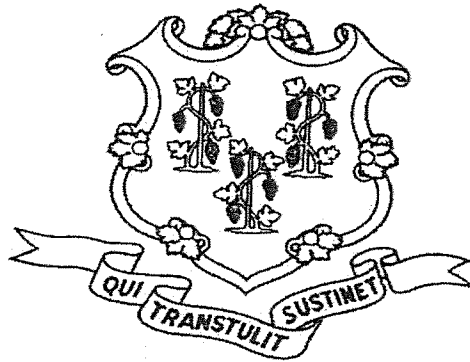


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Glastonbury Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 1175 Hebron Ave Glastonbury, CT 06033	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2028C	RHNS	(Specify)	Medicare Provider 07-5316
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Medicaid Provider Numbers:	CCNH 2028C	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2019	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Glastonbury Health Care Center, Inc. [facility name] for the cost report period beginning October 01, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under penalties 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
		2/17/2020			2/17/2020
Printed Name (Administrator)			Printed Name (Owner)		
Nickeisha Bewry			Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	CT	2/17/2020		8/11/2020	
Address of Notary Public					
38 Linda Dr. Plainville CT 06062					

(Notary Seal)

Table of Contents

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

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Glastonbury Health Care Center, Inc.		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 1175 Hebron Ave Glastonbury, CT 06033				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 2/18/2020	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-659-1905		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Glastonbury Health Care Center, Inc.		Address (No. & Street, City, State, Zip) 1175 Hebron Ave Glastonbury, CT 06033		
License Numbers:	CCNH 2028C	RHNS	(Specify)	Medicare Provider No. 07-5316
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Nickeisha Bewry		Nursing Home Administrator's License No.:	2016	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				

General Information and Questionnaire
Corporate Owners

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2019	Page 3A	of 37
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		
Glastonbury Health Care Center, Inc	1175 Hebron Ave, Glastonbury, CT 06762	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G. Santilli	1175 Hebron Ave, Glastonbury, CT 06762	President	4098.425	
Michael E. Mosier	1175 Hebron Ave, Glastonbury, CT 06762	Treasurer/Secretary	25	
Names of Stockholders Owning at Least 10% of Shares				
Conservators for Lawrence E. Santilli	1175 Hebron Ave, Glastonbury, CT 06762		701.575	

General Information and Questionnaire Related Parties*

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2019	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> 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				
Laurelridge Health Care Center	642 Danbury Rd, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	Bank Fees	Pg 16 M13	8,097	8,097
Misc Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	Interfacility Loans	PG 33 A2		
Athena Captive	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	Workers Comp Captive	Pg 15 1a1	397,017	397,017
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>	Facility participates in common 401k plan			
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	See Attached			
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Pharmacy Services	Pg 20 5a2	390,905	
Glastonbury Landlord	1175 Hebron Ave, Glastonbury, CT 06033	<input checked="" type="radio"/>	<input type="radio"/>	Lease of Property	Pg 22 L9, 10b; Pg 27 L	821,256	821,256
		<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.

Glastonbury
RELATED PARTIES QUESTIONNAIRE
PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No	%**				
Athena Health Care	135 South Rd Farmington, CT 06032	X		>50.0%	Management Fees, Maintenance, Maintenance Insurance Payroll Processing Marketing, Employee Relations Postage Data Processing General Insurance	Pg 17 Pg 22 6a Pg 15 1a5, Pg 15 1g Pg 16 m13 Pg 16 m3 Pg 16 m13 Pg 16 m7 Pg 16 m13 Pg 27 14a	\$587,514 \$207,286 \$7,841 \$7,520 \$4,560 \$1,820 \$11,279 \$64 \$380 \$1,625	\$587,514 \$207,286 \$7,841 \$7,520 \$4,560 \$1,820 \$11,279 \$64 \$380 \$1,625
Athena Health Insurance	135 South Rd Farmington, CT 06032				Self Insured Employee Health & Dental Insurance	Pg 15,1	\$1,127,361	\$1,127,361

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2019	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.

Not Applicable

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

Not Applicable

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.

Laundry and Water/Sewer costs are shared with and billed to the Non- Related Assisted Living Facility.

THERAPY LEASE AGREEMENT
(ATRIA LITCHFIELD HILLS)

EXECUTION COPY

This Lease Agreement (the "Agreement") is made effective as of the **1ST DAY OF APRIL 2019** (the "Effective Date"), by and between **HCP Glastonbury CT OpCo, LLC DBA ATRIA LITCHFIELD HILLS** ("Landlord"), and **GLASTONBURY HEALTH CARE CENTER, INC** ("Tenant"), located at **1175 Hebron Avenue Glastonbury, CT 06033**. Landlord and Tenant shall be referred to herein individually as a "Party" and collectively as the "Parties."

Purpose

Subject to the terms and conditions of this Agreement, Landlord desires to let the Premises (as defined below) which is located in that certain facility owned, operated and/or managed by Landlord and known as **1177 Hebron Ave Glastonbury CT USA 06033** (the "Facility") to Tenant and Tenant desires to lease the Premises from Landlord.

Terms

NOW, THEREFORE, in consideration of the mutual promises and covenants contained in this Agreement, the Parties agree as follows:

1. **Premises**. Landlord hereby leases to Tenant, and Tenant hereby rents from the Landlord, certain space in the Facility consisting of approximately **ONE-THOUSAND EIGHT-HUNDRED-THIRTY (1,830)** square feet (+/-) located on the Facility's **FIRST** floor (the "Premises"). Tenant, its employees, patients and invitees shall also have the right to use the Facility's common areas for ingress and egress.

2. **Term Lease Arrangement**. The "Initial Term" of this Agreement shall commence on the Effective Date and shall remain in effect for twelve (12) months. Thereafter, this Agreement will automatically be extended for successive periods of twelve (12) months in duration (each a "Renewal Term"), subject to renegotiation of Rent, unless one Party provides written notice of termination to the other Party at least ten (10) calendar days prior to the next renewal date that it does not wish the Agreement to be so extended. If such notice is given, the Agreement shall terminate as of the expiration of the then-current Initial Term or Renewal Term, whichever is applicable. The Agreement's Initial Term and each subsequently entered Renewal Term shall be referred to herein collectively as the Agreement's "Term."

Notwithstanding the stated Term of this Agreement, this Agreement may be terminated by either party without cause and for convenience upon not less than ninety (90) calendar days advance written notice to the other party.

3. **Rent**. Tenant agrees to pay Landlord **annual rent in the amount of THIRTY-FIVE THOUSAND AND SEVEN Dollars AND NINETY CENTS (\$35,007.90)** ("Rent"), plus any applicable Goods and Services Taxes and Sales Taxes payable in equal monthly installments of **TWO THOUSAND NINE HUNDRED SEVENTEEN Dollars AND THIRTY-THREE CENTS (\$2,917.33) per month** for the Initial Term, in advance on or before the first day of each month during the Term. Rent shall remain fixed as stated above for the Initial Term of this Agreement. Thereafter, Rent may be adjusted for subsequent Renewal Terms by mutual written agreement of the Parties. If the Rent is not received by the Landlord within ten (10) calendar days from the date it is due, a late charge of five percent (5%) of such payment may be due the Landlord at its sole discretion as additional Rent. All Rent shall be paid to Landlord without demand, set off or any deduction whatsoever, and payment shall be tendered to

Landlord at the address provided for Landlord in this Agreement. If the Term commences on a day other than the first day of a calendar month or terminates on a day other than the last day of a calendar month, then the Rent for such month or months shall be prorated.

4. Purpose and Use of Premises. Tenant shall use and occupy the Premises only for providing therapy and other services for which Tenant holds a valid license (the "Services") to Facility residents and for no other purpose including, without limitation, any unlawful purpose. Tenant shall make arrangements directly with any residents of the Facility for all Services. Landlord shall have no financial responsibility for such Services provided to residents and Tenant shall be solely responsible for securing payment for such Services from the residents to whom Services are provided. Tenant shall use and occupy the Premises and provide any Services in strict accordance with federal, provincial and local laws, rules, regulations, ordinances, and judicial and administrative interpretations. If any increase in the cost of any insurance of Landlord for the Facility is caused solely by Tenant's use or occupancy of the Premises, or because Tenant vacates the Premises, then Tenant shall pay the amount of such increase to Landlord immediately upon demand. Tenant shall not undertake any of the following actions without the prior written consent of the Landlord:

(a) Use or occupy the Premises in any other manner or for any purpose other than the performance of Services or as otherwise expressly permitted by this Agreement;

(b) Make any alterations, improvements or additions to or about the Premises, or affix or attach any articles to, or make any holes in or about the Premises, unless a plan therefore has been submitted to Landlord and has received Landlord's written approval, whereupon Tenant, or Landlord, in its discretion, will make or perform the same solely at the cost, expense and risk of Tenant. All alterations, improvements, additions, fixtures or placements, whether installed or placed before or after the execution of this Agreement, shall remain upon the Premises at the expiration or earlier termination of this Agreement and shall become the property of Landlord unless Landlord shall, prior to the expiration or earlier termination of this Agreement, have given written notice to Tenant to remove the same, in which event Tenant shall remove the same and restore the Premises to the same good order and condition as at the Effective Date; *provided, however*, Tenant shall have the right to remove any and all fixtures installed or placed by Tenant upon the Premises, so long as such removal does not damage or impair the value of the Premises;

(c) Place any additional locks upon any doors or windows of the Premises or the Facility or permit any duplicate keys to the locks therein to be made except with the prior written consent of Landlord;

(d) Undertake or allow any conduct or operation that: (i) unreasonably interferes with or impairs the quiet enjoyment of Landlord and/or the Facility's residents; (ii) constitutes a nuisance or menace; or (iii) creates waste;

(e) Maintain within the Premises any equipment that exceeds safe bearing loads of the floors or contributes to Landlord's operating expense; or

(f) Undertake or allow any action in or about the Premises that will in any way increase the rate of fire or other insurance of Landlord over that rate in effect prior to or at the Effective Date.

5. Repairs, Alterations and Additions. Tenant shall, at Tenant's sole cost and expense, take good care of the Premises and the fixtures therein, and when necessitated by the fault or negligence of Tenant or its agents, employees, or invitees keep and maintain the Premises (except for those portions of the Premises identified below) in good working order and condition. Landlord shall provide routine maintenance including: weekly vacuuming, dusting and trash removal, and cleaning and mopping of the bathroom. Further, Landlord shall, at Landlord's sole cost and expense (except as otherwise provided in the next

sentence) repair, maintain and replace: (a) the roof, the structural portions of the Facility, the exterior walls and windows and any building systems (e.g. HVAC systems) (including those portions of such items located within the Premises) and (b) the common areas of the Facility. Notwithstanding the foregoing, in the event any maintenance, repairs or replacements to any portions of the Facility which Landlord is responsible for maintaining, repairing or replacing under this Agreement are necessary due to the acts or omissions of Tenant or any of Tenant's agents, employees or invitees, Tenant shall reimburse Landlord, as additional Rent under this Agreement, for the costs of such maintenance, repairs or replacements within ten (10) calendar days after the receipt of written demand, together with supporting invoices, therefor.

6. **Quiet Enjoyment.** If Tenant shall perform all of the covenants and agreements herein required to be performed by Tenant, Tenant shall, subject to the terms and conditions of this Agreement, at all times during the Term, have peaceful and quiet enjoyment of the Premises against any person claiming by, through or under Landlord.

7. **Liens.**

(a) In the event any lien is filed against the Premises, the Facility or the real property of which the Premises are a part for work or materials claimed to have been furnished to Tenant, Tenant shall cause such lien to be discharged of record within thirty (30) calendar days after notice thereof.

(b) The interest of Landlord shall not be subject to liens for improvements made by or on behalf of Tenant in and about the Premises. Tenant shall notify every contractor making such improvements of the provision set forth in the preceding sentence of this subparagraph.

8. **Signs and Advertising.** No signs or advertising, other than any signs already in place shall be placed on the interior or exterior portion of the Premises or the Facility (or any windows) by Tenant without Landlord's prior written consent.

9. **Requirements of Law.** Tenant, at its expense, shall obtain all applicable licenses and permits, except occupancy/building permits, and shall comply with such licenses and permits and with all laws, orders, and regulations of any governmental authority having jurisdiction with respect to the Premises or the use or occupancy thereof. Tenant shall pay before delinquency any and all taxes, assessments, license fees and public charges owed, assessed or imposed and that become payable during the Term upon Tenant's fixtures, furniture, appliances and personal property installed or located in or about the Premises. If Tenant receives notice of any violation of law, ordinance, rule, order, or regulation applicable to the Premises, it shall give written notice thereof to Landlord within five (5) business days of the date of receipt of such notice.

10. **Utilities and Services.** Landlord shall pay all taxes and utilities for the Premises, including electricity, water, sewer, gas, and trash collection charges, consumed by Tenant during the Term of this Agreement. Tenant shall obtain, maintain and pay for its telephone and other services.

11. **Subordination.** This Agreement is subject and subordinate to all present and future mortgages and other encumbrances affecting the real property of which the Premises is a part, and to all renewals, modifications, consolidations, replacements and extensions thereof. Tenant agrees to execute at no expense to Landlord any instrument that may be deemed necessary by Landlord or its lenders to further effect the subordination of the lease herein provided. Tenant agrees to attorn to the prime landlord under Landlord's prime lease, if any. If such prime landlord terminates Landlord's prime lease, Tenant agrees that prime landlord may take over all right, title and interest of Tenant under this Agreement. Landlord hereby represents and warrants to Tenant that it has the authority and/or consent under the prime lease, if any and as the case may require, of prime landlord to lease the Premises to Tenant.

12. Destruction of Premises.

(a) If the Premises are damaged or destroyed by a cause other than the willfulness, recklessness or negligence of Tenant, so that the Premises are rendered wholly untenable, the Rent shall be paid up to the time of the casualty and thenceforth shall cease until the date when the Premises have been repaired or restored by Landlord.

(b) If the Premises are partially damaged or partially destroyed by a cause other than the willfulness, recklessness or negligence of Tenant, the damages shall be repaired by and at the expense of Landlord. Until such repairs are made, the Rent shall be apportioned according to the part of the Premises that is usable by Tenant. Landlord shall not be liable to Tenant for any inconvenience, annoyance or interruption of Tenant's business resulting from such damage or the repair thereof, and shall not be liable for any delay in restoring the Premises. If the Premises are partially damaged or destroyed as a result of the negligent or intentional act of Tenant or any person on the Premises with Tenant's consent, there shall be no apportionment or abatement of Rent.

13. Condemnation. If any part of the Premises or the Facility should be taken for any public or quasi-public use under governmental law, ordinance, or regulation, or by right of eminent domain, or by private purchase in lieu thereof (a "Taking" or "Taken"), and the Taking would prevent or materially interfere with Tenant's use of the Premises or in Landlord's judgment would materially interfere with or impair its ownership or operation of the Facility, then upon written notice by Landlord this Agreement shall terminate and Rent shall be apportioned as of said date. If part of the Premises shall be Taken, and this Agreement is not so terminated, the Rent payable hereunder during the unexpired Term shall be pro rata to the percentage of the Premises so Taken. In the event of any such Taking, Landlord shall be entitled to receive the entire price or award from any such Taking without any payment to Tenant, and Tenant hereby assigns to Landlord Tenant's interest, if any, in such award. Tenant shall have the right to the extent that same shall not diminish Landlord's award to make a separate claim against the condemning authority (but not Landlord) for such compensation as may be separately awarded or recoverable by Tenant for moving expenses and damage to Tenant's trade fixtures, if a separate award for such items is made to Tenant.

14. Right of Entry. Landlord or Landlord's agents may enter the Premises at any reasonable time, upon reasonable notice to Tenant (except that no notice need be given in case of emergency) for the purpose of inspection, maintenance or repairs as Landlord deems necessary or desirable in its sole discretion. Landlord may show the Premises to prospective purchasers, mortgagees and tenants during business hours upon reasonable notice to Tenant.

15. End of Term; Abandoned Property. At the end of the Term, Tenant shall vacate and surrender the Premises to Landlord broom clean and in as good condition as at the commencement of this Agreement, ordinary wear and tear and damage by fire and the elements excepted, and Tenant shall remove all of its property. All property, installations and additions required to be removed by Tenant at the end of the Term that remain in the Premises after Tenant has vacated shall be considered abandoned by Tenant and, at the option of the Landlord, may either be retained as Landlord's property or may be removed by Landlord at Tenant's expense. All obligations of Tenant hereunder not fully performed as of the termination of the Term shall survive the termination of this Agreement including, without limitation, indemnity obligations and obligations concerning the condition and repair of the Premises.

16. Holding Over. If Tenant retains possession of the Premises after the expiration or termination of the Term, unless otherwise agreed in writing, such possession shall be subject to immediate termination by Landlord at any time, and all of the other terms and provisions of this Agreement (excluding any expansion or renewal option or other similar right or option) shall be applicable during such holdover period, except

that Tenant shall pay Landlord from time to time, upon demand, as Rent for the holdover period, an amount equal to the Rent in effect as of the expiration or termination of the Term, computed on a monthly basis for each month or part thereof during such holding over.

17. Tenant's Insurance and Indemnity Obligations.

(a) Tenant shall carry professional liability insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate. Tenant shall provide a Certificate of Insurance to Landlord prior to the Effective Date of this Agreement and shall provide renewal Certificates of Insurance at least annually thereafter or more frequently if requested by Landlord. In addition, Tenant shall indemnify and hold Landlord, Atria Management Company, LLC ("AMC") (as manager of the Facility), Atria Senior Living, Inc. ("ASL") and Ventas, Inc. ("VTR") and their respective affiliates, officers, directors, representatives, agents, attorneys, and employees harmless from and against, without limitation, any and all debts, obligations, liabilities, losses, claims, damages, suits, proceedings and other expenses (including reasonable attorney's fees and court costs as and when incurred), arising out of or related to: (i) a breach of any of Tenant's obligations under this Agreement; (ii) the acts or omissions of Tenant, its employees, agents, invitees or contractors; or (iii) any damage, loss or injury to persons, property or business occurring in, about or from the Premises, except to the extent that such damage, loss or injury to persons, property or business is caused by the negligence or willful misconduct of Landlord. Landlord shall indemnify and hold Tenant and their respective affiliates, officers, directors, representatives, agents, attorneys, and employees harmless from and against, without limitation, any and all debts, obligations, liabilities, losses, claims, damages, suits, proceedings and other expenses (including reasonable attorney's fees and court costs as and when incurred), arising out of or related to: (i) the negligent acts or omissions of Landlord, its employees, agents, invitees or contractors; or (ii) any damage, loss or injury to persons, property or business occurring in, about or from the Premises, except to the extent that such damage, loss or injury to persons, property or business is caused by the negligence or willful misconduct of Tenant. Tenant shall be solely responsible for obtaining any fire or extended coverage insurance for its personal property and improvements of Tenant, and for all goods, equipment and materials stored by Tenant in the Premises.

(b) Tenant, at its expense, shall maintain during the Term of this Agreement: all risk property insurance covering the full replacement cost of all property and improvements installed or placed in the Premises by Tenant; worker's compensation insurance with no less than the minimum limits required by law; employer's liability insurance with such limits as required by law; and commercial liability insurance, with a minimum limit of \$1,000,000 per occurrence and a minimum umbrella limit of \$2,000,000, for a total minimum combined general liability and umbrella limit of \$3,000,000 (together with such additional umbrella coverage as Landlord may reasonably require) for property damage, personal injuries, or deaths of persons occurring in or about the Premises. Landlord may from time to time require reasonable increases in any such limits. The commercial liability policies shall name Landlord, AMC, ASL, VTR and their respective affiliates as additional insureds, insure on an occurrence and not a claims-made basis, be issued by insurance companies which are reasonably acceptable to Landlord, not be cancelable unless thirty (30) calendar days prior written notice shall have been given to Landlord, contain a contractual liability endorsement and provide primary coverage to Landlord, AMC, ASL, VTR and the other referenced additional insureds (any policy issued to Landlord, AMC, ASL, VTR or any other additional insured providing duplicate or similar coverage shall be deemed excess over Tenant's policies). Such policies or certificates thereof shall be delivered to Landlord by Tenant prior to the Effective Date of this Agreement and upon each renewal of said insurance. The all risk property insurance obtained by Tenant shall include a waiver of subrogation by the insurers and all rights based upon an assignment from its insured, against Landlord (and AMC, ASL and VTR) or Tenant, their officers, directors, employees, managers, agents, invitees and contractors, in connection with any loss or damage thereby insured against. Neither Party nor its officers, directors, employees, managers, agents, invitees or contractors shall be liable to the other for loss or damage caused by any risk covered or required to be covered by all risk property insurance, and

each Party waives any claims against the other Party, and its officers, directors, employees, managers, agents, invitees and contractors for such loss or damage. The failure of a Party to insure its property shall not void this waiver. Landlord and its agents, employees, contractors, and AMC, ASL and VTR shall not be liable for, and Tenant hereby irrevocably waives all claims against such parties for, business interruption and losses occasioned thereby sustained by Tenant or any person claiming through Tenant resulting from any accident or occurrence in or upon the Premises or the Facility.

18. Parking. Tenant shall be allowed reasonable access to the Facility's parking areas for Tenant's employees, contractors, patients and invitees.

19. Events of Default. Each of the following events shall be an event of default ("Event of Default") by Tenant under this Agreement:

(a) Tenant shall fail to pay any installment of Rent or any other payment required herein when due, and such failure shall continue for a period of ten (10) calendar days from the date such payment was due.

(b) Any insurance required to be maintained by Tenant pursuant to this Agreement shall be cancelled or terminated or shall expire or shall be reduced or materially changed, except, in each case, as permitted in this Agreement.

(c) Tenant shall attempt or there shall occur any assignment, subleasing or other transfer of Tenant's interest in or with respect to this Agreement except as otherwise permitted in this Agreement.

(d) Tenant shall fail to discharge any lien placed upon the Premises and/or the Facility in violation of this Agreement within thirty (30) calendar days after any such lien or encumbrance is filed against the Premises and/or the Facility.

(e) Tenant shall fail to comply with any other provision of this Agreement and such default shall continue for more than thirty (30) calendar days after Landlord shall have given Tenant written notice of such default.

(f) Tenant has any adverse action taken against it by any licensing body, whether under a state licensing program or under the federal Medicare or Medicaid programs.

(g) Tenant uses the Premises unlawfully or for any purpose other than the permitted purposes defined in this Agreement.

20. Landlord's Remedies. Upon each occurrence of an Event of Default and so long as such Event of Default shall be continuing, Landlord may at any time thereafter at its election: terminate this Agreement or Tenant's right of possession (but Tenant shall remain liable as hereinafter provided) and/or pursue any other remedies at law or in equity. Upon the termination of this Agreement or termination of Tenant's right of possession, it shall be lawful for Landlord, without formal demand or notice of any kind, to re-enter the Premises by summary dispossession proceedings or any other action or proceeding authorized by law and to remove Tenant and all persons and property therefrom. If Landlord terminates this Agreement, Landlord may recover from Tenant the sum of: all Rent and all other amounts accrued hereunder to the date of such termination, plus any cost or expense associated with reletting the whole or any part of the Premises and any cost or expense associated with enforcement of Landlord's rights hereunder including, but not limited to, reasonable attorneys' fees. Exercise by Landlord of any one or more remedies hereunder granted or otherwise available shall not be deemed to be an acceptance of surrender of the Premises and/or a termination of this Agreement by Landlord, whether by agreement or by operation of law, it being

understood that such surrender and/or termination can be effected only by the written agreement of Landlord and Tenant; *provided, however*, it is further understood that the foregoing provisions of this sentence shall not prohibit Landlord from unilaterally terminating this Agreement in accordance with Landlord's rights and remedies under this Agreement and, in the event Landlord so elects to terminate this Agreement, Landlord may do so without the written agreement of Tenant.

21. Miscellaneous Provisions.

(a) Legal Status of Relationship. Nothing in this Agreement is intended to create an employer-employee relationship, a partnership or other joint venture relationship, or any other legal relationship other than landlord-tenant.

(b) Assignment and Subletting by Tenant. Tenant and its legal representatives shall not assign, mortgage or otherwise encumber by operation of law or otherwise this Agreement, or sublet or permit all or part of the Premises to be used by others or transfer its rights or duties to this Agreement without the express prior written consent of the Landlord, which consent may be withheld for any reason at Landlord's sole discretion. Any attempted assignment or subletting without the Landlord's prior consent shall be void and shall terminate this Agreement. Landlord may assign this Agreement to any third-party upon notice to Tenant, but without requirement to first obtain Tenant's consent.

(c) Apartment Substitution. Landlord may need to substitute Tenant's space to a different location in Premises to comply with any applicable law or any order of any court or government agency, or for any other reasonable purpose. If such relocation occurs, Landlord will undertake commercially reasonable efforts to provide Tenant with comparable space. Rent will be adjusted to reflect the square footage of any such new space.

(d) Successors. Except as otherwise provided in the preceding section, all of the obligations, conditions, terms, covenants, and provisions of this Agreement shall inure to the benefit of and be binding upon the Parties hereto and their permitted successors and assigns.

(e) Governing Law. This Agreement shall be governed by, construed and administered in accordance with, the laws of the state where the Facility is located without regard to any state's principles of conflict of laws.

(f) Entire Agreement/Amendments. This Agreement supersedes all previous negotiations, memoranda, discussions, and instruments, and constitutes the entire agreement between the Parties with respect to the subject matter hereof. This Agreement may not be modified or amended except by mutual written agreement signed by both Parties.

(g) Waiver. The failure of either Party to insist upon strict performance of any of the provisions of this Agreement by the other Party shall not be construed as a waiver of any subsequent fault by the other Party of the same or a similar nature. If one provision is deemed modified or waived by the mutual consent of the Parties, this Agreement shall continue to be valid between the Parties with a modification as agreed upon.

(h) Severability. If any provision or term of this Agreement is found to be unenforceable or void, in whole or in part, by a court of competent jurisdiction, the offending term or provision shall be construed as valid and enforceable to the maximum extent permitted and the balance of this Agreement shall remain in full force and effect.

(i) **Force Majeure**. Other than with respect to the payment of money due and owing, neither Party shall be liable nor deemed to be in default for any delay or failure in performance under this Agreement or any interruption of service resulting, directly or indirectly, from acts of God, civil or military authority, acts of public enemy, war, terrorism, accidents, fires, explosions, earthquakes, floods, failure of transportation, strikes or other work interruptions, organized employees, or any similar or dissimilar cause beyond the commercially reasonable control of either Party.

(j) **Notices**. Any notice required or permitted to be given under this Agreement shall be sufficient if in writing and hand-delivered or sent by certified or registered mail, return receipt requested, addressed as follows:

If to Tenant: Glastonbury Health Care Center
1175 Hebron Avenue
Glastonbury, CT 06033
Attention: Administrator

If to Landlord: **ATRIA LITCHFIELD HILLS**
c/o ATRIA MANAGEMENT COMPANY
300 EAST MARKET STREET, SUITE 100
LOUISVILLE, KY 40202
ATTENTION: OFFICE OF THE GENERAL
COUNSEL

Either Party may change its address for purposes of the Section by giving the other Party ten (10) calendar days prior written notice.

(k) **Headings**. The headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

(l) **Counterparts**. This Agreement may be executed in one or more counterparts; all of together shall constitute only one Agreement.

(m) **Estoppel Certificates**. Tenant agrees, from time to time, within ten (10) calendar days after request of Landlord, to execute and deliver to Landlord, or Landlord's designee, any estoppel certificate requested by Landlord, stating that this Agreement is in full force and effect, the date to which Rent has been paid, that Landlord is not in default hereunder (or specifying in detail the nature of Landlord's default), the termination date of this Agreement and such other matters pertaining to this Agreement as may be requested by Landlord.

(n) **No Conflicts**. Landlord represents and warrants to Tenant that the execution, delivery and performance of this Agreement does not conflict with or violate Landlord's prime lease with its prime landlord.

(o) **Survival**. Any provisions of this Agreement creating obligations extending beyond the Term will survive the expiration or termination of this Agreement, regardless of the reason for such expiration or termination.

[Signatures on Following Page]

IN WITNESS WHEREOF, the Parties have executed this Agreement to be effective as of the Effective Date set forth in the Preamble above.

("Landlord")

By the Facility's Manager:
ATRIA MANAGEMENT COMPANY, LLC
An Authorized Representative

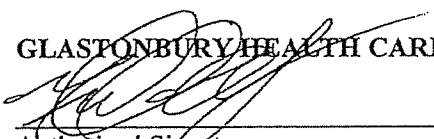
RYAN SPRAU
547843719888489...

Authorized Signature

Ryan Sprau
Print Name: _____

Title: Senior Vice President

GLASTONBURY HEALTH CARE CENTER, INC ("Tenant")


Authorized Signature

Print Name: Michael F Mosier

Title: CFO

General Information and Questionnaire
Accounting Basis

Name of Facility Glastonbury Health Care Center, In	License No. 2028C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	
2 Dworkin, Hillman, & LaMorte	4 Corporate Drive, Suite 488, Shelton, CT 06484
3 Marcum LLP	555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
4 Midcap Financial Services, LLC	7255 Woodmont Ave Suite 200, Bethesda, MD 20814

Services Provided by This Firm (*describe fully*)

1	\$
2 Audit, Year End Financials & Tax Return	\$ 10,100
3 Medicare Cost Reports	\$ 2,700
4 Line of Credit Audit (Disallowed)	\$ 3,253
	Charge for Services Provided
	\$ 16,053

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha Cullina	860-240-6000
2 Midcap Financial Services LLC	312-258-5500
3 Goldman, Gruder, & Woods/Treasurer State of CT/State Marshal	203-899-8900
4 Jackson Lewis	
5	

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

1	185 Asylum St Hartford, CT 06103
2	7255 Woodmont Ave Suite 200, Bethesda, MD 20814
3	200 Connecticut Ave, Norwalk, CT 06854
4	1133 Westchester Ave Suite 5125, West Harrison, NY 10604
5	

Services Provided by This Firm (*describe fully*)

1 General \$190 (Disallow)	\$ 190
2 Line of Credit: Disallow	\$ 219
3 AR Collections: Disallow	\$ 3,068
4 Employee Matters: Disallow	\$ 1,273
5	\$
	Charge for Services Provided
	\$ 4,750

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

Schedule of Resident Statistics

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C		Report for Year Ended 9/30/2019						Page	of
			Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		8	37		
			Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	RHNS (Specify)
1. Certified Bed Capacity										
A. On last day of PREVIOUS report period	105	105			105	105				
B. On last day of THIS report period	105	105			105	105				
2. Number of Residents										
A. As of midnight of PREVIOUS report period	99				99					
B. As of midnight of THIS report period	95	95			104	104				
3. Total Number of Days Care Provided During Period										
A. Medicare	8,478	8,478			6,226	6,226			2,252	
B. Medicaid (Conn.)	23,734	23,734			17,593	17,593			6,141	
C. Medicaid (other states)										
D. Private Pay	3,408	3,408			2,794	2,794			614	
E. State SSI for RCH										
F. Other (Specify)	443	443			350	350			93	
G. Total Care Days During Period (3A thru F)	36,063	36,063			26,963	26,963			9,100	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds										
A. Medicaid Bed Reserve Days	296	296			272	272			24	
B. Other Bed Reserve Days	42	42			26	26			16	
5. Total Resident Days (3G + 4A + 4B)	36,401	36,401			27,261	27,261			9,140	

Schedule of Resident Statistics (Cont'd)

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	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	9		67		4		15		
Per Diem Rate									
a. One bed rm.	510.40		244.56		623.00		434.37		
b. Two bed rms.	510.40		244.56		598.00		434.37		
c. Three or more bed rms.					551.00				

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,788	2,788		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	250	250		
2. Restorative Treatments				
C. Other	20,457	20,457		
D. Total Physical Therapy Treatments	23,495	23,495		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	368	368		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	27	27		
2. Restorative Treatments				
C. Other	1,883	1,883		
D. Total Speech Therapy Treatments	2,278	2,278		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,227	2,227		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	270	270		
2. Restorative Treatments				
C. Other	19,971	19,971		
D. Total Occupational Therapy Treatments	22,468	22,468		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Glastonbury Health Care Center, Inc.	2028C	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	117,259	2,014				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	65,037	760				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	247,347	10,500				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	66,541	2,171				
c. Dietary Workers	404,825	24,094				
6. Housekeeping Service						
a. Head Housekeeper	53,125	2,117				
b. Other Housekeeping Workers	174,494	12,537				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	73,026	2,114				
b. Other Maintenance Workers	50,717	2,329				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	77,982	5,217				
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	206,001	4,266				
b. RN						
1. Direct Care	1,019,332	26,878				
2. Administrative**	460,105	14,710				
c. LPN						
1. Direct Care	620,978	22,050				
2. Administrative**						
d. Aides and Attendants	1,486,925	91,937				
e. Physical Therapists	495,434	15,175				
f. Speech Therapists	83,430	1,990				
g. Occupational Therapists	276,107	7,880				
h. Recreation Workers	177,676	8,866				
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	213,786	7,548				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,370,127	265,153				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Glastonbury Health Care Center, Inc.		2028C		9/30/2019		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									
Brian Reynolds	73,026		Health & life insurances, Payroll Taxes	Director of Maintenance	2,114	A7a			

* 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) Glastonbury Health Care Center, Inc.		License No. 2028C		Report for Year Ended 9/30/2019		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Nickeisha Bewry (10/1/18-9/30/19)	117,259		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,014 A2				
Section IV - Assistant Administrators									
Elizabeth Schmeizl (10/1/18-2/9/19)	65,037		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	760 A2		Athena Health Care 135 South Rd Farmington, CT 06032		

*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		
Glastonbury Health Care Center, Inc.	2028C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	35,100	826				
2. Dentist	11,403	36				
3. Pharmacist	9,295	181				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	71,700	466				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	2,109					
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	9,565	26				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	139,172	1,535				

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

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

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

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

Name of Facility Glastonbury Health Care Center, Inc.		License No. 2028C	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Procure LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
Starling Physicians, 2110 Silas Dean Highway, Rocky Hill, CT 06067	Medical Director, Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Masstex, 3 Electronics Ave, Suite 201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Central CT Cardiology, 19 Woodland St Suite 35, Hartford, CT 06105	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive, 1 Prestige Drive, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Swallowing Diagnostic, PO Box 484 Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Elmo Villanueva, 506 Cromwell Ave, Rocky Hill, CT 06067	Sub Acute Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Sherri Lane, PO Box 82, Tariffville, CT 06081	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Chelsea Vozzollo, 32 Corinne Dr, Tolland, CT 06084	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Consulting Cardiologists, PC, 85 Seymour St #719, Hartford, CT 06106	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford Healthcare Medical Group Inc, PO Box 417695, Boston, MA 02241	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Hartford Hospital, 80 Seymour St, PO Box 5037, Hartford, CT 06102	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Cardiology Associates, 420 Saybrook Rd, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Hospital, 28 Crescent St, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Audiology, 888 Worcester St, Wellesley, MA 02482	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Quest-Chicago, 3404 Collection Ctr Drive, Chicago, IL 60693	Physician	<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"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 397,017	397,017		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 103,652	103,652		
4. Social Security (F.I.C.A.)	\$ 420,417	420,417		
5. Health Insurance	\$ 857,455	857,455		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 26,627	26,627		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 129,407	129,407		
d. Accounting and Auditing	\$ 16,053	16,053		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 4,750	4,750		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 62,841	62,841		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 29,325	29,325		
2. Cellular Phones	\$ 1,080	1,080		
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*	\$ 250	250		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 586,941	586,941		
Subtotal	\$ 2,635,815	2,635,815		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,635,815	2,635,815		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	7,130	7,130		
3. Gifts to Staff and Residents	\$	23,699	23,699		
4. Employee Travel	\$	3,029	3,029		
5. Education Expenses Related to Seminars and Conventions	\$	5,780	5,780		
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (Specify) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$	3,225	3,225		
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$	8,459	8,459		
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	\$	5,534	5,534		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$	5,374	5,374		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	1,004	1,004		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**	\$	373,821	373,821		
13. Other (Specify) See Attached Schedule	\$	119,525	119,525		
C-14 Total Administrative & General Expenditures	\$	3,192,395	3,192,395		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 8,459		
Total Other Advertising	\$ 8,459	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CACHF Dues	\$ 5,374		
Total Dues	\$ 5,374	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 18,577		
Payroll Processing Fees	\$ 20,724		
Employee Physicals/Background Checks	\$ 15,908		
Facility License	\$ 965		
Data Processing/Software Maint. Fees	\$ 63,351		
Total Other Administrative and General	\$ 119,525	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2019	Page 17	of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	525,304	Contract Attached to a Prior Year	See Below	
Allocation of the Above	346,701	Admin/Gen 66%	Pg 16, Line 12	
Allocation of the Above	84,048	Indirect 16%	Pg 20, Line 5k	
Allocation of the Above	94,554	Direct 18%	Pg 20, Line 5j	
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	27,120	Admin/Gen- Other Exp	Pg 16, Line 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 Glastonbury Health Care Center, Inc.		License No. 2028C	Report for Year Ended 9/30/2019		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 242,187	242,187			
2.	Non-Food Supplies	\$ 32,919	32,919			
3.	Other (<i>Specify</i>) _____ Dishes = \$3507	\$ 3,507	3,507			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 278,613	278,613			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*	296	296			
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes	<input 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
Glastonbury Health Care Center, Inc.		2028C	9/30/2019		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
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. \$	11,208	11,208		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Supplies = \$4,969		\$	4,969	4,969		
3D. Total Laundry Expenditures (3a + b + c)		\$	16,177	16,177		
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.		\$4,405
J.	Did you receive revenue from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$4,405
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			30 IV8	

* 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
Glastonbury Health Care Center, Inc.		2028C	9/30/2019		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	41,542	41,542		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	41,542	41,542		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procare	\$	389,192	389,192		
b.	Medicine Cabinet Drugs	\$	24,859	24,859		
c.	Medical and Therapeutic Supplies	\$	207,918	207,918		
d.	Ambulance/Limousine***	\$	29,428	29,428		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	30,008	30,008		
f.	X-rays and Related Radiological Procedures***	\$	30,095	30,095		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	46,057	46,057		
i.	Recreation	\$	10,486	10,486		
j.	Direct Management Services*	\$	94,555	94,555		
k.	Indirect Management Services*	\$	84,048	84,048		
l.	Other (Specify)**** See Attached Schedule	\$	61,938	61,938		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,008,584	1,008,584		

* 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)
Cable TV	\$ 13,718		
Medical Equip Rentals-Medicaid	\$ 6,761		
Physical Therapy Supplies	\$ 23,273		
Oxygen Equipment Rentals	\$ 13,305		
Medical Equip Rentals-Other	\$ 4,881		
Total Other Resident Care	\$ 61,938	\$ -	\$ -

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

Name of Facility Glastonbury Health Care Center, Inc.		License No. 2028C		Report for Year Ended 9/30/2019		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	
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	16,164				16	m13
CT Waste Processing	PO Box 99, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	25,293				22	6f
Mountain View Landscaping	67 Old James St, Chicopee, MA 01020	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping & Snow Removal	34,902				22	6f
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy	390,905				20	5A2
		<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
Glastonbury Health Care Center, Inc.	2028C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 86,577	86,577				
b. Heat	\$ 55,144	55,144				
c. Light & Power	\$ 138,898	138,898				
d. Water	\$ 74,473	74,473				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 47,464	47,464				
f. Other (<i>itemize</i>)	\$ 74,077	74,077				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 476,633	476,633				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 245	245				
b. Building & Building Improvements	\$ 84,412	84,412				
c. Non-Movable Equipment	\$ 8,712	8,712				
d. Movable Equipment	\$ 31,939	31,939				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 125,308	125,308				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 2,132	2,132				
c. Leasehold Improvements	\$ 48,420	48,420				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 50,552	50,552				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 583,666	583,666				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 181,556	181,556				
c. Personal property taxes	\$ 15,922	15,922				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 957,004	957,004				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 20,438		
Rubbish Removal	\$ 25,293		
Snow Removal	\$ 14,464		
Supplies	\$ 13,882		
Total Other Repairs and Maintenance	\$ 74,077	\$ -	\$ -

Depreciation Schedule

Name of Facility Glastonbury Health Care Center, Inc.		License No. 2028C	Report for Year Ended 9/30/2019				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
A. Land Improvements								
1. Acquired prior to this report period	120,711		120,711	119,431	S/L	Various	245	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								245
B. Building and Building Improvements								
1. Acquired prior to this report period	2,854,912		2,854,912	2,120,709	S/L	Various	84,412	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								84,412
C. Non-Movable Equipment								
1. Acquired prior to this report period	909,321		909,321	875,349	S/L	Various	8,712	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								8,712
D. Movable Equipment								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a.								
b.								
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period	1,117,409		1,117,409	994,715	S/L	Various	31,707	
b. Disposals (attach schedule)								
c. Acquired during this report period (attach schedule)								
D-3. Subtotal								232
E. Total Depreciation								31,939
								125,308

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/31/2019	HPC/Proline-Washer Motor	\$ 2,316	5	\$ 232
Total additions for Movable Equipment		\$ 2,316		\$ 232 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2018	FW Webb Co-Hot Water Tank Valve	\$ 3,883	5	\$ 388
1/31/2019	Modern Mechanical-Prior Year Hot Water Tank Void	\$ (16,998)	20	\$ (425)
7/31/2019	New England Blacktop-Paving	9758	8	\$ 610
8/31/2019	Total Communications-Telephone System	47012	10	\$ 2,351
9/30/2019	New England Masonry-Roof/Solar Project	420533	10	\$ 21,027
Total additions for Leasehold Improvement		\$ 464,188		\$ 23,950 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Glastonbury Health Care Center, Inc.	Date of Acquisition		License No. 2028C	Report for Year Ended			Page 24	of 37			
				Month	Year	Accumulated Amort. to Beginning of Year's Operations			Basis for Computing Amortization**	Rate %	Amortization for This Year
A. Organization Expense											
1.											
2.											
3.											
A-4. Subtotal											
B. Mortgage Expense											
1. Finance Fees -LOC	9	2018	3	6,395	1,421	SL	2,132				
2.											
3.											
B-4. Subtotal								2,132			
C. Leasehold Improvements and Other											
1. Acquired prior to this report period	9	2018	Various	1,349,307	738,873		24,470				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	9	2019	Various	464,188		S/L	23,950				
C-4. Subtotal								48,420			
D. Total Amortization								50,552			

* 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 Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2019	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input 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		5/16/1986			
2. Date Structure Completed		1/25/1988			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		105			
6. Square Footage					
7. Acquisition Cost					
a. Land		544,799			
b. Building		4,193,044			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		HUD			
b. Date Mortgage Obtained		03/29/12			
c. Interest Rate for the Cost Year		3.22%			
d. Term of Mortgage (number of years)		35			
e. Amount of Principal Borrowed		7,992,000			
f. Principal balance outstanding as of		6,957,974			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility Glastonbury Health Care Center, Inc.		License No. 2028C	Report for Year Ended 9/30/2019		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Glastonbury Health Care Center, Ir		2028C		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	107,910	107,910	
Vender Interest = \$14,344; Interest LOC = \$93,566							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	107,910	107,910	
14. Insurance							
a. Insurance on Property (buildings only)				\$	63,434	63,434	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	63,434	63,434	
15. Total All Expenditures (A-13 thru C-14)				\$	12,651,591	12,651,591	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.				2028C	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 276,107	276,107		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 2,109	2,109		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.	15	1a9	Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 129,407	129,407		
10.	15	1d	Accounting	\$ 3,253	3,253		
10a.			Legal	\$ 4,750	4,750		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	1 3	Gifts, flowers and coffee shops	\$ 23,699	23,699		
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	m2&3	Unallowable Advertising *	\$ 8,459	8,459		
19.	15	1j&k	Income Tax / Corporate Business Tax	\$ 250	250		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 227,791	227,791		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 48,246	48,246		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 280	280		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents	\$ 4,405	4,405		
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 728,756	728,756		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 18,577		
22	6d	Fee Income-A&G Water & Sewer Usage	29669		
Total Other A&G Adjustments			\$ 48,246	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Glastonbury Health Care Center, Inc.			2028C	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 728,756	728,756		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 389,192	389,192		
28.	20	5d	Ambulance/Limousine	\$ 29,428	29,428		
29.	20	5f	X-rays, etc	\$ 30,095	30,095		
30.	20	5h	Laboratory	\$ 46,057	46,057		
31.	20	5c	Medical Supplies	\$ 16,940	16,940		
32.	20	5 e2	Oxygen (non emergency)	\$ 30,008	30,008		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 14,999	14,999		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 6,745	6,745		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 6	6		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 62,125	62,125		
46.			Management Fees Indirect	\$ 55,222	55,222		
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,409,573	1,409,573		

*** 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	5j	Medical Equipment Rental	\$ 4,881		
20	5j	Radio and Television Revenue	\$ 10,118		
20	5k	Unallowable Management Fees.....-Indirect Care			
20	5j	Unallowable Management Fees.....-Direct Care			
Total Other Ancillary Costs			\$ 14,999	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Carryforward AJE	\$ 6,745		
Total Excess Movable Equipment Depreciation			\$ 6,745	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)

Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

Glastonbury MI
Totals

Cost/Year	Cost Term	\$
1997	Deprec	\$ 1,347
1997	Book Value	\$ 5,624
1998	Deprec	\$ 5,464
1998	Book Value	\$ 89,065
1999	Deprec	\$ 8,862
1999	Book Value	\$ 134,001
2000	Deprec	\$ 9,123
2000	Book Value	\$ 127,493
2001	Deprec	\$ 9,211
2001	Book Value	\$ 119,660
2002	Deprec	\$ 7,968
2002	Book Value	\$ 111,919
2003	Deprec	\$ 7,910
2003	Book Value	\$ 104,010
2004	Deprec	\$ 6,918
2004	Book Value	\$ 99,752
2005	Deprec	\$ 6,937
2005	Book Value	\$ 93,105
2006	Deprec	\$ 6,937
2006	Book Value	\$ 86,167
2007	Deprec	\$ 7,815
2007	Book Value	\$ 97,860
2008	Deprec	\$ 9,273
2008	Book Value	\$ 88,111
2009	Deprec	\$ 9,253
2009	Book Value	\$ 89,172
2010	Deprec	\$ 9,028
2010	Book Value	\$ 80,145
2011	Deprec	\$ 9,021
2011	Book Value	\$ 71,126
2012	Deprec	\$ 9,014
2012	Book Value	\$ 62,113
2013	Deprec	\$ 8,885
2013	Book Value	\$ 53,233
2014	Deprec	\$ 8,572
2014	Book Value	\$ 44,664
2015	Deprec	\$ 8,529
2015	Book Value	\$ 36,135
2016	Deprec	\$ 8,606
2016	Book Value	\$ 29,109
2017	Deprec	\$ 9,001
2017	Book Value	\$ 32,403
2018	Deprec	\$ 8,808
2018	Book Value	\$ 23,586
2019	Deprec	\$ 6,745
2019	Book Value	\$ 16,651
2020	Deprec	\$ 6,723
2020	Book Value	\$ 10,128
2021	Deprec	\$ 5,722
2021	Book Value	\$ 3,406
2022	Deprec	\$ 3,312
2022	Book Value	\$ 84
		\$ 189,894

Glastonbury Moveable Equipment Carryforward Schedule

Cost Year	1998 Add	2000 Bed #1	2000 Bed #2	2000 Bed #3	2000 Bed #4	2007 Heritage Furniture Adj	2007 Heritage Furniture Adj	2003 Field Audit Adj	2003 Field Audit Adj	2003 Field Audit Adj	2008 Heritage Furniture Adj	2008 Heritage Furniture Adj	2008 Heritage Furniture Adj	2008 Heritage Furniture Adj	2009 Heritage Furniture Adj
1997 Deprec	\$ 97,167	\$ 2,410	\$ 1,205	\$ 3,826	\$ 11,078	\$ 81	\$ 19,420	\$ 1,890	\$ 652	\$ 116	\$ 288	\$ 10	\$ 5	\$ 20	\$ 411
1998 Deprec	\$ 3,962	\$ 484	\$ 127	\$ 242	\$ 554	\$ 0	\$ 972	\$ 378	\$ 43	\$ 43	\$ 22	\$ 448	\$ 9	\$ 345	\$ 41
1999 Deprec	\$ 89,243	\$ 1,934	\$ 1,139	\$ 3,384	\$ 10,524	\$ 73	\$ 18,455	\$ 394	\$ 609	\$ 19	\$ 195	\$ 8,505	\$ 18	\$ 327	\$ 370
2000 Deprec	\$ 85,281	\$ 1,451	\$ 1,012	\$ 3,143	\$ 9,970	\$ 16	\$ 1,943	\$ 378	\$ 565	\$ 12	\$ 43	\$ 895	\$ 18	\$ 82	\$ 82
2001 Deprec	\$ 81,319	\$ 967	\$ 886	\$ 2,901	\$ 8,416	\$ 0	\$ 756	\$ 378	\$ 523	\$ 12	\$ 43	\$ 895	\$ 18	\$ 288	\$ 10
2002 Deprec	\$ 77,357	\$ 484	\$ 127	\$ 242	\$ 554	\$ 16	\$ 1,943	\$ 378	\$ 480	\$ 19	\$ 43	\$ 895	\$ 18	\$ 206	\$ 72
2003 Deprec	\$ 73,985	\$ -	\$ 633	\$ 2,417	\$ 8,309	\$ 16	\$ 1,943	\$ 378	\$ 437	\$ 12	\$ 43	\$ 895	\$ 18	\$ 124	\$ 62
2004 Deprec	\$ 69,433	\$ -	\$ 506	\$ 2,176	\$ 7,765	\$ 16	\$ 1,943	\$ 378	\$ 437	\$ 12	\$ 43	\$ 895	\$ 18	\$ 42	\$ 62
2005 Deprec	\$ 65,471	\$ -	\$ 380	\$ 1,934	\$ 7,201	\$ 16	\$ 1,943	\$ 378	\$ 437	\$ 12	\$ 43	\$ 895	\$ 18	\$ 43	\$ 62
2006 Deprec	\$ 61,509	\$ -	\$ 253	\$ 1,692	\$ 6,647	\$ 16	\$ 1,943	\$ 378	\$ 437	\$ 12	\$ 43	\$ 895	\$ 18	\$ 43	\$ 62
2007 Deprec	\$ 57,547	\$ -	\$ 127	\$ 242	\$ 554	\$ 16	\$ 1,943	\$ 378	\$ 437	\$ 12	\$ 43	\$ 895	\$ 18	\$ 43	\$ 62
2008 Deprec	\$ 53,985	\$ -	\$ 127	\$ 242	\$ 554	\$ 16	\$ 1,943	\$ 378	\$ 437	\$ 12	\$ 43	\$ 895	\$ 18	\$ 43	\$ 62
2009 Deprec	\$ 49,623	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 437	\$ 12	\$ 43	\$ 895	\$ 18	\$ 43	\$ 62
2010 Deprec	\$ 45,681	\$ -	\$ 725	\$ 4,431	\$ 25	\$ 12,626	\$ 16	\$ 1,943	\$ 351	\$ 32	\$ 175	\$ 109	\$ 43	\$ 309	\$ 288
2011 Deprec	\$ 41,699	\$ -	\$ 483	\$ 3,877	\$ 9	\$ 10,683	\$ 9	\$ 1,943	\$ 308	\$ 20	\$ 158	\$ 66	\$ 43	\$ 291	\$ 206
2012 Deprec	\$ 37,737	\$ -	\$ 242	\$ 554	\$ 9	\$ 8,740	\$ 9	\$ 1,943	\$ 265	\$ 12	\$ 18	\$ 43	\$ 43	\$ 18	\$ 82
2013 Deprec	\$ 33,775	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 265	\$ 8	\$ 137	\$ 23	\$ 43	\$ 273	\$ 124
2014 Deprec	\$ 29,813	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 222	\$ 8	\$ 118	\$ 24	\$ 43	\$ 256	\$ 42
2015 Deprec	\$ 25,851	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 178	\$ 43	\$ 19	\$ 43	\$ 43	\$ 18	\$ 43
2016 Deprec	\$ 21,889	\$ -	\$ 725	\$ 4,431	\$ 25	\$ 12,626	\$ 16	\$ 1,943	\$ 130	\$ 43	\$ 80	\$ 2,241	\$ 220	\$ 18	\$ 31
2017 Deprec	\$ 17,927	\$ -	\$ 483	\$ 3,877	\$ 9	\$ 10,683	\$ 9	\$ 1,943	\$ 93	\$ 43	\$ 61	\$ 1,348	\$ 202	\$ 18	\$ 21
2018 Deprec	\$ 13,965	\$ -	\$ 242	\$ 554	\$ 9	\$ 8,740	\$ 9	\$ 1,943	\$ 50	\$ 43	\$ 43	\$ 895	\$ 18	\$ 18	\$ 10
2019 Deprec	\$ 10,003	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 50	\$ 10	\$ 43	\$ 451	\$ 18	\$ 18	\$ 10
2020 Deprec	\$ 6,041	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 22	\$ 19	\$ 19	\$ 3,138	\$ 238	\$ 18	\$ 18
2021 Deprec	\$ 2,079	\$ -	\$ 725	\$ 4,431	\$ 25	\$ 12,626	\$ 16	\$ 1,943	\$ 178	\$ 43	\$ 19	\$ 2,241	\$ 220	\$ 18	\$ 31
2022 Deprec	\$ 2,079	\$ -	\$ 483	\$ 3,877	\$ 9	\$ 10,683	\$ 9	\$ 1,943	\$ 93	\$ 43	\$ 61	\$ 1,348	\$ 202	\$ 18	\$ 21
2023 Deprec	\$ -	\$ -	\$ 242	\$ 554	\$ 9	\$ 8,740	\$ 9	\$ 1,943	\$ 50	\$ 43	\$ 43	\$ 895	\$ 18	\$ 18	\$ 10
2024 Deprec	\$ -	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 50	\$ 10	\$ 43	\$ 451	\$ 18	\$ 18	\$ 10
2025 Deprec	\$ -	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 22	\$ 19	\$ 19	\$ 3,138	\$ 238	\$ 18	\$ 18
2026 Deprec	\$ -	\$ -	\$ 725	\$ 4,431	\$ 25	\$ 12,626	\$ 16	\$ 1,943	\$ 178	\$ 43	\$ 19	\$ 2,241	\$ 220	\$ 18	\$ 31
2027 Deprec	\$ -	\$ -	\$ 483	\$ 3,877	\$ 9	\$ 10,683	\$ 9	\$ 1,943	\$ 93	\$ 43	\$ 61	\$ 1,348	\$ 202	\$ 18	\$ 21
2028 Deprec	\$ -	\$ -	\$ 242	\$ 554	\$ 9	\$ 8,740	\$ 9	\$ 1,943	\$ 50	\$ 43	\$ 43	\$ 895	\$ 18	\$ 18	\$ 10
2029 Deprec	\$ -	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 50	\$ 10	\$ 43	\$ 451	\$ 18	\$ 18	\$ 10
2030 Deprec	\$ -	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 22	\$ 19	\$ 19	\$ 3,138	\$ 238	\$ 18	\$ 18
2031 Deprec	\$ -	\$ -	\$ 725	\$ 4,431	\$ 25	\$ 12,626	\$ 16	\$ 1,943	\$ 178	\$ 43	\$ 19	\$ 2,241	\$ 220	\$ 18	\$ 31
2032 Deprec	\$ -	\$ -	\$ 483	\$ 3,877	\$ 9	\$ 10,683	\$ 9	\$ 1,943	\$ 93	\$ 43	\$ 61	\$ 1,348	\$ 202	\$ 18	\$ 21
2033 Deprec	\$ -	\$ -	\$ 242	\$ 554	\$ 9	\$ 8,740	\$ 9	\$ 1,943	\$ 50	\$ 43	\$ 43	\$ 895	\$ 18	\$ 18	\$ 10
2034 Deprec	\$ -	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 50	\$ 10	\$ 43	\$ 451	\$ 18	\$ 18	\$ 10
2035 Deprec	\$ -	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 22	\$ 19	\$ 19	\$ 3,138	\$ 238	\$ 18	\$ 18
2036 Deprec	\$ -	\$ -	\$ 725	\$ 4,431	\$ 25	\$ 12,626	\$ 16	\$ 1,943	\$ 178	\$ 43	\$ 19	\$ 2,241	\$ 220	\$ 18	\$ 31
2037 Deprec	\$ -	\$ -	\$ 483	\$ 3,877	\$ 9	\$ 10,683	\$ 9	\$ 1,943	\$ 93	\$ 43	\$ 61	\$ 1,348	\$ 202	\$ 18	\$ 21
2038 Deprec	\$ -	\$ -	\$ 242	\$ 554	\$ 9	\$ 8,740	\$ 9	\$ 1,943	\$ 50	\$ 43	\$ 43	\$ 895	\$ 18	\$ 18	\$ 10
2039 Deprec	\$ -	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 50	\$ 10	\$ 43	\$ 451	\$ 18	\$ 18	\$ 10
2040 Deprec	\$ -	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 22	\$ 19	\$ 19	\$ 3,138	\$ 238	\$ 18	\$ 18
2041 Deprec	\$ -	\$ -	\$ 725	\$ 4,431	\$ 25	\$ 12,626	\$ 16	\$ 1,943	\$ 178	\$ 43	\$ 19	\$ 2,241	\$ 220	\$ 18	\$ 31
2042 Deprec	\$ -	\$ -	\$ 483	\$ 3,877	\$ 9	\$ 10,683	\$ 9	\$ 1,943	\$ 93	\$ 43	\$ 61	\$ 1,348	\$ 202	\$ 18	\$ 21
2043 Deprec	\$ -	\$ -	\$ 242	\$ 554	\$ 9	\$ 8,740	\$ 9	\$ 1,943	\$ 50	\$ 43	\$ 43	\$ 895	\$ 18	\$ 18	\$ 10
2044 Deprec	\$ -	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 50	\$ 10	\$ 43	\$ 451	\$ 18	\$ 18	\$ 10
2045 Deprec	\$ -	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 22	\$ 19	\$ 19	\$ 3,138	\$ 238	\$ 18	\$ 18
2046 Deprec	\$ -	\$ -	\$ 725	\$ 4,431	\$ 25	\$ 12,626	\$ 16	\$ 1,943	\$ 178	\$ 43	\$ 19	\$ 2,241	\$ 220	\$ 18	\$ 31
2047 Deprec	\$ -	\$ -	\$ 483	\$ 3,877	\$ 9	\$ 10,683	\$ 9	\$ 1,943	\$ 93	\$ 43	\$ 61	\$ 1,348	\$ 202	\$ 18	\$ 21
2048 Deprec	\$ -	\$ -	\$ 242	\$ 554	\$ 9	\$ 8,740	\$ 9	\$ 1,943	\$ 50	\$ 43	\$ 43	\$ 895	\$ 18	\$ 18	\$ 10
2049 Deprec	\$ -	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 50	\$ 10	\$ 43	\$ 451	\$ 18	\$ 18	\$ 10
2050 Deprec	\$ -	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 22	\$ 19	\$ 19	\$ 3,138	\$ 238	\$ 18	\$ 18
2051 Deprec	\$ -	\$ -	\$ 725	\$ 4,431	\$ 25	\$ 12,626	\$ 16	\$ 1,943	\$ 178	\$ 43	\$ 19	\$ 2,241	\$ 220	\$ 18	\$ 31
2052 Deprec	\$ -	\$ -	\$ 483	\$ 3,877	\$ 9	\$ 10,683	\$ 9	\$ 1,943	\$ 93	\$ 43	\$ 61	\$ 1,348	\$ 202	\$ 18	\$ 21
2053 Deprec	\$ -	\$ -	\$ 242	\$ 554	\$ 9	\$ 8,740	\$ 9	\$ 1,943	\$ 50	\$ 43	\$ 43	\$ 895	\$ 18	\$ 18	\$ 10
2054 Deprec	\$ -	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 50	\$ 10	\$ 43	\$ 451	\$ 18	\$ 18	\$ 10
2055 Deprec	\$ -	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 22	\$ 19	\$ 19	\$ 3,138	\$ 238	\$ 18	\$ 18
2056 Deprec	\$ -	\$ -	\$ 725	\$ 4,431	\$ 25	\$ 12,626	\$ 16	\$ 1,943	\$ 178	\$ 43	\$ 19	\$ 2,241	\$ 220	\$ 18	\$ 31
2057 Deprec	\$ -	\$ -	\$ 483	\$ 3,877	\$ 9	\$ 10,683	\$ 9	\$ 1,943	\$ 93	\$ 43	\$ 61	\$ 1,348	\$ 202	\$ 18	\$ 21
2058 Deprec	\$ -	\$ -	\$ 242	\$ 554	\$ 9	\$ 8,740	\$ 9	\$ 1,943	\$ 50	\$ 43	\$ 43	\$ 895	\$ 18	\$ 18	\$ 10
2059 Deprec	\$ -	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 50	\$ 10	\$ 43	\$ 451	\$ 18	\$ 18	\$ 10
2060 Deprec	\$ -	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 22	\$ 19	\$ 19	\$ 3,138	\$ 238	\$ 18	\$ 18
2061 Deprec	\$ -	\$ -	\$ 725	\$ 4,431	\$ 25	\$ 12,626	\$ 16	\$ 1,943	\$ 178	\$ 43	\$ 19	\$ 2,241	\$ 220	\$ 18	\$ 31
2062 Deprec	\$ -	\$ -	\$ 483	\$ 3,877	\$ 9	\$ 10,683	\$ 9	\$ 1,943	\$ 93	\$ 43	\$ 61	\$ 1,348	\$ 202	\$ 18	\$ 21
2063 Deprec	\$ -	\$ -	\$ 242	\$ 554	\$ 9	\$ 8,740	\$ 9	\$ 1,943	\$ 50	\$ 43	\$ 43	\$ 895	\$ 18	\$ 18	\$ 10
2064 Deprec	\$ -	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 50	\$ 10	\$ 43	\$ 451	\$ 18	\$ 18	\$ 10
2065 Deprec	\$ -	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 22	\$ 19	\$ 19	\$ 3,138	\$ 238	\$ 18	\$ 18
2066 Deprec	\$ -	\$ -	\$ 725	\$ 4,431	\$ 25	\$ 12,626	\$ 16	\$ 1,943	\$ 178	\$ 43	\$ 19	\$ 2,241	\$ 220	\$ 18	\$ 31
2067 Deprec	\$ -	\$ -	\$ 483	\$ 3,877	\$ 9	\$ 10,683	\$ 9	\$ 1,943	\$ 93	\$ 43	\$ 61	\$ 1,348	\$ 202	\$ 18	\$ 21
2068 Deprec	\$ -	\$ -	\$ 242	\$ 554	\$ 9	\$ 8,740	\$ 9	\$ 1,943	\$ 50	\$ 43	\$ 43	\$ 895	\$ 18	\$ 18	\$ 10
2069 Deprec	\$ -	\$ -	\$ 127	\$ 242	\$ 554	\$ 9	\$ 1,943	\$ 378	\$ 50	\$ 10	\$ 43	\$ 451	\$ 18	\$ 18	\$ 10
2070 Deprec	\$ -	\$ -	\$ 967	\$ 4,085	\$ 41	\$ 14,569	\$ 16	\$ 1,943	\$ 22						

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 13,725,897	13,725,897				
b. Medicaid Room and Board Contractual Allowance **	\$ (7,952,996)	(7,952,996)				
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 2,439,645	2,439,645				
b. Medicare Room and Board Contractual Allowance **	\$ 59,528	59,528				
4. a. Private-Pay Residents and Other	\$ 4,775,747	4,775,747				
b. Private-Pay Room and Board Contractual Allowance **	\$ (894,232)	(894,232)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 161,229	161,229				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (161,229)	(161,229)				
c. Prescription Drugs - Non-Medicare	\$ 230,061	230,061				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (230,061)	(230,061)				
2. a. Medical Supplies - Medicare	\$ 6,440	6,440				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (6,488)	(6,488)				
c. Medical Supplies - Non-Medicare	\$ 5,973	5,973				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (5,973)	(5,973)				
3. a. Physical Therapy - Medicare	\$ 790,839	790,839				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (694,240)	(694,240)				
c. Physical Therapy - Non-Medicare	\$ 474,925	474,925				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (474,925)	(474,925)				
4. a. Speech Therapy - Medicare	\$ 167,245	167,245				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (146,023)	(146,023)				
c. Speech Therapy - Non-Medicare	\$ 109,450	109,450				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (109,450)	(109,450)				
5. a. Occupational Therapy - Medicare	\$ 735,056	735,056				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (664,157)	(664,157)				
c. Occupational Therapy - Non-Medicare	\$ 466,980	466,980				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (466,980)	(466,980)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ 6,219	6,219				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,348,480	12,348,480				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 6	6				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 192,909	192,909				
V. Total Other Revenue (1 thru 8)	\$ 192,915	192,915				
VI. Total All Revenue (III +V)	\$ 12,541,395	12,541,395				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ 6,219		
Total Other Resident Revenue		\$ 6,219	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31, A2	Interest on A/R		\$ 6		
Total Interest Income			\$ 6	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
22 6d	Water/Sewer Income	\$ 29,669		
19 3E	Laundry Services	\$ 4,405		
	Bad Debt Recovery	\$ 158,835		
Total Other Revenue		\$ 192,909	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	21,112
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,652,166
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	16,943
5. Prepaid Expenses			\$	313,002
a. Prepaid Insurance	298,609			
b. Prepaid Health Insurance	14,393			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	102,643
Due From Related Party	102,643			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,105,866
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	120,712	\$	1,035
	Accum. Depreciation	119,677		Net
3. Buildings	*Historical Cost	2,854,912	\$	649,791
	Accum. Depreciation	2,205,121		Net
4. Leasehold Improvements	*Historical Cost	1,813,495	\$	1,026,202
	Accum. Depreciation	787,293		Net
5. Non-Movable Equipment	*Historical Cost	909,320	\$	25,260
	Accum. Depreciation	884,060		Net
6. Movable Equipment	*Historical Cost	1,102,875	\$	76,218
	Accum. Depreciation	1,026,657		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	16,851
Moveable Equipment Carryforward	16,851			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,795,357

* 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	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

Cost Year

2016 resident 2017 resident
IV's IV's
\$ 1,579 \$ 12,137
\$ 5 \$ 5
\$ 5

1997	Deprec
1997	Book Value
1998	Deprec
1998	Book Value
1999	Deprec
1999	Book Value
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2019	Deprec
2019	Book Value
2020	Deprec
2020	Book Value
2021	Deprec
2021	Book Value
2022	Deprec
2022	Book Value

\$ 158
\$ 1,421
\$ 316 \$ 1,214
\$ 1,263 \$ 10,923
\$ 316 \$ 2,427
\$ 647 \$ 6,408
\$ 316 \$ 2,427
\$ 631 \$ 6,069
\$ 316 \$ 2,427
\$ 315 \$ 3,642
\$ 315 \$ 2,427
\$ - \$ 1,215
\$ 1,215
\$ (0)

City 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Glastonbury Mh
Totals

Cost Year	Cost Term	Cost
		\$ 199,894
1997	Deprec	\$ 1,347
1997	Book Value	\$ 5,624
1998	Deprec	\$ 5,464
1998	Book Value	\$ 89,065
1999	Deprec	\$ 8,862
1999	Book Value	\$ 134,001
2000	Deprec	\$ 9,123
2000	Book Value	\$ 127,483
2001	Deprec	\$ 9,211
2001	Book Value	\$ 119,560
2002	Deprec	\$ 7,969
2002	Book Value	\$ 111,919
2003	Deprec	\$ 7,910
2003	Book Value	\$ 104,010
2004	Deprec	\$ 6,918
2004	Book Value	\$ 97,752
2005	Deprec	\$ 6,937
2005	Book Value	\$ 93,105
2006	Deprec	\$ 6,937
2006	Book Value	\$ 86,167
2007	Deprec	\$ 7,815
2007	Book Value	\$ 97,860
2008	Deprec	\$ 9,273
2008	Book Value	\$ 98,111
2009	Deprec	\$ 9,253
2009	Book Value	\$ 89,172
2010	Deprec	\$ 9,028
2010	Book Value	\$ 80,145
2011	Deprec	\$ 9,021
2011	Book Value	\$ 71,126
2012	Deprec	\$ 9,014
2012	Book Value	\$ 62,113
2013	Deprec	\$ 8,865
2013	Book Value	\$ 53,233
2014	Deprec	\$ 8,572
2014	Book Value	\$ 44,564
2015	Deprec	\$ 8,529
2015	Book Value	\$ 36,135
2016	Deprec	\$ 8,606
2016	Book Value	\$ 28,108
2017	Deprec	\$ 9,001
2017	Book Value	\$ 32,403
2018	Deprec	\$ 8,608
2018	Book Value	\$ 23,586
2019	Deprec	\$ 8,745
2019	Book Value	\$ 16,831
2020	Deprec	\$ 5,723
2020	Book Value	\$ 10,126
2021	Deprec	\$ 6,722
2021	Book Value	\$ 3,406
2022	Deprec	\$ 3,312
2022	Book Value	\$ 94

Glastonbury Moveable Equipment Carryforward Schedule

Cost Year

Cost Year	2000 Field Auditt Adj 1	2000 Field Auditt Adj 2	2000 Field Auditt Adj 3	2000 Field Auditt Adj 4	2000 Field Auditt Adj 1 - Hert Furn	2000 Field Auditt Adj 2 - Hert Furn	2000 Field Auditt Adj 3 - Hert Furn	2000 Field Auditt Adj 4 - Hert Furn	2000 Field Auditt Adj 5 - Hert Furn	2000 Field Auditt Adj 6 - Hert Furn	2000 Field Auditt Adj 7 - Hert Furn	2000 Field Auditt Adj 8 - Hert Furn	2000 Field Auditt Adj 9 - Hert Furn	2000 Field Auditt Adj 10 - Hert Furn	2000 Field Auditt Adj 11 - Hert Furn	2000 Field Auditt Adj 12 - Hert Furn
1997	\$ 6,405	\$ 19,832	\$ 4,513	\$ 2,551	\$ 102	\$ 464	\$ 289	\$ 1,451	\$ 580	\$ 294	\$ 190	\$ 62	\$ 87	\$ 1,210	\$ 274	\$ 50
1998	\$ 1,281	\$ 5	\$ 5	\$ 10	\$ 5	\$ 5	\$ 5	\$ 15	\$ 20	\$ 20	\$ 5	\$ 5	\$ 10	\$ 15	\$ 15	\$ 15
1999	\$ 1,281	\$ 992	\$ 903	\$ 1,354	\$ 82	\$ 416	\$ 58	\$ 97	\$ 231	\$ 371	\$ 231	\$ 1,354	\$ 231	\$ 371	\$ 231	\$ 371
2000	\$ 2,562	\$ 18,840	\$ 903	\$ 2,555	\$ 41	\$ 325	\$ 173	\$ 1,256	\$ 551	\$ 285	\$ 285	\$ 152	\$ 29	\$ 29	\$ 30	\$ 30
2001	\$ 1,281	\$ 17,848	\$ 2,708	\$ 2,555	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6
2002	\$ 1,281	\$ 19,057	\$ 1,905	\$ 2,041	\$ 20	\$ 278	\$ 116	\$ 1,161	\$ 522	\$ 235	\$ 114	\$ 58	\$ 7	\$ 7	\$ 81	\$ 81
2003	\$ 1,281	\$ 16,866	\$ 903	\$ 1,786	\$ 232	\$ 58	\$ 58	\$ 1,054	\$ 493	\$ 206	\$ 78	\$ 38	\$ 6	\$ 6	\$ 81	\$ 81
2004	\$ 1,281	\$ 14,874	\$ 1,531	\$ 1,376	\$ 46	\$ 46	\$ 46	\$ 867	\$ 464	\$ 178	\$ 38	\$ 43	\$ 64	\$ 64	\$ 1,049	\$ 219
2005	\$ 1,281	\$ 13,602	\$ 992	\$ 1,276	\$ 139	\$ 46	\$ 46	\$ 871	\$ 435	\$ 147	\$ 37	\$ 37	\$ 47	\$ 47	\$ 968	\$ 164
2006	\$ 1,281	\$ 12,891	\$ 992	\$ 1,255	\$ 46	\$ 46	\$ 46	\$ 774	\$ 408	\$ 118	\$ 31	\$ 31	\$ 40	\$ 40	\$ 887	\$ 110
2007	\$ 1,281	\$ 11,899	\$ 992	\$ 1,020	\$ 46	\$ 46	\$ 46	\$ 677	\$ 377	\$ 88	\$ 25	\$ 25	\$ 34	\$ 34	\$ 807	\$ 55
2008	\$ 1,281	\$ 10,808	\$ 992	\$ 765	\$ 46	\$ 46	\$ 46	\$ 580	\$ 348	\$ 69	\$ 6	\$ 6	\$ 7	\$ 7	\$ 81	\$ 55
2009	\$ 1,281	\$ 9,816	\$ 992	\$ 510	\$ 46	\$ 46	\$ 46	\$ 484	\$ 319	\$ 29	\$ 12	\$ 12	\$ 20	\$ 20	\$ 845	\$ 30
2010	\$ 1,281	\$ 8,924	\$ 992	\$ 255	\$ 46	\$ 46	\$ 46	\$ 387	\$ 280	\$ 29	\$ 8	\$ 8	\$ 7	\$ 7	\$ 81	\$ 30
2011	\$ 1,281	\$ 7,933	\$ 992	\$ 255	\$ 46	\$ 46	\$ 46	\$ 290	\$ 261	\$ 29	\$ 6	\$ 6	\$ 7	\$ 7	\$ 81	\$ 27
2012	\$ 1,281	\$ 6,941	\$ 992	\$ 255	\$ 46	\$ 46	\$ 46	\$ 193	\$ 232	\$ 29	\$ 7	\$ 7	\$ 7	\$ 7	\$ 81	\$ 23
2013	\$ 1,281	\$ 5,950	\$ 992	\$ 174	\$ 46	\$ 46	\$ 46	\$ 97	\$ 203	\$ 29	\$ 403	\$ 403	\$ 20	\$ 20	\$ 81	\$ 20
2014	\$ 1,281	\$ 4,958	\$ 992	\$ 145	\$ 46	\$ 46	\$ 46	\$ 97	\$ 203	\$ 29	\$ 323	\$ 323	\$ 81	\$ 81	\$ 81	\$ 17
2015	\$ 1,281	\$ 3,966	\$ 992	\$ 116	\$ 46	\$ 46	\$ 46	\$ 97	\$ 203	\$ 29	\$ 242	\$ 242	\$ 81	\$ 81	\$ 81	\$ 13
2016	\$ 1,281	\$ 2,975	\$ 992	\$ 87	\$ 46	\$ 46	\$ 46	\$ 97	\$ 203	\$ 29	\$ 161	\$ 161	\$ 81	\$ 81	\$ 81	\$ 10
2017	\$ 1,281	\$ 1,983	\$ 992	\$ 58	\$ 46	\$ 46	\$ 46	\$ 97	\$ 203	\$ 29	\$ 81	\$ 81	\$ 81	\$ 81	\$ 81	\$ 7
2018	\$ 1,281	\$ 992	\$ 992	\$ 29	\$ 46	\$ 46	\$ 46	\$ 97	\$ 203	\$ 29	\$ 81	\$ 81	\$ 81	\$ 81	\$ 81	\$ 3
2019	\$ 1,281	\$ 992	\$ 992	\$ 29	\$ 46	\$ 46	\$ 46	\$ 97	\$ 203	\$ 29	\$ 81	\$ 81	\$ 81	\$ 81	\$ 81	\$ 3
2020	\$ 1,281	\$ 992	\$ 992	\$ 29	\$ 46	\$ 46	\$ 46	\$ 97	\$ 203	\$ 29	\$ 81	\$ 81	\$ 81	\$ 81	\$ 81	\$ 3
2021	\$ 1,281	\$ 992	\$ 992	\$ 29	\$ 46	\$ 46	\$ 46	\$ 97	\$ 203	\$ 29	\$ 81	\$ 81	\$ 81	\$ 81	\$ 81	\$ 3
2022	\$ 1,281	\$ 992	\$ 992	\$ 29	\$ 46	\$ 46	\$ 46	\$ 97	\$ 203	\$ 29	\$ 81	\$ 81	\$ 81	\$ 81	\$ 81	\$ 3

Glastonbury Moveable Equipment Carryforward Schedule

Cost Year

Cost Year	1998 Bed Addition Adj #1	2000 Bed Addition Adj #2	2000 Bed Addition Adj #3	2000 Bed Addition Adj #4	2007 Heritage Furniture Adj	2007 Heritage Furniture Adj	2003 Field Audit Adj	2003 Field Audit Adj	2003 Field Audit Adj	2008 Heritage Furniture Adj	2008 Heritage Furniture Adj	2008 Heritage Furniture Adj	2009 Heritage Furniture Adj	2009 Heritage Furniture Adj
1997														
1998	\$ 97,167	\$ 2,410	\$ 1,265	\$ 3,826	\$ 11,078	\$ 81	\$ 19,428	\$ 1,890	\$ 952	\$ 216	\$ 8,952	\$ 354	\$ 411	\$ (97)
1999	\$ 3,962	\$ 464	\$ 127	\$ 242	\$ 554			\$ 376	\$ 40	\$ 19	\$ 22	\$ 448	\$ 9	\$ 345
2000	\$ 89,243	\$ 1,834	\$ 1,139	\$ 3,384	\$ 10,524			\$ 1,612	\$ 609	\$ 104	\$ 195	\$ 8,505	\$ 18	\$ 41
2001	\$ 85,281	\$ 1,451	\$ 1,012	\$ 3,143	\$ 9,970			\$ 370	\$ 43	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2002	\$ 81,319	\$ 967	\$ 885	\$ 2,901	\$ 8,416			\$ 1,134	\$ 565	\$ 270	\$ 152	\$ 7,610	\$ 327	\$ 370
2003	\$ 77,357	\$ 484	\$ 127	\$ 242	\$ 554			\$ 378	\$ 43	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2004	\$ 73,385	\$ 484	\$ 127	\$ 242	\$ 554			\$ 756	\$ 523	\$ 80	\$ 109	\$ 6,715	\$ 309	\$ 288
2005	\$ 69,433	\$ 506	\$ 127	\$ 242	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2006	\$ 65,471	\$ 380	\$ 127	\$ 242	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2007	\$ 61,509	\$ 253	\$ 127	\$ 242	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2008	\$ 57,547	\$ 127	\$ 127	\$ 242	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2009	\$ 53,585	\$ 127	\$ 127	\$ 242	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2010	\$ 49,623	\$ 967	\$ 885	\$ 2,901	\$ 8,416			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2011	\$ 45,661	\$ 725	\$ 431	\$ 1,262	\$ 3,323			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2012	\$ 41,699	\$ 484	\$ 127	\$ 242	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2013	\$ 37,737	\$ 242	\$ 242	\$ 554	\$ 3,323			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2014	\$ 33,775	\$ 242	\$ 242	\$ 554	\$ 2,770			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2015	\$ 29,813	\$ 242	\$ 242	\$ 554	\$ 2,216			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2016	\$ 25,851	\$ 242	\$ 242	\$ 554	\$ 1,662			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2017	\$ 21,889	\$ 242	\$ 242	\$ 554	\$ 1,108			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2018	\$ 17,927	\$ 242	\$ 242	\$ 554	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2019	\$ 13,965	\$ 242	\$ 242	\$ 554	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2020	\$ 10,003	\$ 242	\$ 242	\$ 554	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2021	\$ 6,041	\$ 242	\$ 242	\$ 554	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2022	\$ 2,079	\$ 242	\$ 242	\$ 554	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2023	\$ 2,079	\$ 242	\$ 242	\$ 554	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82
2024	\$ 2,079	\$ 242	\$ 242	\$ 554	\$ 554			\$ 378	\$ 40	\$ 12	\$ 43	\$ 895	\$ 16	\$ 82

Cost Year

2016 resident 2017 resident
IVs IVs

\$ 1,579 \$ 12,137
\$ 5 \$ 5

1997	Deprec				
1997	Book Value				
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1998	Book Value				
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2015	Deprec				
2015	Book Value				
2016	Deprec				
2016	Book Value				
2017	Deprec				
2017	Book Value				
2018	Deprec				
2018	Book Value				
2019	Deprec				
2019	Book Value				
2020	Deprec				
2020	Book Value				
2021	Deprec				
2021	Book Value				
2022	Deprec				
2022	Book Value				

\$ 159					
\$ 1,421					
\$ 1,263	\$ 10,923				
\$ 316	\$ 2,427				
\$ 316	\$ 8,466				
\$ 316	\$ 2,427				
\$ 316	\$ 6,065				
\$ 316	\$ 2,427				
\$ 315	\$ 3,642				
\$ 315	\$ 2,427				
\$ -	\$ 1,215				
\$ -	\$ 1,215				
\$ -	\$ (0)				

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.		2028C	9/30/2019	32	37
Account				Amount	
Total Brought Forward:				\$	3,901,223
C. Leasehold or like property recorded for Equity Purposes.					
1. Land				\$	544,799
2. Land Improvements		*Historical Cost _____			
		Accum. Depreciation _____	Net	\$	
3. Buildings		*Historical Cost	4,193,044		
		Accum. Depreciation	4,193,044	Net	\$
4. Non-Movable Equipment		*Historical Cost _____			
		Accum. Depreciation _____	Net	\$	
5. Movable Equipment		*Historical Cost _____			
		Accum. Depreciation _____	Net	\$	
6. Motor Vehicles		*Historical Cost _____			
		Accum. Depreciation _____	Net	\$	
7. Minor Equipment-Not Depreciable				\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$	544,799
D. Investment and Other Assets					
1. Deferred Deposits				\$	
2. Escrow Deposits				\$	
3. Organization Expense		*Historical Cost _____			
		Accum. Depreciation _____	Net	\$	
4. Goodwill (Purchased Only)				\$	353,370
5. Investments Related to Resident Care (<i>itemize</i>)				\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)				\$	(6,526,898)
Name and Address		Amount	Loan Date		
Due from Related Party		(6,526,898)	3/29/12		
7. Other Assets (<i>itemize</i>)				\$	(417,691)
LOC Deposit			2,842		
Solar Panel Project			(420,533)		
See Schedule					
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	(6,591,219)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	(2,145,197)

* 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
Glastonbury Health Care Center, Inc.		2028C	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	884,435
2. Notes Payable (<i>itemize</i>)				\$	1,951,403
Due From Related Party (79,000)					
Midcap Line of Credit 2,030,403					
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>)				\$	180,397
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	3,521
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>)				\$	213,159
Acc'd Health Insurance 3,431					
Acc'd Operating Expenses 64,235					
Acc'd Expense - Sales Tax 709					
Provider Taxes Due 144,784 See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,232,915

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

(Carry Total forward to next page)

GLASTONBURY HEALTH CARE
ACCRUED EXPENSES-OPERATIONS
September 30, 2019

ACCT. # 2170

Health Insurance	\$35,006.30	5364
Xray	\$427.21	8050
Labs	\$3,589.74	7750
Labs	\$2,382.69	7730/7740/7750/7760
Medical Director	\$3,675.00	7020
Audit-2019	\$10,100.00	5126
Workers Comp	\$9,054.00	5363

Balance 9/30/19

\$64,234.94

G. Balance Sheet (cont'd)

Name of Facility Glastonbury Health Care Center, Inc.		License No. 2028C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,232,915	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	25,023
Name of Lender	Purpose	Amount	Date Due		
Notes Payable-Mckesson		25,023			
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	(5,702)
Name and Address of Lender	Amount	Loan Date			
Working Capital Reserve	(5,702)	NA			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	(813,577)
Notes Payable Related Landlord		(813,577)			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	(794,256)
C. Total All Liabilities (Lines A-13 + B-5)				\$	2,438,659

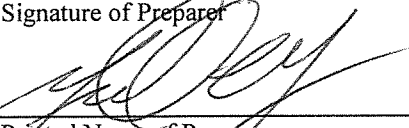
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	544,799
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			\$	544,799
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	50,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(5,068,459)
6. Gain or Loss for Period	10/1/2018	thru 9/30/2019	\$	(110,196)
7. Total Net Worth			\$	(5,128,655)
C. Total Reserves and Net Worth			\$	(4,583,856)
D. Total Liabilities, Reserves, and Net Worth			\$	(2,145,197)

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Glastonbury Health Care Center, Inc.	2028C	9/30/2019	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(5,052,902)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	12,541,395		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	12,651,591		
D. Net Income or Deficit			\$	(110,196)		
E. Balance			\$	(5,163,098)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Health Insurance	34,869					
Fixed Asset Adjustment	(425)					
Rounding	(1)					
2. Other (<i>itemize</i>)						
F-3. Total Additions					\$	34,443
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. <i>Balance at End of Period</i>		09/30/19	\$	(5,128,655)		

I. Preparer's/Reviewer's Certification

Name of Facility Glastonbury Health Care Center, Inc.	License No. 2028C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CFO	Date Signed 2/17/2020		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report Lynn Rinaldi		Phone Number (860) 751-3900		
Contact Email Address lrinaldi@athenahc.com				