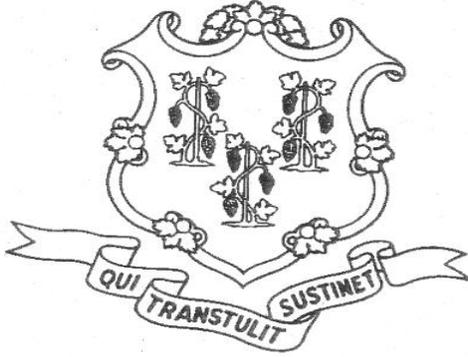


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	
Address (No. & Street, City, State, Zip Code) 6448 Main Street, Trumbull, CT 06611	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2321-C	RHNS	(Specify)	Medicare Provider 07-5001
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 6841	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) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2022	Page 1	of 37
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#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for HBR Trumbull, LLC -d/b/a: St. Joseph's Manor [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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) Porcheddu, Antonio Salvatore			Printed Name (Owner) Diane Morris - VP Reimbursement		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 6448 Main Street, Trumbull, CT 06611				
Report Prepared By Rick Fink		Phone Number 410-494-7657	Date 12/28/2022	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	7,739,215	7,726,661	12,554
5. All other wages paid	\$	1,575,614	1,402,296	173,318
6. <b>Total Wages Paid</b>	\$	9,314,829	9,128,958	185,872
7. Total salaries paid	\$	397,783	379,522	18,261
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$	9,712,612	9,508,480	204,133

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 203-268-6204		Report for Year Ended 9/30/2022		Page 2	of 37
Name of Facility (as shown on license) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			Address (No. & Street, City, State, Zip) 6448 Main Street, Trumbull, CT 06611		
License Numbers:	CCNH 2321-C	RHNS	(Specify)	Medicare Provider No. 07-5001	
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.					
<b>Administrator</b>					
Name of Administrator Porcheddu, Antonio Salvatore			Nursing Home Administrator's License No.:	2102	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Man	License No. 2321-C	Report for Year Ended 9/30/2022	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each
See Attached			




**ST. JOSEPH'S CENTER**

6448 Main Street  
Trumbull, CT 06611

**HBR Trumbull, LLC (Operator)**

EIN: 20-4599841  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Harborside Danbury Limited Partnership (100%)

---

**Harborside Danbury Limited Partnership**

EIN: 06-1528119  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Harborside Healthcare Limited Partnership (99% Limited Partner)  
Harborside Health I, LLC (1% General Partner)

---

**Harborside Healthcare Limited Partnership**

EIN: 04-2985687  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Harborside Healthcare Advisors Limited Partnership (99% Limited Partner)  
KHI LLC (1% General Partner)

---

**Harborside Health I, LLC**

EIN: 51-0304578  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Harborside Healthcare Advisors Limited Partnership (100%)

---

**Harborside Healthcare Advisors Limited Partnership**

EIN: 04-2985690  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Harborside Healthcare, LLC (99% Limited Partner)  
KHI LLC (1% General Partner)

---

**KHI LLC**

EIN: 51-0304577  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Harborside Healthcare, LLC (100%)

---

**Harborside Healthcare, LLC**

EIN: 04-3307188  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

SunBridge Healthcare, LLC (100%)

---

**SunBridge Healthcare, LLC**

EIN: 85-0370802  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Genesis Holdings, LLC (100%)

---

**Genesis Holdings, LLC**

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

*Ownership*

Genesis HealthCare LLC (100%)

---

**Genesis HealthCare LLC**

EIN: 27-3237296  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

GEN Operations II, LLC (100%)

---

**GEN Operations II, LLC**

EIN: 27-3237225  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

GEN Operations I, LLC (100%)

---

**GEN Operations I, LLC**

EIN: 27-3237090  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

FC-GEN Operations Investment, LLC (100%)

---

**FC-GEN Operations Investment, LLC**

EIN: 27-3237005  
101 East State Street  
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 64.0%)

Sundance Rehabilitation Holdco, Inc. (5.2%)

Other members (30.8%) who hold rights to income and losses but no rights as to control:

- Members that are disclosed herein as owners of Genesis Healthcare, Inc. (designated with an \*); and
- 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 OTC Market)

(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 11.0%)

ZAC Properties XI, LLC\* (approximately 7.6%)

Welltower, Inc. (approximately 5.6%)

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) \_\_\_\_\_

[\[1\] HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may be consider](#)

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

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2022	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	#VALUE!	#VALUE!
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	74%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	974,673	974,673
		<input type="radio"/>	<input checked="" type="radio"/>					
Genesis ElderCare Physician Services GPS_C	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		
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	86%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 15	1,105,274	1,091,441
Respiratory Health Services NCRHS C	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	61%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	5,437	5,437
Insurance Program Insur_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	272,711	272,711
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			License No. 2321-C			Report for Year Ended 9/30/2022		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
							<b>Total ***</b>		

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

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

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Jos	License No. 2321-C	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 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 State Marshal Kenneth Lombardi 2 3 4 5	Telephone Number 203-610-1374
--	----------------------------------

Address (*No. & Street, City, State, Zip Code*)  
 1 8 Huntington st Ste 141 Shelton, CT 06484  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 State Marshall fee for Citation Appointment of Conservator	\$	1,202
2	\$	
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	1,202

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		License No.			Report for Year Ended				Page	of			
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		2321-C			9/30/2022				8	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	292	269		23	292	269		23					
B. On last day of THIS report period	292	269		23					292	269			23
2. Number of Residents													
A. As of midnight of PREVIOUS report period	189	176		13	189	176		13					
B. As of midnight of THIS report period	186	171		15					186	171			15
3. Total Number of Days Care Provided During Period													
A. Medicare	3,041	3,041			2,313	2,313			728	728			
B. Medicaid (Conn.)	51,362	51,362			37,721	37,721			13,641	13,641			
C. Medicaid (other states)													
D. Private Pay	4,256	3,933		323	3,335	3,095		240	921	838			83
E. State SSI for RCH	6,964			6,964	5,172			5,172	1,792				1,792
F. Other (Specify)	5,625	5,625			4,188	4,188			1,437	1,437			
G. Total Care Days During Period (3A thru F)	71,248	63,961		7,287	52,729	47,317		5,412	18,519	16,644			1,875
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	205			205	137			137	68				68
B. Other Bed Reserve Days	87	54		33	87	54		33					
5. <b>Total Resident Days (3G + 4A + 4B)</b>	71,540	64,015		7,525	52,953	47,371		5,582	18,587	16,644			1,943

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Man			License No. 2321-C			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	10		151		23			18					
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	680.81		296.14		579.16			94.00					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								4,915	4,915				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								3,982	3,982				
C. Other								12,042	12,042				
D. <b>Total Physical Therapy Treatments</b>								20,939	20,939				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								243	243				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								363	363				
C. Other								1,024	1,024				
D. <b>Total Speech Therapy Treatments</b>								1,630	1,630				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								5,066	5,066				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								3,391	3,391				
C. Other								13,518	13,518				
D. <b>Total Occupational Therapy Treatments</b>								21,975	21,975				

### Report of Expenditures - Salaries & Wages

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2022	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	144,890	1,986			17,908	246
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	2,858	64			353	8
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	475,706	18,623			58,795	2,302
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	141,466	3,694			17,485	457
b. Other Maintenance Workers	254,135	11,443			31,410	1,414
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	231,774	3,757				
b. RN						
1. Direct Care	855,353	17,758		RN		
2. Administrative**	200,588	4,590		NUMD		
c. LPN						
1. Direct Care	3,004,720	74,407		LPN		
2. Administrative**				NLN1		
d. Aides and Attendants	3,564,431	156,200		PCA		
e. Physical Therapists				ACN1		
f. Speech Therapists				CNA		
g. Occupational Therapists						
h. Recreation Workers	242,480	11,441			29,969	1,414
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	288,510	8,816			35,658	1,090
n. Marketing						
o. Other (Specify) See Attached Schedule	101,569	4,924			12,554	609
<i>A-13. Total Salary Expenditures</i>	9,508,480	317,704			204,132	7,538

\* 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
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				2321-C	9/30/2022				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* 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	
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				2321-C	9/30/2022			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Porcheddu, Antonio Salvatore 8/24/2022-9/30/22 -	15,814		1,955		Management of Center	224	2			
Townsend, Patrick Aaron 6/30/2022-9/28/2022 -	28,196		3,485		Management of Center	448	2			
Byron, Helen 10/1/2021- 6/29/2022 -	100,880		12,468		Management of Center	1,560	2			
<b>Section IV - Assistant Administrators</b>										
Schiff, Shelly Renee -	2,601		322		Assists in overseeing facility operations	64	3			
Jackson, Telisha Sheree -	257		32		Assists in overseeing facility operations	8	3			
-										
-										

\*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		
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	2321-C	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	43,427					
3. Pharmacist	31,604	790				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	478,748	7,979				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	76,032	192				
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	79,242	1,495				
b. Other						
10. Occupational Therapist						
a. Resident Care	507,609	9,400				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	334,241	5,819				
2. Administrative***						
b. LPN						
1. Direct Care	710,352	15,657				
2. Administrative***						
c. Aides	60,681	2,484				
d. Other						
12. Other (Specify) See Attached Schedule	92,370					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>2,414,306</b>	<b>43,816</b>				

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

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

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



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

Name of Facility	License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	2321-C	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 177,165	173,622			3,543
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 99,567	97,576			1,991
4. Social Security (F.I.C.A.)	\$ 717,673	703,320			14,353
5. Health Insurance	\$ 813,261	796,996			16,265
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 551,785	540,749			11,036
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 64,900	63,602			1,298
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 236,247	210,260			25,987
d. Accounting and Auditing	\$				
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 1,202	1,070			132
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 23,064	20,527			2,537
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 24,255	21,587			2,668
2. Cellular Phones	\$ 2,903	2,584			319
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	\$ 173	154			19
3. Resident Day User Fee	\$ 914,474	914,474			
<b>Subtotal</b>	\$ 3,626,669	3,546,521			80,148

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	2321-C	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	3,626,669	3,546,521		80,148	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 35,962	32,006		3,956	
5. Education Expenses Related to Seminars and Conventions	\$ 365	325		40	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 16,607	14,780		1,827	
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	\$ 10,938	9,735		1,203	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 24,984	22,236		2,748	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 5,300	4,717		583	
12. Administrative Management Services**	\$ 1,095,001	974,551		120,450	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 151,600	134,924		16,676	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,967,425	4,739,794		227,631	

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

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 6,868	\$ -	\$ 849
Marketing Expense	\$ 5,002	\$ -	\$ 618
Marketing Expense	\$ 330	\$ -	\$ 41
Marketing Exp- Corporate Spend	\$ 2,560	\$ -	\$ 316
Marketing Expense	\$ 20	\$ -	\$ 2
	0 \$ -	\$ -	\$ -
<b>Total Other Advertising</b>	\$ 14,780	\$ -	\$ 1,827

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses and Certification fee	\$ 22,236	\$ -	\$ 2,748
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
<b>Total Dues</b>	\$ 22,236	\$ -	\$ 2,748

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Political Contributions	\$ -	\$ -	\$ -
Contributions	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
<b>Total Contributions</b>	\$ -	\$ -	\$ -

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 5,954	\$ -	\$ 736
Collection Fees	\$ 53,641	\$ -	\$ 6,630
Education Expense	\$ -	\$ -	\$ -
Employee Physicals	\$ 18,153	\$ -	\$ 2,244
Employee Relations	\$ 4,480	\$ -	\$ 554
Printing	\$ 191	\$ -	\$ 24
Training Expense	\$ 292	\$ -	\$ 36
Uniforms	\$ -	\$ -	\$ -
Fines & Penalties	\$ 26,764	\$ -	\$ 3,308
Miscellaneous	\$ (285)	\$ -	\$ (35)
Rental Expense	\$ 316	\$ -	\$ 39
Accrued Expense Estimation	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ 338	\$ -	\$ 42
Landlord Operating Taxes	\$ -	\$ -	\$ -
Non-recurring Charges	\$ -	\$ -	\$ -
Interest Expense	\$ 7	\$ -	\$ 1
Foreign Recruitment Cost	\$ -	\$ -	\$ -
Recruiting Fees	\$ 25,072	\$ -	\$ 3,099
Equipment Non-Capitalized	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
<b>Total Other Administrative and General</b>	\$ 134,924	\$ -	\$ 16,676

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's N	License No. 2321-C	Report for Year Ended 9/30/2022	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	#VALUE!	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

\* 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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2022	Page 18	of 37
<b>Item</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 429,803	382,525		47,278
2. Non-Food Supplies	\$ 56,774	50,529		6,245
3. Other (Specify) _____	\$ (8,786)	(7,820)		(966)
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 2,097,631	1,866,892		230,739
c. Other (Specify) _____	\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 2,575,422</b>	<b>2,292,126</b>		<b>283,296</b>
<b>2E. Dietary Questionnaire</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
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		License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		2321-C	9/30/2022	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	15,944	14,190	1,754
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. \$	41,155	36,628	4,527
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	657,012	584,741	72,271
c. Other (Specify )		\$			
<b>3D. Total Laundry Expenditures (3a + b + c )</b>		\$	<b>714,111</b>	<b>635,559</b>	<b>78,552</b>
<b>3E. Laundry Questionnaire</b>					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		2321-C	9/30/2022		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. \$	17,392	15,479		1,913
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. \$	1,012,721	901,322		111,399
C.	Other ( <i>Specify</i> )		\$			
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c)		\$ 1,030,113	916,801		113,312
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from		\$ 268,020	268,020		
b.	Medicine Cabinet Drugs		\$ 51,397	51,397		
c.	Medical and Therapeutic Supplies		\$ 353,305	353,305		
d.	Ambulance/Limousine***		\$ 5,083	5,083		
e.	Oxygen					
1.	For Emergency Use		\$			
2.	Other***		\$ 11,132	11,132		
f.	X-rays and Related Radiological Procedures***		\$ 21,123	21,123		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h.	Laboratory***		\$ 50,627	50,627		
i.	Recreation		\$ 40,269	35,839		4,430
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 134,403	119,619		14,784
5M.	<b>Total Resident Care Expenditures</b> (5a - 5j)		\$ 935,359	916,145		19,214

\* 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	\$ 82,475	\$ -	\$ 10,194
Advertising-Help Wanted	\$ 20,332	\$ -	\$ 2,513
Education Expense	\$ 147	\$ -	\$ 18
Meetings & Seminars	\$ -	\$ -	\$ -
Supplies	\$ 596	\$ -	\$ 74
Supplies	\$ 6,471	\$ -	\$ 800
Supplies	\$ 24	\$ -	\$ 3
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 2,820	\$ -	\$ 348
Consolidated Billing	\$ 4,271	\$ -	\$ 528
Books, Dues & Subscriptions	\$ 234	\$ -	\$ 29
Tuition Reimbursement	\$ -	\$ -	\$ -
Office Supplies	\$ 98	\$ -	\$ 12
Licenses & Certifications	\$ 312	\$ -	\$ 39
Incontinency - Rebates	\$ (152)	\$ -	\$ (19)
Tuition Reimbursement	\$ -	\$ -	\$ -
T&E-Lodging/Transportation	\$ -	\$ -	\$ -
T&E-Lodging/Transportation	\$ -	\$ -	\$ -
Training Expense	\$ 1,992	\$ -	\$ 246
	0	\$ -	\$ -
<b>Total Other Resident Care</b>	<b>\$ 119,619</b>	<b>\$ -</b>	<b>\$ 14,784</b>

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			License No. 2321-C		Report for Year Ended 9/30/2022			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	657,012			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	1,012,721			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	2,097,631			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"/>							
		<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
HBR Trumbull, LLC -d/b/a: St. Joseph's Mand	2321-C	9/30/2022			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 786,915	700,354			86,561	
b. Heat	\$ 272,719	242,720			29,999	
c. Light & Power	\$ 288,621	256,873			31,748	
d. Water	\$ 528,081	469,992			58,089	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$					
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 1,876,336</b>	<b>1,669,939</b>			<b>206,397</b>	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 259	231			28	
b. Building & Building Improvements	\$ 38,525	34,287			4,238	
c. Non-Movable Equipment	\$ 14,184	12,624			1,560	
d. Movable Equipment	\$ 42,505	37,829			4,676	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 95,473</b>	<b>84,971</b>			<b>10,502</b>	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 877,784	781,228			96,556	
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 218,606	194,559			24,047	
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,191,863</b>	<b>1,060,758</b>			<b>131,105</b>	

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



### Depreciation Schedule

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		License No. 2321-C		Report for Year Ended 9/30/2022			Page 23	of 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				
<b>A. Land Improvements</b>													
1. Acquired prior to this report period		1,967		1,967	86	S/L	Various	259					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									259				
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period		342,505		342,505	72,863	S/L	Various	37,391					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		24,042		24,042				1,135					
B-4. Subtotal									38,525				
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period		343,689		343,689	290,425	S/L	Various	7,347					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		69,805		69,805			6,837	6,837					
C-4. Subtotal									14,184				
		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								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Motor Vehicles (attach schedule)										S/L	Various		
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						264,988		264,988	55,326	S/L	Various	42,475	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						286		286				30.65	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period						286		286				31	
D-3. Subtotal													42,505
<b>E. Total Depreciation</b>													95,474

## Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

## Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
5/31/2022	Chiller Payment # 1	\$ 4,765	06 07	\$ 241
9/30/2022	Doors	\$ 10,741	06 03	\$ -
10/31/2021	New Mag Lock System for 2nd Floor - Fin	\$ 8,536	07 02	\$ 893
<b>Total additions for Building Improvements</b>		\$ 24,042		\$ 1,135 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/31/2021	December Requisition for Chiller	\$ 51,050	07 00	\$ 5,470
1/31/2022	October Requisition for Chiller	\$ 3,500	06 11	\$ 337
2/28/2022	January Requisition for Chiller	\$ 2,130	06 10	\$ 182
3/31/2022	February Requisition for Chiller	\$ 8,500	06 09	\$ 630
4/30/2022	March Requisition for Chiller	\$ 3,200	06 08	\$ 200
8/31/2022	Chiller Payment # 2	\$ 1,425	06 04	\$ 19
<b>Total additions for Non-Movable Equipment</b>		\$ 69,805		\$ 6,837 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3





HBR Trumbull, LLC -d/b/a: St. Joseph's Manor  
 Depreciation Expense Report  
 As of September 30, 2022

3,388,003.24

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT
57007	150055	Bldg Imp	006823	000	Sun Valuat	12/1/2012	345,600.00	R
57007	150075	Non Mova	006824	000	Sun Valuat	12/1/2012	197,690.00	P
57007	150080	Movable E	006825	000	Sun Valuat	12/1/2012	28,930.00	P
57007	150088	Movable E	006826	000	Sun Valuat	12/1/2012	14,360.00	P
57007	150110	Movable E	006827	000	Sun Valuat	12/1/2012	15,530.00	P
57007	150130	Movable E	006828	000	Sun Valuat	12/1/2012	8,930.00	A
57007	150065	Bldg Imp	007064	000	HVACSY:	12/31/2012	3,164.23	R
57007	150065	Bldg Imp	007065	000	CLACT12	12/31/2012	14,710.00	R
57007	150085	Movable E	007066	000	BEDFRAM	12/31/2012	1,648.43	P
57007	150085	Movable E	007067	000	PARTS&M	12/31/2012	1,345.86	P
57007	150085	Movable E	007068	000	MATTRE:	12/31/2012	4,200.83	P
57007	150110	Movable E	007150	000	4 Port Corj	1/31/2013	2,722.86	P
57007	150085	Movable E	007175	000	24x18 recl	2/28/2013	465.00	P
57007	150085	Movable E	007200	000	24x18 recl	3/31/2013	465.00	P
57007	150085	Movable E	007279	000	24x18 recl	4/30/2013	420.00	P
57007	150085	Movable E	007280	000	24x18 recl	4/30/2013	420.00	P
57007	150085	Movable E	007281	000	24x18 recl	4/30/2013	465.00	P
57007	150085	Movable E	007367	000	24x18 recl	5/31/2013	465.00	P
57007	150088	Movable E	007368	000	185 MATI	5/31/2013	47,332.61	P
57007	150025	Land Imp	007511	000	Exterior si	6/30/2013	4,314.52	R
57007	150085	Movable E	007512	000	Window tr	6/30/2013	19,486.18	P
57007	150050	Bldg Imp	007513	000	Taco pump	6/30/2013	980.00	R
57007	150085	Movable E	007670	000	Hobart Mc	7/31/2013	11,965.00	P
57007	150085	Movable E	007671	000	Touchfree	7/31/2013	4,760.27	P
57007	150075	Non Mova	007672	000	Roam Aler	7/31/2013	33,991.06	P
57007	150050	Bldg Imp	007673	000	Jeron Prov	7/31/2013	12,536.01	R
57007	150057	Bldg Imp	007674	000	Roam Aler	7/31/2013	33,991.06	R
57007	150075	Non Mova	007675	000	Exhaust pi	7/31/2013	9,249.40	P
57007	150075	Non Mova	007676	000	Muffler ca	7/31/2013	13,412.96	P
57007	150050	Bldg Imp	007677	000	Jeron Prov	7/31/2013	12,536.01	R
57007	150057	Bldg Imp	007793	000	pocket tag	8/31/2013	613.42	R
57007	150085	Movable E	007794	000	broda whe	8/31/2013	360.00	P
57007	150085	Movable E	007795	000	broda whe	8/31/2013	360.00	P
57007	150085	Movable E	007796	000	high back	8/31/2013	275.00	P
57007	150085	Movable E	007797	000	high back	8/31/2013	275.00	P
57007	150085	Movable E	007798	000	24x18 recl	8/31/2013	465.00	P

57007	150085	Movable E	007799	000	Blixer, 5-1	8/31/2013	2,959.50	P
57007	150085	Movable E	007898	000	24x18 recl	9/30/2013	465.00	P
57007	150110	Movable E	007899	000	Lenovo TC	9/30/2013	678.06	P
57007	150085	Movable E	007983	000	Hobart ute	10/31/2013	11,530.93	P
57007	150050	Bldg Imp	007984	000	Flat roof o	10/31/2013	18,900.00	R
57007	150085	Movable E	008073	000	Aluminum	11/30/2013	473.65	P
57007	150050	Bldg Imp	008172	000	Frame for :	12/31/2013	2,541.43	R
57007	150085	Movable E	008173	000	OmniCycle	12/31/2013	7,019.11	P
57007	150050	Bldg Imp	008337	000	Kolher gen	1/31/2014	1,063.45	R
57007	150080	Movable E	008420	000	Frame grey	2/28/2014	2,289.59	P
57007	150080	Movable E	008421	000	4 Alenti w	2/28/2014	32,546.12	P
57007	150075	Non Mova	008422	000	Alenti w/sc	2/28/2014	8,289.02	P
57007	150050	Bldg Imp	008423	000	Roofing	2/28/2014	44,100.00	R
57007	150050	Bldg Imp	008424	000	Digital cor	2/28/2014	1,865.00	R
57007	150050	Bldg Imp	008425	000	Replaceme	2/28/2014	4,243.37	R
57007	150050	Bldg Imp	008426	000	Roof leak r	2/28/2014	1,225.38	R
57007	150085	Movable E	008607	000	Big Blue B	4/30/2014	461.68	P
57007	150085	Movable E	008608	000	Frigidaire	4/30/2014	537.07	P
57007	150055	Bldg Imp	008609	000	BLAST TU	4/30/2014	4,025.54	R
57007	150085	Movable E	008610	000	Sit bath sy:	4/30/2014	2,220.91	P
57007	150085	Movable E	008611	000	Sit bath sy:	4/30/2014	3,514.48	P
57007	150117	Movable E	008612	000	Cabling fo	4/30/2014	1,462.00	P
57007	150085	Movable E	008613	000	1 Tracer S	4/30/2014	1,895.72	P
57007	150085	Movable E	008614	000	Frigidaire	4/30/2014	537.09	P
57007	150085	Movable E	008615	000	3 Tracer S	4/30/2014	1,141.08	P
57007	150100	Movable E	008736	000	Credit Car	5/31/2014	73.07	P
57007	150085	Movable E	008737	000	GE 18.1cf	5/31/2014	698.72	P
57007	150080	Movable E	008738	000	GE 3.7cf T	5/31/2014	861.44	P
57007	150057	Bldg Imp	008739	000	Video DVI	5/31/2014	5,314.31	R
57007	150085	Movable E	008849	000	Bristol Tof	6/30/2014	1,518.59	P
57007	150055	Bldg Imp	008850	000	Aquastat c	6/30/2014	1,690.40	R
57007	150110	Movable E	008953	000	1 HP Laser	7/31/2014	529.85	P
57007	150110	Movable E	008954	000	2 Cisco 29	7/31/2014	4,558.08	P
57007	150110	Movable E	008955	000	1 Cisco 29	7/31/2014	1,472.83	P
57007	150110	Movable E	008956	000	1 Cisco Ca	7/31/2014	1,306.40	P
57007	150110	Movable E	008957	000	1 Cisco Ca	7/31/2014	1,306.40	P
57007	150050	Bldg Imp	008958	000	20 minute	7/31/2014	568.97	R
57007	150050	Bldg Imp	008959	000	Closers for	7/31/2014	850.80	R
57007	150110	Movable E	009029	000	1 APC Sm	8/31/2014	877.25	P
57007	150057	Bldg Imp	009030	000	Kitchen ca	8/31/2014	1,518.59	R
57007	150100	Movable E	009068	000	IntelliFAX	9/30/2014	319.04	P
57007	150085	Movable E	009069	000	DUET TR.	9/30/2014	377.53	P
57007	150085	Movable E	009304	000	(5) 1.6 cu f	12/31/2014	2,529.58	P
57007	150080	Movable E	009435	000	support ve:	2/28/2015	484.43	P
57007	150110	Movable E	009436	000	HP LaserJe	2/28/2015	428.96	P

57007	150085	Movable E	009671	000	Thomas pu	5/31/2015	498.61	P
57007	150085	Movable E	009672	000	1/2 Gallon	5/31/2015	420.52	P
57007	150117	Movable E	009673	000	Phone line	5/31/2015	1,141.42	P
57007	150085	Movable E	009753	000	Direct Cho	6/30/2015	147.15	P
57007	150080	Movable E	009754	000	3 Attendan	6/30/2015	6,449.04	P
57007	150080	Movable E	009755	000	Sales and U	6/30/2015	72.00	P
57007	150117	Movable E	010041	000	Cabling fo	9/30/2015	2,000.00	P
57007	150110	Movable E	010042	000	1 HP Laser	9/30/2015	448.72	P
57007	150110	Movable E	010043	000	1 HP M42:	9/30/2015	448.72	P
57007	150080	Movable E	010044	000	Batteries fo	9/30/2015	2,349.81	P
57007	150085	Movable E	010045	000	Megapulse	9/30/2015	6,487.35	P
57007	150085	Movable E	010046	000	6 UNIFRA	9/30/2015	3,644.01	P
57007	150085	Movable E	010047	000	ICE MACI	9/30/2015	2,888.42	P
57007	150080	Movable E	010048	000	Unimac wa	9/30/2015	25,199.63	P
57007	150055	Bldg Imp	010049	000	Pivot fram	9/30/2015	1,921.00	R
57007	150055	Bldg Imp	010050	000	Repairs to	9/30/2015	9,667.34	R
57007	150020	Land Imp	010051	000	Parking lot	9/30/2015	1,817.36	R
57007	150085	Movable E	010139	000	SLICER T	10/31/2015	316.94	P
57007	150080	Movable E	010140	000	Direct Cho	10/31/2015	15,718.42	P
57007	150117	Movable E	010238	000	Cabling fo	11/30/2015	500.00	P
57007	150085	Movable E	010297	000	Direct Cho	12/31/2015	78.89	P
57007	150110	Movable E	010298	000	1 HP Laser	12/31/2015	492.66	P
57007	150110	Movable E	010299	000	1 Cisco 29	12/31/2015	1,473.21	P
57007	150085	Movable E	010300	000	Tracer SX:	12/31/2015	534.96	P
57007	150055	Bldg Imp	010365	000	Expansion	1/31/2016	3,307.76	R
57007	150050	Bldg Imp	010366	000	Fire dampe	1/31/2016	5,594.72	R
57007	150050	Bldg Imp	010367	000	Wiring for	1/31/2016	2,433.40	R
57007	150050	Bldg Imp	010368	000	Fire door f	1/31/2016	1,526.12	R
57007	150075	Non Mova	010369	000	Compressc	1/31/2016	2,065.31	P
57007	150055	Bldg Imp	010476	000	Repairs to	2/29/2016	4,126.40	R
57007	150085	Movable E	010632	000	3-Gallon B	3/31/2016	2,041.92	P
57007	150085	Movable E	010633	000	Double De	3/31/2016	11,640.97	P
57007	150085	Movable E	010634	000	10 Tracer I	3/31/2016	1,961.80	P
57007	150055	Bldg Imp	010635	000	2 Altronix	3/31/2016	2,878.50	R
57007	150075	Non Mova	010876	000	Water heat	5/31/2016	6,168.30	P
57007	150050	Bldg Imp	010877	000	Demo old o	5/31/2016	24,950.00	R
57007	150050	Bldg Imp	010878	000	(1) 45 gal c	5/31/2016	23,185.00	R
57007	150085	Movable E	010917	000	Vicair Vec	6/30/2016	315.76	P
57007	150057	Bldg Imp	010918	000	Security m	6/30/2016	2,449.24	R
57007	150055	Bldg Imp	010919	000	Electric do	6/30/2016	5,723.76	R
57007	150075	Non Mova	010920	000	Conductivi	6/30/2016	6,764.56	P
57007	150050	Bldg Imp	010921	000	Sales tax o	6/30/2016	3,056.57	R
57007	150085	Movable E	011185	000	One Gallon	9/30/2016	1,215.41	P
57007	150110	Movable E	011291	000	1 HP Laser	10/31/2016	183.89	P
57007	150050	Bldg Imp	011292	000	Fire doors	10/31/2016	1,377.23	R

57007	150080	Movable E	011361	000	2 Unimac	11/30/2016	52,077.47	P
57007	150057	Bldg Imp	011482	000	Amplifier	12/31/2016	1,798.91	R
57007	150075	Non Mova	011483	000	American	12/31/2016	7,019.10	P
57007	150080	Movable E	011627	000	Attendant	2/28/2017	7,669.12	P
57007	150080	Movable E	011628	000	Vitalstim	2/28/2017	1,307.02	P
57007	150100	Movable E	011629	000	12 task cha	2/28/2017	1,450.17	P
57007	150085	Movable E	011630	000	6 Large bu	2/28/2017	2,098.14	P
57007	150080	Movable E	011833	000	Huntleigh	3/31/2017	874.18	P
57007	150085	Movable E	011834	000	2 USTEP I	3/31/2017	1,728.19	P
57007	150050	Bldg Imp	011959	000	Jeron Prov	5/31/2017	20,968.50	R
57007	150057	Bldg Imp	011960	000	Interlockin	5/31/2017	3,432.80	R
57007	150050	Bldg Imp	012037	000	Call Bell S	6/30/2017	20,968.50	R
57007	150057	Bldg Imp	012110	000	Install Lux	7/31/2017	6,154.00	R
57007	150055	Bldg Imp	012111	000	Giant Lift	7/31/2017	32,356.00	R
57007	150080	Movable E	012172	000	Uni Mac C	8/31/2017	13,739.36	P
57007	150025	Land Imp	012313	000	Labor & m	10/31/2017	200,543.00	R
57007	150055	Bldg Imp	012419	000	Lift gate el	11/30/2017	32,356.00	R
57007	150050	Bldg Imp	012476	000	Floor mou	12/31/2017	745.60	R
57007	150050	Bldg Imp	012477	000	Jeron Prov	12/31/2017	86,992.17	R
57007	150050	Bldg Imp	012533	000	12 Panic B	1/31/2018	7,338.15	R
57007	150117	Movable E	012680	000	Add a Data	3/31/2018	770.00	P
57007	150088	Movable E	012681	000	DermaFloa	3/31/2018	2,143.14	P
57007	150085	Movable E	012682	000	Direct Cho	3/31/2018	1,680.31	P
57007	150050	Bldg Imp	012853	000	Toilet	5/31/2018	667.35	R
57007	150088	Movable E	012854	000	(7) Dermal	5/31/2018	21,238.77	P
57007	150085	Movable E	012855	000	(2) Tracer	5/31/2018	453.42	P
57007	150085	Movable E	012856	000	9XT Whee	5/31/2018	507.56	P
57007	150085	Movable E	012857	000	Slip-Top C	5/31/2018	578.52	P
57007	150088	Movable E	012858	000	Bariatric B	5/31/2018	2,640.67	P
57007	150055	Bldg Imp	012859	000	Rental Boi	5/31/2018	71,190.05	R
57007	150050	Bldg Imp	012860	000	New Roof	5/31/2018	42,438.00	R
57007	150050	Bldg Imp	012860	000	New Roof-	5/31/2018	2,694.81	R
57007	150025	Land Imp	012861	000	Sales Tax	5/31/2018	4,428.01	R
57007	150088	Movable E	012939	000	(2) Dermal	6/30/2018	5,217.49	P
57007	150055	Bldg Imp	013012	000	Boiler and	7/31/2018	46,684.45	R
57007	150055	Bldg Imp	013089	000	New Circu	8/31/2018	16,169.45	R
57007	150055	Bldg Imp	013090	000	Boiler Plar	8/31/2018	70,858.25	R
57007	150088	Movable E	013172	000	60 - Mattre	9/30/2018	14,485.51	P
57007	150088	Movable E	013173	000	3 - Mattres	9/30/2018	1,027.65	P
57007	150080	Movable E	013174	000	5 - LED Tv	9/30/2018	2,220.69	P
57007	150057	Bldg Imp	013175	000	Vinyl Floo	9/30/2018	8,576.06	R
57007	150055	Bldg Imp	013176	000	Boiler Ren	9/30/2018	13,355.00	R
57007	150055	Bldg Imp	013177	000	Boiler Ren	9/30/2018	13,355.00	R
57007	150080	Movable E	013227	000	Refrigeratc	9/30/2018	483.95	P
57007	150050	Bldg Imp	013349	2019	DPH Docu	11/30/2018	3,960.00	R

57007	150055	Bldg Imp	013252	2019	Rental- Te	10/31/2018	13,355.00	R
57007	150055	Bldg Imp	013253	2019	2 New Boi	10/31/2018	143,187.50	R
57007	150055	Bldg Imp	013347	2019	boiler renta	11/30/2018	13,355.00	R
57007	150055	Bldg Imp	013348	2019	New boiler	11/30/2018	70,858.25	R
57007	150057	Bldg Imp	013346	2019	50%down	11/30/2018	16,470.67	R
57007	150085	Movable E	013345	2019	6 uniframe	11/30/2018	4,665.15	P
57007	150050	Bldg Imp	013874	2019	Push Buttc	05/31/19	814.11	R
57007	150050	Bldg Imp	014263	2019	Boiler Plar	09/30/19	12,500.00	R
57007	150055	Bldg Imp	013501	2019	Dec Boiler	01/31/19	13,355.00	R
57007	150055	Bldg Imp	013591	2019	Upgrade of	02/28/19	18,509.84	R
57007	150055	Bldg Imp	013592	2019	February B	02/28/19	13,355.00	R
57007	150055	Bldg Imp	013593	2019	January Bc	02/28/19	13,355.00	R
57007	150055	Bldg Imp	013680	2019	Temp Boil	03/31/19	13,355.00	R
57007	150055	Bldg Imp	013794	2019	2 Excitor a	04/30/19	1,347.44	R
57007	150055	Bldg Imp	013876	2019	April Boile	05/31/19	14,418.50	R
57007	150055	Bldg Imp	013877	2019	Upgrade ar	05/31/19	1,198.86	R
57007	150057	Bldg Imp	013793	2019	Cabinets &	04/30/19	15,287.79	P
57007	150057	Bldg Imp	013875	2019	New Floor	05/31/19	2,901.02	P
57007	150080	Movable E	013873	2019	Record Sal	05/31/19	64.00	P
57007	150080	Movable E	013985	2019	Record Sal	06/30/19	71.00	P
57007	150080	Movable E	014067	2019	Frigidaire	07/31/19	605.13	P
57007	150085	Movable E	013500	2019	Convection	01/31/19	4,298.94	P
57007	150085	Movable E	013791	2019	Counter Ct	04/30/19	4,479.42	P
57007	150085	Movable E	013792	2019	Filter for I	04/30/19	179.37	P
57007	150085	Movable E	013987	2019	Conveyor	06/30/19	812.28	P
57007	150085	Movable E	014069	2019	Conveyor	07/31/19	890.51	P
57007	150085	Movable E	014262	2019	2 Hotpoint	09/30/19	1,227.15	P
57007	150088	Movable E	014177	2019	63 Mattres	08/31/19	15,513.16	P
57007	150100	Movable E	013986	2019	2 Logan O	06/30/19	285.07	P
57007	150100	Movable E	014068	2019	Big and Ta	07/31/19	286.66	P
57007	150117	Movable E	013789	2019	CAT6 Fax	04/30/19	1,010.53	P
57007	150117	Movable E	013790	2019	Patched int	04/30/19	398.81	P
57007	150050	Bldg Imp	014446	2020	Architectu	11/30/19	3,879.65	R
57007	150050	Bldg Imp	014516	2020	Deposit fo	12/31/19	1,998.60	R
57007	150050	Bldg Imp	014777	2020	Fire Pump	03/31/20	4,769.80	R
57007	150050	Bldg Imp	014780	2020	Architectu	03/31/20	28,877.22	R
57007	150050	Bldg Imp	015056	2020	Design Wc	06/30/20	22,746.14	R
57007	150055	Bldg Imp	014356	2020	Columbia ;	10/31/19	15,354.00	R
57007	150055	Bldg Imp	014585	2020	Final Insta	01/31/20	3,412.00	R
57007	150055	Bldg Imp	014587	2020	Columbia ;	01/31/20	15,354.00	R
57007	150057	Bldg Imp	014671	2020	New Vinyl	02/29/20	2,754.28	P
57007	150075	Non Mova	014586	2020	replaced H	01/31/20	14,037.55	P
57007	150080	Movable E	014445	2020	12 Hoyer F	11/30/19	67,685.03	P
57007	150080	Movable E	014584	2020	Record sal	01/31/20	16.00	P
57007	150080	Movable E	014778	2020	10 - 28" R	03/31/20	3,686.79	P

57007	150080	Movable E	015055	2020	Frigidaire	06/30/20	605.13	P
57007	150085	Movable E	014355	2020	CB15s 1 G	10/31/19	1,198.69	P
57007	150085	Movable E	014517	2020	2 sets of F	12/31/19	686.78	P
57007	150085	Movable E	014779	2020	4 - Meal D	03/31/20	11,781.37	P
57007	150085	Movable E	014868	2020	1 - 5 Well	04/30/20	6,035.36	P
57007	150085	Movable E	014869	2020	9 - Tray C	04/30/20	1,552.14	P
57007	150085	Movable E	014870	2020	2 - Stainles	04/30/20	2,684.67	P
57007	150087	Movable E	014775	2020	2 - Extra V	03/31/20	932.63	P
57007	150100	Movable E	014776	2020	Logan Offi	03/31/20	283.58	P
57007	150100	Movable E	014871	2020	2 - Logan C	04/30/20	283.58	P
57007	150110	Movable E	014354	2020	Apple iPac	10/31/19	281.82	P
57007	150117	Movable E	014515	2020	Data Drop	12/31/19	255.00	P
57007	150087	Movable E	015507	2021	Genesis 76	10/31/20	324.37	P
57007	150085	Movable E	015559	2021	Power Hei	12/31/20	6,291.64	P
57007	150080	Movable E	015560	2021	17 - Hoyer	12/31/20	68,534.77	P
57007	150080	Movable E	015675	2021	Welch All	02/28/21	2,379.01	P
57007	150050	Bldg Imp	015676	2021	New Nurse	02/28/21	36,147.30	R
57007	150085	Movable E	015729	2021	Accutemp	03/31/21	6,159.64	P
57007	150085	Movable E	015730	2021	Accutemp	03/31/21	683.81	P
57007	150085	Movable E	015731	2021	Robot Cou	03/31/21	3,237.27	P
57007	150085	Movable E	015732	2021	Symphony	03/31/21	7,753.59	P
57007	150085	Movable E	015733	2021	Symphony	03/31/21	7,753.59	P
57007	150057	Bldg Imp	015815	2021	Johnsonite	04/30/21	574.29	P
57007	150117	Movable E	015816	2021	Cabling fo	04/30/21	531.75	P
57007	150087	Movable E	015817	2021	Ridgid k-4	04/30/21	504.23	P
57007	150087	Movable E	015818	2021	2 - Rotomc	04/30/21	1,075.16	P
57007	150088	Movable E	015886	2021	85 - Panac	05/31/21	22,113.36	P
57007	150050	Bldg Imp	015887	2021	Memory C	05/31/21	1,812.10	R
57007	150057	Bldg Imp	015888	2021	New Floor	05/31/21	4,117.19	P
57007	150057	Bldg Imp	015889	2021	Johnsonite	05/31/21	2,360.97	P
57007	150020	Land Imp	015890	2021	Tree and S	05/31/21	1,169.85	R
57007	150020	Land Imp	015891	2021	Weeping C	05/31/21	797.63	R
57007	150080	Movable E	015932	2021	15 - RCA	06/30/21	4,806.54	P
57007	150050	Bldg Imp	015933	2021	New Nurse	06/30/21	36,147.30	R
57007	150050	Bldg Imp	015934	2021	New Feed,	06/30/21	2,670.45	R
57007	150057	Bldg Imp	015987	2021	New Mag	07/31/21	8,535.65	P
57007	150075	Non Mova	015988	2021	Deposit fo	07/31/21	285,236.00	P
57007	150117	Movable E	016044	2021	Cabling	08/31/21	4,500.00	P
57007	150100	Movable E	016045	2021	2 - VL210	08/31/21	248.82	P
57007	150075	Non Mova	016046	2021	July Requi	08/31/21	2,565.00	P
57007	150055	Bldg Imp	016047	2021	Lock Out I	08/31/21	11,985.32	R
57007	150075	Non Mova	016083	2021	August Re	09/30/21	41,850.00	P
57007	150050	Bldg Imp	016084	2021	New 400A	09/30/21	18,611.25	R
57007	150050	Bldg Imp	016259	2022	Chiller Pay	5/31/2022	4765	R
57007	150050	Bldg Imp	016287	2022	Doors	9/30/2022	10741.35	R

57007	150057	Bldg Imp	016098	2022	New Mag l	10/31/2021	8535.65 P
57007	150075	Non Mova	016129	2022	December	12/31/2021	51050 P
57007	150075	Non Mova	016132	2022	October Re	1/31/2022	3500 P
57007	150075	Non Mova	016148	2022	January Re	2/28/2022	2130 R
57007	150075	Non Mova	016169	2022	February R	3/31/2022	8500 R
57007	150075	Non Mova	016192	2022	March Re	4/30/2022	3200 P
57007	150075	Non Mova	016263	2022	Chiller Pay	8/31/2022	1425 P
57007	150080	Movable E	016116	2022	Record Sal	12/31/2021	286 P

Sch 23 Total Deprn	95,473.68
Sch 29 total Deprn Adj	514,795.62
Total Deprn Expense	<u>610,269.30</u>

3,388,003.24      1,837,706.83      610,269.30      2,447,976.13

DeprMeth	EstLife	Depreciable Basis	Prior Accum	Current YTD	Current
			Depreciation	Depreciation	Accum
			9/30/2021	2,022.00	9/30/2022
SLMM	11 00	345,600.00	277,527.25	31,418.18	308,945.43
SLMM	09 00	197,690.00	194,029.11	3,660.89	197,690.00
SLMM	07 00	28,930.00	28,930.00	-	28,930.00
SLMM	03 00	14,360.00	14,360.00	-	14,360.00
SLMM	02 00	15,530.00	15,530.00	-	15,530.00
SLMM	04 00	8,930.00	8,930.00	-	8,930.00
SLMM	11 00	3,164.23	2,517.03	287.66	2,804.69
SLMM	11 00	14,710.00	11,701.11	1,337.27	13,038.38
SLMM	10 00	1,648.43	1,442.35	164.84	1,607.19
SLMM	10 00	1,345.86	1,177.66	134.59	1,312.25
SLMM	10 00	4,200.83	3,675.70	420.08	4,095.78
SLMM	03 00	2,722.86	2,722.86	-	2,722.86
SLMM	10 00	465.00	399.13	46.50	445.63
SLMM	10 00	465.00	395.26	46.50	441.76
SLMM	10 00	420.00	353.50	42.00	395.50
SLMM	10 00	420.00	353.50	42.00	395.50
SLMM	10 00	465.00	391.38	46.50	437.88
SLMM	10 00	465.00	387.51	46.50	434.01
SLMM	03 00	47,332.61	47,332.61	-	47,332.61
SLMM	10 00	4,314.52	3,559.47	431.45	3,990.92
SLMM	10 00	19,486.18	16,076.12	1,948.62	18,024.74
SLMM	10 06	980.00	769.98	93.33	863.31
SLMM	10 00	11,965.00	9,771.42	1,196.50	10,967.92
SLMM	10 00	4,760.27	3,887.58	476.03	4,363.61
SLMM	10 00	33,991.06	27,759.40	3,399.11	31,158.51
SLMM	10 05	12,536.01	9,828.26	1,203.46	11,031.72
SLMM	10 00	33,991.06	27,759.40	3,399.11	31,158.51
SLMM	10 00	9,249.40	7,553.68	924.94	8,478.62
SLMM	10 00	13,412.96	10,953.95	1,341.30	12,295.25
SLMM	10 05	12,536.01	9,828.26	1,203.46	11,031.72
SLMM	10 00	613.42	495.83	61.34	557.17
SLMM	10 00	360.00	291.00	36.00	327.00
SLMM	10 00	360.00	291.00	36.00	327.00
SLMM	10 00	275.00	222.30	27.50	249.80
SLMM	10 00	275.00	222.30	27.50	249.80
SLMM	10 00	465.00	375.88	46.50	422.38

SLMM	10 00	2,959.50	2,392.26	295.95	2,688.21
SLMM	10 00	465.00	372.01	46.50	418.51
SLMM	03 00	678.06	678.06	-	678.06
SLMM	10 00	11,530.93	9,128.63	1,153.09	10,281.72
SLMM	10 02	18,900.00	14,717.25	1,859.02	16,576.27
SLMM	10 00	473.65	371.07	47.37	418.44
SLMM	10 00	2,541.43	1,969.59	254.14	2,223.73
SLMM	10 00	7,019.11	5,439.80	701.91	6,141.71
SLMM	09 11	1,063.45	822.17	107.24	929.41
SLMM	07 00	2,289.59	2,289.59	-	2,289.59
SLMM	07 00	32,546.12	32,546.12	-	32,546.12
SLMM	09 10	8,289.02	6,392.37	842.95	7,235.32
SLMM	09 10	44,100.00	34,009.35	4,484.75	38,494.10
SLMM	09 10	1,865.00	1,438.26	189.66	1,627.92
SLMM	09 10	4,243.37	3,272.44	431.53	3,703.97
SLMM	09 10	1,225.38	945.04	124.62	1,069.66
SLMM	09 08	461.68	354.22	47.76	401.98
SLMM	09 08	537.07	412.07	55.56	467.63
SLMM	09 08	4,025.54	3,088.59	416.44	3,505.03
SLMM	09 08	2,220.91	1,703.98	229.75	1,933.73
SLMM	09 08	3,514.48	2,696.48	363.57	3,060.05
SLMM	07 00	1,462.00	1,462.00	-	1,462.00
SLMM	09 08	1,895.72	1,454.48	196.11	1,650.59
SLMM	09 08	537.09	412.07	55.56	467.63
SLMM	09 08	1,141.08	875.47	118.04	993.51
SLMM	09 07	73.07	55.95	7.63	63.58
SLMM	09 07	698.72	534.67	72.91	607.58
SLMM	07 00	861.44	861.44	-	861.44
SLMM	09 07	5,314.31	4,066.63	554.54	4,621.17
SLMM	09 06	1,518.59	1,158.92	159.85	1,318.77
SLMM	09 06	1,690.40	1,290.07	177.94	1,468.01
SLMM	03 00	529.85	529.85	-	529.85
SLMM	03 00	4,558.08	4,558.08	-	4,558.08
SLMM	03 00	1,472.83	1,472.83	-	1,472.83
SLMM	03 00	1,306.40	1,306.40	-	1,306.40
SLMM	03 00	1,306.40	1,306.40	-	1,306.40
SLMM	09 05	568.97	433.02	60.42	493.44
SLMM	09 05	850.80	647.51	90.35	737.86
SLMM	03 00	877.25	877.25	-	877.25
SLMM	09 04	1,518.59	1,152.53	162.71	1,315.24
SLMM	09 03	319.04	241.43	34.49	275.92
SLMM	09 03	377.53	285.67	40.81	326.48
SLMM	09 00	2,529.58	1,897.22	281.07	2,178.29
SLMM	07 00	484.43	455.63	28.80	484.43
SLMM	03 00	428.96	428.96	-	428.96

SLMM	08 07	498.61	367.91	58.09	426.00
SLMM	08 07	420.52	310.27	48.99	359.26
SLMM	07 00	1,141.42	1,032.72	108.70	1,141.42
SLMM	08 06	147.15	108.19	17.31	125.50
SLMM	07 00	6,449.04	5,758.07	690.97	6,449.04
SLMM	07 00	72.00	64.31	7.69	72.00
SLMM	07 00	2,000.00	1,714.32	285.68	2,000.00
SLMM	03 00	448.72	448.72	-	448.72
SLMM	03 00	448.72	448.72	-	448.72
SLMM	07 00	2,349.81	2,014.14	335.67	2,349.81
SLMM	08 03	6,487.35	4,718.10	786.35	5,504.45
SLMM	08 03	3,644.01	2,650.21	441.70	3,091.91
SLMM	08 03	2,888.42	2,100.66	350.11	2,450.77
SLMM	07 00	25,199.63	21,599.70	3,599.93	25,199.63
SLMM	08 03	1,921.00	1,397.10	232.85	1,629.95
SLMM	08 03	9,667.34	7,030.80	1,171.80	8,202.60
SLMM	08 03	1,817.36	1,321.74	220.29	1,542.03
SLMM	08 02	316.94	229.63	38.81	268.44
SLMM	07 00	15,718.42	13,285.82	2,245.49	15,531.31
SLMM	07 00	500.00	416.67	71.43	488.10
SLMM	08 00	78.89	56.70	9.86	66.56
SLMM	03 00	492.66	492.66	-	492.66
SLMM	03 00	1,473.21	1,473.21	-	1,473.21
SLMM	08 00	534.96	384.50	66.87	451.37
SLMM	07 11	3,307.76	2,367.65	417.82	2,785.47
SLMM	07 11	5,594.72	4,004.64	706.70	4,711.34
SLMM	07 11	2,433.40	1,741.82	307.38	2,049.20
SLMM	07 11	1,526.12	1,092.37	192.77	1,285.14
SLMM	07 11	2,065.31	1,478.32	260.88	1,739.20
SLMM	07 10	4,126.40	2,941.19	526.78	3,467.97
SLMM	07 09	2,041.92	1,449.09	263.47	1,712.56
SLMM	07 09	11,640.97	8,261.34	1,502.06	9,763.40
SLMM	07 09	1,961.80	1,392.27	253.14	1,645.41
SLMM	07 09	2,878.50	2,042.82	371.42	2,414.24
SLMM	07 07	6,168.30	4,338.14	813.40	5,151.54
SLMM	07 07	24,950.00	17,547.25	3,290.11	20,837.36
SLMM	07 07	23,185.00	16,305.92	3,057.36	19,363.28
SLMM	07 06	315.76	221.03	42.10	263.13
SLMM	07 06	2,449.24	1,714.49	326.57	2,041.06
SLMM	07 06	5,723.76	4,006.64	763.17	4,769.81
SLMM	07 06	6,764.56	4,735.19	901.94	5,637.13
SLMM	07 06	3,056.57	2,139.59	407.54	2,547.13
SLMM	07 03	1,215.41	838.20	167.64	1,005.84
SLMM	03 00	183.89	183.89	-	183.89
SLMM	07 02	1,377.23	944.84	192.17	1,137.01

SLMM	07 00	52,077.47	35,958.26	7,439.64	43,397.90
SLMM	07 00	1,798.91	1,220.70	256.99	1,477.69
SLMM	07 00	7,019.10	4,762.97	1,002.73	5,765.70
SLMM	06 10	7,669.12	5,143.92	1,122.31	6,266.23
SLMM	06 10	1,307.02	876.65	191.27	1,067.92
SLMM	06 10	1,450.17	972.68	212.22	1,184.90
SLMM	06 10	2,098.14	1,407.31	307.05	1,714.36
SLMM	06 09	874.18	582.79	129.51	712.30
SLMM	06 09	1,728.19	1,152.13	256.03	1,408.16
SLMM	06 07	20,968.50	13,802.06	3,185.09	16,987.15
SLMM	06 07	3,432.80	2,259.57	521.44	2,781.01
SLMM	06 06	20,968.50	13,710.16	3,225.92	16,936.08
SLMM	06 05	6,154.00	3,996.12	959.07	4,955.19
SLMM	06 05	32,356.00	21,010.38	5,042.49	26,052.87
SLMM	06 04	13,739.36	8,858.30	2,169.38	11,027.68
SLMM	10	200,543.00	89,973.35	20,054.30	110,027.65
SLMM	10	32,356.00	14,139.13	3,235.60	17,374.73
SLMM	10	745.60	316.88	74.56	391.44
SLMM	10	86,992.17	36,971.68	8,699.22	45,670.90
SLMM	10	7,338.15	3,028.29	733.82	3,762.10
SLMM	5	770.00	528.96	154.00	682.96
SLMM	3	2,143.14	2,143.14	-	2,143.14
SLMM	5	1,680.31	1,154.30	336.06	1,490.36
SLMM	5	667.35	440.25	133.47	573.72
SLMM	3	21,238.77	21,238.77	-	21,238.77
SLMM	5	453.42	299.12	90.68	389.81
SLMM	5	507.56	334.84	101.51	436.35
SLMM	5	578.52	381.65	115.70	497.36
SLMM	3	2,640.67	2,640.67	-	2,640.67
SLMM	5	71,190.05	46,964.18	14,238.01	61,202.19
SLMM	5	42,438.00	27,996.41	8,487.60	36,484.01
	5	2,694.81	1,616.89	538.96	2,155.85
SLMM	5	4,428.01	2,921.17	885.60	3,806.77
SLMM	3	5,217.49	5,217.49	-	5,217.49
SLMM	5	46,684.45	29,447.11	9,336.89	38,784.00
SLMM	5	16,169.45	9,954.32	3,233.89	13,188.21
SLMM	5	70,858.25	43,622.11	14,171.65	57,793.76
SLMM	3	14,485.51	14,485.51	-	14,485.51
SLMM	3	1,027.65	1,027.65	-	1,027.65
SLMM	5	2,220.69	1,332.41	444.14	1,776.55
SLMM	5	8,576.06	5,145.64	1,715.21	6,860.85
SLMM	5	13,355.00	8,013.00	2,671.00	10,684.00
SLMM	5	13,355.00	8,013.00	2,671.00	10,684.00
SLMM	5	483.95	290.37	96.79	387.16
SLMM	5	3,960.00	2,244.00	792.00	3,036.00

SLMM	5	13,355.00	7,790.42	2,671.00	10,461.42
SLMM	5	143,187.50	83,526.04	28,637.50	112,163.54
SLMM	5	13,355.00	7,567.83	2,671.00	10,238.83
SLMM	5	70,858.25	40,153.01	14,171.65	54,324.66
SLMM	5	16,470.67	9,333.38	3,294.13	12,627.51
SLMM	5	4,665.15	2,643.59	933.03	3,576.62
SLMM	10	814.11	189.96	81.41	271.37
SLMM	10	12,500.00	2,500.00	1,250.00	3,750.00
SLMM	10	13,355.00	3,561.33	1,335.50	4,896.83
SLMM	10	18,509.84	4,781.71	1,850.98	6,632.69
SLMM	10	13,355.00	3,450.04	1,335.50	4,785.54
SLMM	10	13,355.00	3,450.04	1,335.50	4,785.54
SLMM	10	13,355.00	3,338.75	1,335.50	4,674.25
SLMM	10	1,347.44	325.63	134.74	460.38
SLMM	10	14,418.50	3,364.32	1,441.85	4,806.17
SLMM	10	1,198.86	279.73	119.89	399.62
SLMM	10	15,287.79	3,694.55	1,528.78	5,223.33
SLMM	10	2,901.02	676.90	290.10	967.01
SLMM	7	64.00	21.33	9.14	30.48
SLMM	7	71.00	22.82	10.14	32.96
SLMM	7	605.13	187.30	86.45	273.75
SLMM	10	4,298.94	1,146.38	429.89	1,576.28
SLMM	10	4,479.42	1,082.53	447.94	1,530.47
SLMM	10	179.37	43.35	17.94	61.28
SLMM	10	812.28	182.76	81.23	263.99
SLMM	10	890.51	192.94	89.05	281.99
SLMM	10	1,227.15	245.43	122.72	368.15
SLMM	3	15,513.16	10,773.03	4,740.13	15,513.16
SLMM	10	285.07	64.14	28.51	92.65
SLMM	10	286.66	62.11	28.67	90.78
SLMM	7	1,010.53	348.87	144.36	493.23
SLMM	7	398.81	137.68	56.97	194.66
SLMM	20	3,879.65	355.63	193.98	549.62
SLMM	20	1,998.60	174.88	99.93	274.81
SLMM	20	4,769.80	357.74	238.49	596.23
SLMM	20	28,877.22	2,165.79	1,443.86	3,609.65
SLMM	20	22,746.14	1,421.63	1,137.31	2,558.94
SLMM	15	15,354.00	1,961.90	1,023.60	2,985.50
SLMM	15	3,412.00	379.11	227.47	606.58
SLMM	15	15,354.00	1,706.00	1,023.60	2,729.60
SLMM	10	2,754.28	436.09	275.43	711.52
SLMM	10	14,037.55	2,339.59	1,403.76	3,743.35
SLMM	7	67,685.03	17,727.03	9,669.29	27,396.32
SLMM	7	16.00	3.81	2.29	6.10
SLMM	7	3,686.79	790.03	526.68	1,316.71

SLMM	7	605.13	108.06	86.45	194.51
SLMM	10	1,198.69	229.75	119.87	349.62
SLMM	10	686.78	120.19	68.68	188.86
SLMM	10	11,781.37	1,767.21	1,178.14	2,945.34
SLMM	10	6,035.36	855.01	603.54	1,458.55
SLMM	10	1,552.14	219.89	155.21	375.10
SLMM	10	2,684.67	380.33	268.47	648.80
SLMM	5	932.63	279.79	186.53	466.32
SLMM	10	283.58	42.54	28.36	70.90
SLMM	10	283.58	40.17	28.36	68.53
SLMM	3	281.82	180.05	93.94	273.99
SLMM	7	255.00	63.75	36.43	100.18
SLMM	5	324.37	59.47	64.87	124.34
SLMM	8	6,291.64	589.84	786.46	1,376.30
SLMM	7	68,534.77	7,343.01	9,790.68	17,133.69
SLMM	7	2,379.01	198.25	339.86	538.11
SLMM	7	36,147.30	3,012.28	5,163.90	8,176.18
SLMM	7	6,159.64	439.97	879.95	1,319.92
SLMM	7	683.81	48.84	97.69	146.53
SLMM	7	3,237.27	231.23	462.47	693.70
SLMM	7	7,753.59	553.83	1,107.66	1,661.48
SLMM	7	7,753.59	553.83	1,107.66	1,661.48
SLMM	7	574.29	34.18	82.04	116.23
SLMM	7	531.75	31.65	75.96	107.62
SLMM	5	504.23	42.02	100.85	142.87
SLMM	5	1,075.16	89.60	215.03	304.63
SLMM	3	22,113.36	2,457.04	7,371.12	9,828.16
SLMM	7	1,812.10	86.29	258.87	345.16
SLMM	7	4,117.19	196.06	588.17	784.23
SLMM	7	2,360.97	112.43	337.28	449.71
SLMM	7	1,169.85	55.71	167.12	222.83
SLMM	7	797.63	37.98	113.95	151.93
SLMM	7	4,806.54	171.66	686.65	858.31
SLMM	7	36,147.30	1,290.98	5,163.90	6,454.88
SLMM	7	2,670.45	95.37	381.49	476.87
SLMM	3	8,535.65	474.20	2,845.22	3,319.42
SLMM	1	285,236.00	47,539.33	237,696.67	285,236.00
SLMM	3	4,500.00	125.00	1,500.00	1,625.00
SLMM	3	248.82	6.91	82.94	89.85
SLMM	1	2,565.00	213.75	2,351.25	2,565.00
SLMM	1	11,985.32	998.78	10,986.54	11,985.32
SLMM	7	41,850.00	-	5,978.57	5,978.57
SLMM	7	18,611.25	-	2,658.75	2,658.75
SLMM	7	4,765.00	-	226.90	226.90
SLMM	7	10,741.35	-	-	-

SLMM	7	8,535.65	-	1,117.76	1,117.76
SLMM	7	51,050.00	-	5,469.64	5,469.64
SLMM	7	3,500.00	-	333.33	333.33
SLMM	7	2,130.00	-	177.50	177.50
SLMM	7	8,500.00	-	607.14	607.14
SLMM	7	3,200.00	-	190.48	190.48
SLMM	7	1,425.00	-	16.96	16.96
SLMM	7	286.00	-	30.64	30.64

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

**Amortization Schedule\***

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			License No. 2321-C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

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

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

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph	License No. 2321-C	Report for Year Ended 9/30/2022	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	292			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
GMF-CT	Facility Lease	7/1/2019-12/31	10 years	877,784
650 Madison Avenue New York, NY 10022				

**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
HBR Trumbull, LLC -d/b/a: St. Joseph		2321-C	9/30/2022			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							
00							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
00							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
00							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
00							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$				

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Jos		2321-C		9/30/2022		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							
00							
2. Other ( <i>Specify</i> )				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
00							
B. Item		Rate	Amount				
Lender							
Address of Lender							
00							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense ( <i>Specify</i> )				\$			
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 56,096	49,925		6,171
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella ( <i>Blanket Coverage</i> )			\$ 216,615	192,787			23,828
2. Fire and Extended Coverage			\$				
3. Other ( <i>Specify</i> )			\$				
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$ 272,711	242,712		29,999
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$ 25,690,259	24,396,620		1,293,638

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			2321-C	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 25,133	22,369		2,765
<b>Page 13 - Professional Fees</b>							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,092,763	1,092,763		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 236,247	210,260		25,987
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 *	\$ 16,607	14,780		1,827
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ #VALUE!	#VALUE!		#VALUE!
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ #VALUE!	#VALUE!		#VALUE!
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ #VALUE!	#VALUE!		#VALUE!

\* 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	\$ 22,369	\$ -	\$ 2,765
10	a12o		0 \$ -	\$ -	\$ -
10	a12o		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Other Salaries Adjustment</b>			\$ 22,369	\$ -	\$ 2,765

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 217,408	\$ -	\$ -
13	5	Rehabilitation Services	\$ 261,341	\$ -	\$ -
13	9	Speech Therapist	\$ 79,242	\$ -	\$ -
13	10	Occupational Therapist	\$ 507,609	\$ -	\$ -
13	12	Other	\$ 2,075	\$ -	\$ -
13	12	Other	\$ 5,843	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 5,413	\$ -	\$ -
13	11a	Nursing Agency Purchased -RN	\$ 4,260	\$ -	\$ -
13	11b	Nursing Agency Purchased -LPN	\$ 8,820	\$ -	\$ -
13	11c	Nursing Agency Purchased -Certified Nursing Aides	\$ 753	\$ -	\$ -
<b>Total Other Fees Adjustments</b>			\$ 1,092,763	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-8a	1020630310 Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	1020630120 Collection Fees	\$ 53,641	\$ -	\$ 6,630
16	m-13	1020660990 Estimated Accrual	\$ -	\$ -	\$ -
16	m-13	7010800030 Non-recurring charges	\$ -	\$ -	\$ -
16	m-13	1020640080 Penalty	\$ 26,764	\$ -	\$ 3,308
0	0		\$ -	\$ -	\$ -
15	1a3		\$ -	\$ -	\$ -
15	1a4		\$ -	\$ -	\$ -
15	1-a-1	adj workers comp adj workers comp	#VALUE!	\$ -	#VALUE!
13	B12	adj to SNAP Strike Cost (disallowable)	\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
<b>Total Other A&amp;G Adjustments</b>			#VALUE!	\$ -	#VALUE!

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

Name of Facility			License No.	Report for Year Ended	Page	of	
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			2321-C	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ #VALUE!	#VALUE!		#VALUE!
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5-a-2	Prescription Drugs	\$ 268,020	268,020		
28.	20	5-d	Ambulance/Limousine	\$ 5,083	5,083		
29.	20	5-f	X-rays, etc	\$ 21,123	21,123		
30.	20	5-h	Laboratory	\$ 50,627	50,627		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 11,132	11,132		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 15,238	15,238		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (514,796)	(514,796)		
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	\$ 22,080	22,080		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$ 34,050	30,304		3,745
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ #VALUE!	#VALUE!		#VALUE!
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	<b>Total Amount of Decrease (Items 1 - 48)</b>			\$ #VALUE!	#VALUE!		#VALUE!

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

## Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 4,799	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 7,271	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 3,168	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
<b>Total Other Ancillary Costs</b>			\$ 15,238	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ (21,613)	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (204,240)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (253,190)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (35,753)	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
0	0-Jan		\$ -	\$ -	\$ -
<b>Total Excess Movable Equipment Depreciation</b>			\$ (514,796)	\$ -	\$ -

## Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6b		0	0	0
22	6c		0	0	0
22	6d		0	0	0
22	6a	Teresian Towers Misc Revenue - Maint Dept	7890.5	0	0
22	6b	Teresian Towers Misc Revenue- Electricity revenue	14189.03	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
<b>Total Other Property Adjustments</b>			\$ 22,080	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV	\$ 30,304	allow \$3600	\$ 3,745
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
<b>Total Other Adjustments</b>			\$ 30,304	\$ -	\$ 3,745

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	#VALUE!	\$ -	#VALUE!
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
<b>Total Other Adjustments</b>			#VALUE!	\$ -	#VALUE!

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's 12321-C		9/30/2022		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ (29,236,531)	(27,482,339)		(1,754,192)	
b. Medicaid Room and Board Contractual Allowance **	\$ 13,362,426	12,560,680		801,746	
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ (1,677,909)	(1,677,909)			
b. Medicare Room and Board Contractual Allowance **	\$ 250,323	250,323			
4. a. Private-Pay Residents and Other	\$ (5,561,508)	(5,480,641)		(80,867)	
b. Private-Pay Room and Board Contractual Allowance **	\$ 1,640,546	1,616,692		23,854	
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ (91,709)	(91,709)			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ 13,682	13,682			
c. Prescription Drugs - Non-Medicare	\$ (216,175)	(192,396)		(23,779)	
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ 67,317	59,912		7,405	
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ (106)	(94)		(12)	
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ 38	34		4	
3. a. Physical Therapy - Medicare	\$ (430,789)	(430,789)			
b. Physical Therapy - Medicare Contractual Allowance **	\$ 64,268	64,268			
c. Physical Therapy - Non-Medicare	\$ (623,826)	(555,205)		(68,621)	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ 215,571	191,858		23,713	
4. a. Speech Therapy - Medicare	\$ (73,870)	(73,870)			
b. Speech Therapy - Medicare Contractual Allowance **	\$ 11,021	11,021			
c. Speech Therapy - Non-Medicare	\$ (122,562)	(109,080)		(13,482)	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ 42,365	37,705		4,660	
5. a. Occupational Therapy - Medicare	\$ (484,713)	(484,713)			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 72,313	72,313			
c. Occupational Therapy - Non-Medicare	\$ (666,483)	(593,170)		(73,313)	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ 224,949	200,205		24,744	
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (33,833)	(30,112)		(3,722)	
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (261,992)	(233,173)		(28,819)	
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ (23,517,187)	(22,356,507)		(1,160,681)	
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$ (18,434)	(16,406)		(2,028)	
5. Interest Income ( <i>Specify</i> )	\$ (1,786)	(1,786)			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ (6,544)	(5,824)		(720)	
8. Other ( <i>Specify</i> )	\$ (889,599)	(889,599)			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ (916,364)	(913,616)		(2,748)	
<b>VI. Total All Revenue</b> (III +V)	\$ (24,433,551)	(23,270,122)		(1,163,429)	

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
B-6-a	Medicare - X-Ray	\$ (6,535)	\$ -	\$ (808)
B-6-a	Medicare - Laboratory	\$ (17,072)	\$ -	\$ (2,110)
B-6-a	Medicare - Respiratory Therapy & Supplies	\$ (870)	\$ -	\$ (108)
B-6-a	Medicare - Nursing Treatment Supplies	\$ -	\$ -	\$ -
B-6-a	Medicare - Audiology	\$ -	\$ -	\$ -
B-6-a	Medicare - Incontinency	\$ -	\$ -	\$ -
B-6-a	Medicare - Oxygen & Supplies	\$ -	\$ -	\$ -
B-6-a	Medicare - Physician Visit	\$ -	\$ -	\$ -
B-6-a	Medicare - Ambulance	\$ -	\$ -	\$ -
B-6-a	Medicare - Flu Shot	\$ (10,914)	\$ -	\$ (1,349)
B-6-a	Medicare - Capitation Contracts	\$ -	\$ -	\$ -
B-6-a	Medicare - Radiology Service	\$ -	\$ -	\$ -
B-6-a	Medicare - Outpatient Therapy Program	\$ -	\$ -	\$ -
B-6-a	Medicare - Case Management	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare- X-Ray	\$ 975	\$ -	\$ 120
B-6-a	Contracts-Medicare- Laboratory	\$ 2,547	\$ -	\$ 315
B-6-a	Contracts-Medicare- Respiratory Therapy & Supplies	\$ 130	\$ -	\$ 16
B-6-a	Contracts-Medicare- Nursing Treatment Supplies	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare- Audiology	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare- Incontinency	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare- Oxygen & Supplies	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare- Physician Visit	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare- Ambulance	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare- Flu Shot	\$ 1,628	\$ -	\$ 201
B-6-a	Contracts-Medicare- Capitation Contracts	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare- Radiology Service	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare- Outpatient Therapy Program	\$ -	\$ -	\$ -
B-6-a	Contracts-Medicare- Case Management	\$ -	\$ -	\$ -
	<b>Total Other Resident Revenue - Medicare</b>	<b>\$ (80,112)</b>	<b>\$ -</b>	<b>\$ (3,722)</b>

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
B-6-b	Medicaid - X-Ray			
B-6-b	Medicaid - Laboratory	(724.42)		(27.74)
B-6-b	Medicaid - Respiratory Therapy & Supplies	(2,101.29)		(259.71)
B-6-b	Medicaid - Nursing Treatment Supplies			
B-6-b	Medicaid - Audiology			
B-6-b	Medicaid - Incontinency			
B-6-b	Medicaid - Oxygen & Supplies			
B-6-b	Medicaid - Physician Visit			
B-6-b	Medicaid - Ambulance			
B-6-b	Medicaid - Flu Shot			
B-6-b	Medicaid - Capitation Contracts			
B-6-b	Medicaid - Radiology Service			
B-6-b	Medicaid - Outpatient Therapy Program			
B-6-b	Medicaid -			
B-6-b	Contracts-Medicaid- X-Ray			
B-6-b	Contracts-Medicaid- Laboratory	102.87		12.68
B-6-b	Contracts-Medicaid- Respiratory Therapy & Supplies	960.39		118.70
B-6-b	Contracts-Medicaid- Nursing Treatment Supplies			
B-6-b	Contracts-Medicaid- Audiology			
B-6-b	Contracts-Medicaid- Incontinency			
B-6-b	Contracts-Medicaid- Oxygen & Supplies			
B-6-b	Contracts-Medicaid- Physician Visit			
B-6-b	Contracts-Medicaid- Ambulance			
B-6-b	Contracts-Medicaid- Flu Shot			
B-6-b	Contracts-Medicaid- Capitation Contracts			
B-6-b	Contracts-Medicaid- Radiology Service			
B-6-b	Contracts-Medicaid- Outpatient Therapy Program			
B-6-b	Contracts-Medicaid- Daycare			
B-6-b	Private insurance, other- X-Ray	(10,777.01)		(1,331.99)
B-6-b	Private insurance, other- Laboratory	(27,986.23)		(3,458.97)
B-6-b	Private insurance, other- Respiratory Therapy & Supplies	(846.39)		(104.61)
B-6-b	Private insurance, other- Nursing Treatment Supplies			
B-6-b	Private insurance, other- Audiology			
B-6-b	Private insurance, other- Incontinency			
B-6-b	Private insurance, other- Oxygen & Supplies			
B-6-b	Private insurance, other- Physician Visit			
B-6-b	Private insurance, other- Ambulance			
B-6-b	Private insurance, other- Flu Shot			
B-6-b	Private insurance, other- Capitation Contracts	(289,332.77)		(35,760.23)
B-6-b	Private insurance, other- Radiology Service			
B-6-b	Private insurance, other- Outpatient Therapy Program			
B-6-b	Private insurance, other- Daycare			
B-6-b	Contracts-Non-Medicaid- X-Ray	3,179.03		392.91
B-6-b	Contracts-Non-Medicaid- Laboratory	8,255.44		1,020.34
B-6-b	Contracts-Non-Medicaid- Respiratory Therapy & Supplies	249.67		30.86
B-6-b	Contracts-Non-Medicaid- Nursing Treatment Supplies			
B-6-b	Contracts-Non-Medicaid- Audiology			
B-6-b	Contracts-Non-Medicaid- Incontinency			
B-6-b	Contracts-Non-Medicaid- Oxygen & Supplies			
B-6-b	Contracts-Non-Medicaid- Physician Visit			
B-6-b	Contracts-Non-Medicaid- Ambulance			
B-6-b	Contracts-Non-Medicaid- Flu Shot			
B-6-b	Contracts-Non-Medicaid- Capitation Contracts	85,348.05		10,548.63
B-6-b	Contracts-Non-Medicaid- Radiology Service			
B-6-b	Contracts-Non-Medicaid- Outpatient Therapy Program			
B-6-b	Contracts-Non-Medicaid- Daycare			
	<b>Total Other Resident Revenue</b>	<b>\$ (253,173)</b>	<b>\$ -</b>	<b>\$ (28,819)</b>

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest on Overdue Accts- Interest	\$ (1,786)	\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -
	<b>Total Interest Income</b>	<b>\$ (1,786)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	Elm Basic Healthcare Revenue	\$ (539,615)	\$ -	\$ -
IV-8	Federal Stimulus 4 - Part 2	\$ (103,622)	\$ -	\$ -
IV-8	Federal Stimulus - Phase 4	\$ (81,788)	\$ -	\$ -
IV-8	Federal Stimulus - ARP Rural	\$ (2,425)	\$ -	\$ -
IV-8	State COVID Support - Other	\$ (108,667)	\$ -	\$ -
IV-8	Timble Rental Fee	\$ (50,787)	\$ -	\$ -
IV-8	Robo settlement	\$ (327)	\$ -	\$ -
IV-8	nasale bolix abdominal binder	\$ (13)	\$ -	\$ -
IV-8	transportation 1/27 Constipation	\$ (64)	\$ -	\$ -
IV-8	Telehealth Rehab Screening	\$ (953)	\$ -	\$ -
IV-8	Adult Day Care	\$ (1,309)	\$ -	\$ -
IV-8		\$ -	\$ -	\$ -
IV-8		\$ -	\$ -	\$ -
0		\$ -	\$ -	\$ -
	<b>Total Other Revenue</b>	<b>\$ (889,599)</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's	2321-C	9/30/2022	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	10,192
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,279,365
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(222,216)
4. Inventories			\$	94,465
5. Prepaid Expenses			\$	7,633
a. Prepaid Personal Property Tax	5,687			
b. Prepaid Property Tax	1,947			
c. Prepaid Escrow Real Estate				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,169,439
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	1,967	\$	1,622
	Accum. Depreciation	346		Net
3. Buildings	*Historical Cost	366,547	\$	255,159
	Accum. Depreciation	111,388		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	413,494	\$	108,885
	Accum. Depreciation	304,609		Net
6. Movable Equipment	*Historical Cost	265,274	\$	167,443
	Accum. Depreciation	97,831		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
PPE CIP				
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	533,108

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Intercompany	\$ (1,939,504)
32	D7	O/LT A Suspense	\$ 2,255
<b>Total Other Assets</b>			\$ (1,937,249)

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

Page Ref	Line Ref	Description	
33	A12	Accr Exp Other	\$ 1,066
33	A12	Accr Exp Water and Sewer	\$ 27,016
33	A12	Accr Exp Gas	\$ 11,930
33	A12	Accr Exp Electricity	\$ 16,901
33	A12	Accr Exp Nursing Purchased Ser	
33	A12	Deferred Revenue	\$ 39,603
33	A12	A/R Credit Gross Up Liability	\$ 186,798
33	A12	Accrued Provider/Bed Tax	\$ 240,385
33	A12	Accr Sales and Use Tax - FY18	\$ 182
33	A12	CP Opr/Lease-Bldg Obligation	\$ 413,961
33	A12	CP-Self Insurance WC Reserve	\$ 379,727
33	A12	CP-Self Insurance GLPL Reserve	\$ 435,912
<b>Total Other Current Liabilities (Itemize)</b>			\$ 1,753,483

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's	2321-C	9/30/2022	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	2,702,548
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
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> )			\$	1,441,766
ROU Bldg Asset-Oper Lease		4,575,109		
AccumAmort-ROU Bldg OprLease		(1,196,093)		
See Schedule		(1,937,249)		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	1,441,766
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	4,144,314

\* 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
HBR Trumbull, LLC -d/b/a: St. Joseph's Manag		2321-C	9/30/2022	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,469,827
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> )				\$	335,571
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	3,440
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> )				\$	1,753,483
_____					
_____					
_____					
See Schedule				1,753,483	
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$	<b>3,562,321</b>

\* 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 HBR Trumbull, LLC -d/b/a: St. Joseph's Ma	License No. 2321-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			3,562,321	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 5,325,508
LT Debt-Financing Obligation		5,323,780		
Escheatable Funds		1,728		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 5,325,508
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 8,887,829

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

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph	2321-C	9/30/2022	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,486,804)
6. Gain or Loss for Period			\$	(1,256,710)
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	(4,743,514)
<b>C. Total Reserves and Net Worth</b>			\$	(4,743,514)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,144,315

### H. Changes in Total Net Worth

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's	License No. 2321-C	Report for Year Ended 9/30/2022	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(3,486,808)	
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	24,433,552	
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	25,690,258	
D. Net Income or Deficit			\$	(1,256,706)	
E. Balance			\$	(4,743,514)	
F. Additions					
1. Additional Capital Contributed ( <i>itemize</i> )					
2. Other ( <i>itemize</i> )					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$		
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount		
2. Other Withdrawings ( <i>Specify</i> )			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. <b>Balance at End of Period</b>			\$	(4,743,514)	
				09/30/22	

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's	License No. 2321-C	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Rick Fink				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			410-494-7657	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Rick Fink			410-494-7657	
Contact Email Address				
Rick.Fink@genesishcc.com				