	7	1,630.30	-	77.63	77.63
56000	150080	Movable E	021604	6 Garrison	5/31/2019	2,054.62	P	SLMM	7	2,054.62	-	97.84	97.84
56000	150085	Movable E	021652	15 Maxwe	6/30/2019	1,913.98	P	SLMM	10	1,913.98	-	47.85	47.85
56000	150080	Movable E	021653	5 Continu.	6/30/2019	1,775.48	P	SLMM	7	1,775.48	-	63.41	63.41
56000	150087	Movable E	021804	Wood Bac	7/31/2019	304.30	P	SLMM	5	304.30	-	10.14	10.14
56000	150085	Movable E	021805	Countertop	7/31/2019	3,538.24	P	SLMM	10	3,538.24	-	58.97	58.97
56000	150050	Bldg Imp	021806	Fire Doors	7/31/2019	7,351.01	R	SLMM	20	7,351.01	-	70.01	70.01
56000	150100	Movable E	021924	Basyx VL	8/31/2019	109.23	P	SLMM	10	109.23	-	0.91	0.91
56000	150085	Movable E	021925	Countertop	8/31/2019	3,538.24	P	SLMM	10	3,538.24	-	29.49	29.49
56000	150085	Movable E	021926	AT Expres	8/31/2019	585.69	P	SLMM	10	585.69	-	4.88	4.88
56000	150080	Movable E	021927	RCA 49 C	8/31/2019	661.75	P	SLMM	7	661.75	-	7.88	7.88
56000	150085	Movable E	022003	3 Overbed	9/30/2019	197.06	P	SLMM	10	197.06	-	-	-
56000	150088	Movable E	022004	3 - ProMat	9/30/2019	5,428.82	P	SLMM	3	5,428.82	-	-	-
56000	150085	Movable E	022005	5 Direct Cl	9/30/2019	382.75	P	SLMM	10	382.75	-	-	-
56000	150020	Land Imp		September	9/30/2019	1,651.08							-

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
59 Harrington Court Operations LLC, d/b/a Harrington Court			2375		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility 59 Harrington Court Operations LLC,	License No. 2375	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?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	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	125			
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)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part 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	577,177
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.

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

Name of Facility		License No.	Report for Year Ended			Page	of
59 Harrington Court Operations LLC		2375	9/30/2019			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
59 Harrington Court Operations LL		2375		9/30/2019		27	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. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 6,781	6,781		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 184,602	184,602		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 191,383	191,383		
15. Total All Expenditures (A-13 thru C-14)				\$ 12,145,299	12,145,299		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d/b/a Harrington Court c				2375	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 30,264	30,264		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 818,703	818,703		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 109,164	109,164		
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 *	\$ 12,329	12,329		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,804	1,804		
21.			Unallowable Management Fees	\$ 13,261	13,261		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 41,396	41,396		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,026,922	1,026,922		

* 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	\$ 30,264	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 30,264	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 95,592	\$ -	\$ -
13	5	Rehabilitation Services	\$ 499,637	\$ -	\$ -
13	9	Speech Therapist	\$ 25,531	\$ -	\$ -
13	10	Occupational Therapist	\$ 120,800	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Other	\$ 20,868	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 56,276	\$ -	\$ -
Total Other Fees Adjustments			\$ 818,703	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 5,933	\$ -	\$ -
16	m-13	Estimated Accrual	\$ 1,614	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ -	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Penalty	\$ 13,416	\$ -	\$ -
16	m-12		0 \$ -	\$ -	\$ -
15	l-a-1	adj workers comp	\$ 20,433	\$ -	\$ -
Total Other A&G Adjustments			\$ 41,396	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d/b/a Harrington Cour				2375	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,026,922	1,026,922		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 301,679	301,679		
28.	20	5-d	Ambulance/Limousine	\$ 35,256	35,256		
29.	20	5-f	X-rays, etc	\$ 9,618	9,618		
30.	20	5-h	Laboratory	\$ 41,073	41,073		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 2,324	2,324		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 47,958	47,958		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 18,165	18,165		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 99,124	99,124		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,582,119	1,582,119		

*** 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.

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
59 Harrington Court Operations LLC, d/b.2375		9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,736,375	11,736,375			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,531,057)	(5,531,057)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,564,086	1,564,086			
b. Medicare Room and Board Contractual Allowance **	\$ (429,987)	(429,987)			
4. a. Private-Pay Residents and Other	\$ 3,438,442	3,438,442			
b. Private-Pay Room and Board Contractual Allowance **	\$ (869,484)	(869,484)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 105,177	105,177			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (28,914)	(28,914)			
c. Prescription Drugs - Non-Medicare	\$ 130,743	130,743			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (34,087)	(34,087)			
2. a. Medical Supplies - Medicare	\$ 15	15			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (4)	(4)			
c. Medical Supplies - Non-Medicare	\$ 312	312			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (97)	(97)			
3. a. Physical Therapy - Medicare	\$ 443,258	443,258			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (121,857)	(121,857)			
c. Physical Therapy - Non-Medicare	\$ 355,521	355,521			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (97,666)	(97,666)			
4. a. Speech Therapy - Medicare	\$ 101,249	101,249			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (27,835)	(27,835)			
c. Speech Therapy - Non-Medicare	\$ 88,988	88,988			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (23,427)	(23,427)			
5. a. Occupational Therapy - Medicare	\$ 574,421	574,421			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (157,916)	(157,916)			
c. Occupational Therapy - Non-Medicare	\$ 455,688	455,688			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (127,144)	(127,144)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 187,021	187,021			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 67,762	67,762			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,799,583	11,799,583			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 124	124			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 23,014	23,014			
8. Other (<i>Specify</i>)	\$ 1,800	1,800			
V. Total Other Revenue (1 thru 8)	\$ 24,938	24,938			
VI. Total All Revenue (III +V)	\$ 11,824,521	11,824,521			

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d	2375	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	9,877
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,159,438
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	314
4. Inventories			\$	37,101
5. Prepaid Expenses			\$	45,693
a. _____				
b. _____				
c. _____				
d. See Schedule		45,693		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,252,423
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	4,601	\$	3,900
	Accum. Depreciation	701		Net
3. Buildings	*Historical Cost	329,715	\$	263,528
	Accum. Depreciation	66,187		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	88,739	\$	46,113
	Accum. Depreciation	42,626		Net
6. Movable Equipment	*Historical Cost	806,387	\$	200,714
	Accum. Depreciation	605,673		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	514,255

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

G. Balance Sheet (cont'd)

Name of Facility 59 Harrington Court Operations LLC, d	License No. 2375	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,766,678
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	4,401,785
I/C Due to/Due From Owned		440,470		
I/C Due to/Due From Multicare				
See Schedule		3,961,314		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	4,401,785
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,168,463

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d/b/a H		2375	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	695,707
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	203,459
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	349
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>)				\$	362,548

See Schedule					362,548
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,262,063

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility 59 Harrington Court Operations LLC, d/b/a		License No. 2375	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,262,063	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 4,421,533	
LT Debt-Financing Obligation		4,418,217			
Escheatable Funds		3,316			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,421,533	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 5,683,596	

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

Name of Facility	License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC,	2375	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(544,851)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,350,499
6. Gain or Loss for Period			\$	(320,779)
	10/1/2018	thru	9/30/2019	
7. Total Net Worth			\$	484,869
C. Total Reserves and Net Worth			\$	484,869
D. Total Liabilities, Reserves, and Net Worth			\$	6,168,465

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d/b/a	2375	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	805,646
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,824,521
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	12,145,298
D. Net Income or Deficit			\$	(320,777)
E. Balance			\$	484,869
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	484,869
				09/30/19

I. Preparer's/Reviewer's Certification

Name of Facility 59 Harrington Court Operations LLC,	License No. 2375	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Thomas Farnan				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Thomas Farnan			978-247-5029	
Contact Email Address				
Thomas.Farnan@genesishcc.com				