

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Glen Hill Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 1 Glen Hill Road, Danbury, CT 06811	
Type of Facility <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)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2217-C	RHNS	(Specify)	Medicare Provider 07-5031
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Medicaid Provider Numbers:	CCNH 7153	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) Glen Hill Care and Rehabilitation Center	License No. 2217-C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Glen Hill Care and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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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 Glen Hill Care and Rehabilitation Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 1 Glen Hill Road, Danbury, CT 06811				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/28/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	3,429,588	3,429,588	
5. All other wages paid	\$	559,174	559,174	
6. Total Wages Paid	\$	3,988,762	3,988,762	
7. Total salaries paid	\$	221,528	221,528	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	4,210,290	4,210,290	

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-744-2840		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Glen Hill Care and Rehabilitation Center		Address (No. & Street, City, State, Zip) 1 Glen Hill Road, Danbury, CT 06811		
License Numbers:	CCNH 2217-C	RHNS	(Specify)	Medicare Provider No. 07-5031
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Heather Rodriguez		Nursing Home Administrator's License No.:	1691	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

GLEN HILL CENTER

1 Glen Hill
Danbury, CT 06811-4921

Harborside Danbury Limited Partnership (Operator)

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

Ownership

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

Harborside Healthcare Limited Partnership

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

Ownership

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

Harborside Health I, LLC

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

Ownership

Harborside Healthcare Advisors Limited Partnership (100%)

Harborside Healthcare Advisors Limited Partnership

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

Ownership

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

KH LLC

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

Ownership
Harborside Healthcare, LLC (100%)

Harborside Healthcare, LLC

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

Ownership
SunBridge Healthcare, LLC (100%)

SunBridge Healthcare, LLC

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

Ownership
Genesis Holdings, LLC (100%)

Genesis Holdings, LLC

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

Ownership
Genesis HealthCare LLC (100%)

Genesis HealthCare LLC

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

Ownership
GEN Operations II, LLC (100%)

**General Information and Questionnaire
Related Parties***

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	544,568	544,568
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	1,303,852	1,303,852
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	60,228	60,228
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	84%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	132	132
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	165,913	165,913
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A		
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	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.

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Glen Hill Care and Rehabilitation Center			License No. 2217-C			Report for Year Ended 9/30/2019		Page of 6 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***									

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

** Attach copies of newly acquired leases.

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

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

**General Information and Questionnaire
Accounting Basis**

Name of Facility Glen Hill Care and Rehabilitation	License No. 2217-C	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 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
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Services Provided by This Firm (*describe fully*)

1 Year end financial audit	\$
2	\$
3	\$
4	\$
	Charge for Services Provided \$

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Goldman Gruder & Woods LLC 2 Wiggin And Dana LLP 3 4 5	Telephone Number 203-899-8900 203-498-4400
--	--

Address (*No. & Street, City, State, Zip Code*)
1 200 Connecticut Ave Norwalk, CT 06854
2 One Century Tower, New Haven, CT 06508
3
4
5

Services Provided by This Firm (*describe fully*)

1 Property Ownership search	\$
2 Deseased record services	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$

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

Schedule of Resident Statistics

Name of Facility Glen Hill Care and Rehabilitation Center		License No. 2217-C			Report for Year Ended 9/30/2019				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	100	100			100	100			100	100			
B. On last day of THIS report period	100	100			100	100			100	100			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	94	94			94	94			90	90			
B. As of midnight of THIS report period	94	94			90	90			94	94			
3. Total Number of Days Care Provided During Period													
A. Medicare	8,402	8,402			6,234	6,234			2,168	2,168			
B. Medicaid (Conn.)	17,720	17,720			12,923	12,923			4,797	4,797			
C. Medicaid (other states)													
D. Private Pay	2,599	2,599			1,948	1,948			651	651			
E. State SSI for RCH													
F. Other (Specify)	3,732	3,732			2,800	2,800			932	932			
G. Total Care Days During Period (3A thru F)	32,453	32,453			23,905	23,905			8,548	8,548			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	6	6			6	6							
5. Total Resident Days (3G + 4A + 4B)	32,459	32,459			23,911	23,911			8,548	8,548			

Schedule of Resident Statistics (Cont'd)

Name of Facility Glen Hill Care and Rehabilitation Center			License No. 2217-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	21		56		17								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	661.67		217.26		494.78								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									3,071	3,071			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									263	263			
C. Other									27,686	27,686			
D. Total Physical Therapy Treatments									31,020	31,020			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									104	104			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1	1			
C. Other									2,381	2,381			
D. Total Speech Therapy Treatments									2,486	2,486			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,903	1,903			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									270	270			
C. Other									27,588	27,588			
D. Total Occupational Therapy Treatments									29,761	29,761			

Report of Expenditures - Salaries & Wages

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	127,283	2,088				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	240,316	9,533				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	56,829	2,069				
b. Other Maintenance Workers	2,194	126				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	94,245	1,990				
b. RN						
1. Direct Care	1,123,826	29,301				
2. Administrative**	178,546	4,239				
c. LPN						
1. Direct Care	758,011	27,003				
2. Administrative**						
d. Aides and Attendants	1,294,529	72,564				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	81,244	3,579				
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	178,591	6,229				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	74,677	3,939				
<i>A-13. Total Salary Expenditures</i>	4,210,290	162,660				

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Glen Hill Care and Rehabilitation Center				2217-C	9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Glen Hill Care and Rehabilitation Center				2217-C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Heather Rodriguez	103,360				Management of Center	1,992	2			
Marnie Talamona 10/1/2018-11/16/2018	23,923				Management of Center	96	2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	10,045	69				
3. Pharmacist	14,290	292				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,231,284	16,867				
b. Other						
6. Social Worker	1,702	34				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	46,413	246				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	20,292	260				
b. Other						
10. Occupational Therapist						
a. Resident Care	58,104	796				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	14,038	331				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	213					
B-13 Total Fees Paid in Lieu of Salaries	1,396,381	18,895				

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 198,487	198,487		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 39,988	39,988		
4. Social Security (F.I.C.A.)	\$ 301,067	301,067		
5. Health Insurance	\$ 427,838	427,838		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
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*	\$ 43,202	43,202		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 26,208	26,208		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 16,948	16,948		
2. Cellular Phones	\$ 3,269	3,269		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 853	853		
3. Resident Day User Fee	\$ 448,945	448,945		
Subtotal	\$ 1,506,805	1,506,805		

* 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)
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -

Schedule of Other Taxes

Description		CCNH	RHNS	(Specify)
Sales Tax		\$ 853	\$ -	\$ -
Sales Tax		\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
Total		\$ 853	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,506,805	1,506,805		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 359	359			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 555	555			
5. Education Expenses Related to Seminars and Conventions	\$ 650	650			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 9,560	9,560			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,916	1,916			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,685	9,685			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 370	370			
10. Contributions*** See Attached Schedule	\$ 1,074	1,074			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 10,254	10,254			
12. Administrative Management Services**	\$ 541,432	541,432			
13. Other (<i>Specify</i>) See Attached Schedule	\$ (650,022)	(650,022)			
C-14 Total Administrative & General Expenditures	\$ 1,432,640	1,432,640			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 1,724	\$ -	\$ -
Marketing Expense	\$ 4,015	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 4,262	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ (441)	\$ -	\$ -
Total Other Advertising	\$ 9,560	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 9,685	\$ -	\$ -
Dues to Chamber of Commerce	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Dues	\$ 9,685	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 75	\$ -	\$ -
Political Contributions	\$ 999	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Contributions	\$ 1,074	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 7,194	\$ -	\$ -
Collection Fees	\$ 3,033	self-disallowed	\$ -
Education Expense	\$ 5	\$ -	\$ -
Employee Physicals	\$ 9,161	\$ -	\$ -
Employee Relations	\$ 1,957	\$ -	\$ -
Printing	\$ 202	\$ -	\$ -
Training Expense	\$ 399	\$ -	\$ -
Fines & Penalties	\$ 22,219	self-disallowed	\$ -
Miscellaneous	\$ (6)	\$ -	\$ -
Rental Expense	\$ 145	\$ -	\$ -
Accrued Expense Estimation	\$ (142)	self-disallowed	\$ -
Landlord Operating Taxes	\$ 2,400	\$ -	\$ -
State Tax Annual Report Filing	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ 11,167	\$ -	\$ -
Non-recurring Charges	\$ (708,181)	\$ -	\$ -
Uniforms	\$ 424	\$ -	\$ -
Total Other Administrative and General	\$ (650,022)	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	544,568	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348			

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

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

Name of Facility Glen Hill Care and Rehabilitation Center		License No. 2217-C	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	\$ 153,155	153,155			
2. Non-Food Supplies	\$ 21,407	21,407			
3. Other (Specify) _____	\$ (1,797)	(1,797)			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 498,883	498,883			
c. Other (Specify) _____	\$				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 671,648	671,648			
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*					
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Glen Hill Care and Rehabilitation Center		License No. 2217-C	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	4,128	4,128	
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. \$	7,272	7,272	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	86,037	86,037	
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	97,437	97,437	
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Glen Hill Care and Rehabilitation Center		2217-C	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.	\$ 12,633	12,633		
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.	\$ 129,223	129,223		
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 141,856	141,856		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from		\$ 396,582	396,582		
b.	Medicine Cabinet Drugs		\$ (9,594)	(9,594)		
c.	Medical and Therapeutic Supplies		\$ 93,531	93,531		
d.	Ambulance/Limousine***		\$ 82	82		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ 9,754	9,754		
f.	X-rays and Related Radiological Procedures***		\$ 23,044	23,044		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 19,138	19,138		
i.	Recreation		\$ 36,035	36,035		
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 49,712	49,712		
5M. Total Resident Care Expenditures (5a - 5j)			\$ 618,285	618,285		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 34,993	\$ -	\$ -
Advertising-Help Wanted	\$ (29)	\$ -	\$ -
Advertising-Help Wanted	\$ 919	\$ -	\$ -
Books, Dues & Subscriptions	\$ -	\$ -	\$ -
Education Expense	\$ 340	\$ -	\$ -
Supplies	\$ 151	\$ -	\$ -
Supplies	\$ 5,850	\$ -	\$ -
Supplies	\$ 50	\$ -	\$ -
Office Supplies	\$ 80	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Training Expense	\$ 4,750	\$ -	\$ -
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 1,875	\$ -	\$ -
Consolidated Billing	\$ 3,441	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ (3,845)	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Licenses & Certifications	\$ 1,137	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 49,712	\$ -	\$ -

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

Name of Facility Glen Hill Care and Rehabilitation Center			License No. 2217-C		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
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	86,037			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	129,223			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	496,791			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* 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
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2019			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	126,682	126,682			
b. Heat	\$	45,189	45,189			
c. Light & Power	\$	100,087	100,087			
d. Water	\$	42,334	42,334			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	314,292	314,292			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	165	165			
c. Non-Movable Equipment	\$	117	117			
d. Movable Equipment	\$	2,971	2,971			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	3,253	3,253			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	2,517,986	2,517,986			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	144,426	144,426			
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	2,665,665	2,665,665			

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

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/30/2019	Added circuit for outside fountain	\$ 518	10	
Total additions for Land Improvements		\$ 518		\$ - *
Deletions:				
10/1/2018	Various Assets Deletions	\$ (43,133)		
Total deletions for Land Improvements		\$ (43,133)		\$ - **

*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:				
1/31/2019	Deposit for 2 Fire Doors	\$ 2,273	10	\$ 153
8/31/2019	Change of Ownership Cost state of CT	\$ 1,329	10	\$ 12
8/31/2019	Consulting Fees Change of Ownership Cost state of CT	\$ 2,393	10	
9/30/2019	Consulting Fees related to Change of Ownership	\$ 2,393	10	\$ -
9/30/2019	Pre Rinse unit Faucet Spring Action	\$ 665	10	\$ -
Total additions for Building Improvements		\$ 9,053		\$ 165 *
Deletions:				
10/1/2018	Various Assets Deletions	\$ (274,125)		
Total deletions for Building Improvements		\$ (274,125)		\$ - **

*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:				
5/31/2019	Circulator Pump	\$ 3,374	10	\$ 117
Total additions for Non-Movable Equipment		\$ 3,374		\$ 117 *
Deletions:				
10/1/2018	Various Assets Deletions	\$ (148,243)		
Total deletions for Non-Movable Equipment		\$ (148,243)		\$ - **

*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:				
2/28/2019	2 ProMatt Plus System w/ ES2 Control & Nylon Covers	\$ 3,615.59	3	\$ 703.03
8/31/2019	5 ProMatt Plus Mattress Systems w/ ES2 control	\$ 9,038.97	3	\$ 251.08
5/31/2019	Paper Shredder Clark# 12-25 C/C	\$ 850.00	10	\$ 29.57
8/31/2019	18 Logan Office Chairs	\$ 3,049.78	10	\$ 27.23
9/30/2019	September 2019 DSSI Accrual	\$ 1,430.33		\$ -
6/30/2019	2015 Honda 2HKRM4H52FH672284	7838.59	3	1959.65
Total additions for Movable Equipment		\$ 25,823		\$ 2,971 *
Deletions:				
10/1/2018	Various Assets Deletions	\$ (223,704)		
Total deletions for Movable Equipment		\$ (223,704)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Glen Hill
 Depreciation Expense Deletions Report
 10/1/2018

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Current Accum Depreciation
							(689,204.96)				(331,681.71)
57002	150020	Land Imp	008842	000	Exterior lighting	6/30/2014	(2,588.14)	R	SLMM	08 06	(1,294.08)
57002	150020	Land Imp	011480	000	Led lighting in parking lot	12/31/2016	(3,722.25)	R	SLMM	06 00	(1,085.67)
57002	150025	Land Imp	007489	000	Exterior signage	6/30/2013	(3,388.00)	R	SLMM	09 06	(1,872.31)
57002	150025	Land Imp	011284	000	Parking lot expansion	10/31/2016	(33,434.13)	R	SLMM	06 02	(10,391.69)
57002	150050	Bldg Imp	010223	000	Pushbutton Combination Door Lock	11/30/2015	(521.10)	R	SLMM	07 01	(208.45)
57002	150050	Bldg Imp	012417	000	Pushbutton Combination Door Lock Leve	11/30/2017	(537.06)	R	SLMM	05 01	(88.05)
57002	150050	Bldg Imp	007490	000	2 dedicated circuits for Big dipper pumps	6/30/2013	(540.26)	R	SLMM	09 06	(298.57)
57002	150050	Bldg Imp	007267	000	3 in Turbine water meter	4/30/2013	(792.37)	R	SLMM	09 08	(444.01)
57002	150050	Bldg Imp	008728	000	4 sprinkler heads and 1 dry pendant	5/31/2014	(841.94)	R	SLMM	08 07	(425.06)
57002	150050	Bldg Imp	010222	000	2 Pushbutton Combination Door Lo	11/30/2015	(1,029.45)	R	SLMM	07 01	(411.80)
57002	150050	Bldg Imp	010619	000	Electric heater for sprinkler pipes	3/31/2016	(1,185.21)	R	SLMM	06 09	(438.97)
57002	150050	Bldg Imp	007357	000	Property Management time allocation	5/31/2013	(1,345.90)	R	SLMM	09 07	(749.02)
57002	150050	Bldg Imp	011819	000	Circulator motor	3/31/2017	(1,415.25)	R	SLMM	05 09	(369.20)
57002	150050	Bldg Imp	012466	000	3 Pushbutton Combination Door Lock Le	12/31/2017	(1,611.17)	R	SLMM	05 00	(241.67)
57002	150050	Bldg Imp	008595	000	Electrical work for exhaust fan and dishwa	4/30/2014	(1,647.82)	R	SLMM	08 08	(839.75)
57002	150050	Bldg Imp	008507	000	Fire rated interior doors	3/31/2014	(1,826.22)	R	SLMM	08 09	(939.19)
57002	150050	Bldg Imp	007647	000	Water meter and 3 in ball valves	7/31/2013	(1,850.49)	R	SLMM	09 05	(1,015.30)
57002	150050	Bldg Imp	007891	000	(3) 1000FM Exhaust fans w/venting	9/30/2013	(1,968.06)	R	SLMM	09 03	(1,063.80)
57002	150050	Bldg Imp	008506	000	Fire rated interior doors	3/31/2014	(2,033.18)	R	SLMM	08 09	(1,045.62)
57002	150050	Bldg Imp	008596	000	Circulator pump on heating system	4/30/2014	(2,036.34)	R	SLMM	08 08	(1,037.74)
57002	150050	Bldg Imp	010618	000	Upgrade circulator	3/31/2016	(2,061.86)	R	SLMM	06 09	(763.66)
57002	150050	Bldg Imp	007264	000	Professionnal Services	4/30/2013	(2,115.00)	R	SLMM	09 08	(1,185.11)
57002	150050	Bldg Imp	008325	000	Electric heaters in attic	1/31/2014	(2,127.00)	R	SLMM	08 11	(1,113.19)
57002	150050	Bldg Imp	010487	000	6 eyewash stations	2/29/2016	(2,263.47)	R	SLMM	06 10	(855.70)
57002	150050	Bldg Imp	010434	000	Upgrade circulator	1/31/2016	(2,372.14)	R	SLMM	06 11	(914.56)
57002	150050	Bldg Imp	011479	000	Upgrade circulator	12/31/2016	(2,499.23)	R	SLMM	06 00	(728.95)
57002	150050	Bldg Imp	008940	000	Wiring for Chime Strobes	7/31/2014	(2,892.72)	R	SLMM	08 05	(1,432.04)
57002	150050	Bldg Imp	009598	000	Install new C.B. wrining conduit	4/30/2015	(3,728.39)	R	SLMM	07 08	(1,661.56)
57002	150050	Bldg Imp	009292	000	Silent Knight IFP-1000 addressable fire a	12/31/2014	(3,860.00)	R	SLMM	08 00	(1,809.38)
57002	150050	Bldg Imp	011820	000	New upgraded pump	3/31/2017	(4,356.36)	R	SLMM	05 09	(1,136.44)
57002	150050	Bldg Imp	009506	000	Material and labor to replace doors	3/31/2015	(4,487.71)	R	SLMM	07 09	(2,026.72)
57002	150050	Bldg Imp	008941	000	Chime Strobe Units	7/31/2014	(6,109.81)	R	SLMM	08 05	(3,024.67)
57002	150050	Bldg Imp	007488	000	2 Big dipper grease traps	6/30/2013	(14,407.50)	R	SLMM	09 06	(7,962.05)
57002	150050	Bldg Imp	008939	000	3 in copper domestic water line 2 in bypa	7/31/2014	(14,798.20)	R	SLMM	08 05	(7,325.84)
57002	150050	Bldg Imp	012467	000	50% deposit Nurse Call System	12/31/2017	(18,778.22)	R	SLMM	05 00	(2,816.73)
57002	150050	Bldg Imp	012468	000	Final payment Nurse Call System	12/31/2017	(18,778.22)	R	SLMM	05 00	(2,816.73)
57002	150055	Bldg Imp	010470	000	Upgrade boiler burner motor	2/29/2016	(1,156.29)	R	SLMM	06 10	(437.13)
57002	150055	Bldg Imp	008727	000	Automatic door 1st flr elevator lobby	5/31/2014	(4,230.39)	R	SLMM	08 07	(2,135.73)
57002	150055	Bldg Imp	006798	000	Sun Valuation - PPE Building Imp 15 yr	12/1/2012	(71,050.00)	R	SLMM	10 01	(41,103.30)
57002	150057	Bldg Imp	010003	000	Johnsonite Revel Millwork Mouldings	8/31/2015	(819.32)	R	SLMM	07 04	(344.50)
57002	150057	Bldg Imp	008417	000	Vapor tite flourscent lighting	2/28/2014	(845.03)	R	SLMM	08 10	(438.45)
57002	150057	Bldg Imp	008937	000	Crown molding	7/31/2014	(861.01)	R	SLMM	08 05	(426.26)
57002	150057	Bldg Imp	007169	000	Mannington vinyl flooring	2/28/2013	(1,063.96)	R	SLMM	09 10	(604.12)
57002	150057	Bldg Imp	009663	000	Johnsonite Reveal Millwork	5/31/2015	(1,089.02)	R	SLMM	07 07	(478.70)
57002	150057	Bldg Imp	008936	000	Acrovyn sheet	7/31/2014	(1,238.98)	R	SLMM	08 05	(613.38)
57002	150057	Bldg Imp	013085	000	Surveillance System	8/31/2018	(1,701.60)	R	SLMM	04 04	(32.72)
57002	150057	Bldg Imp	010617	000	Wall coverings	3/31/2016	(1,722.87)	R	SLMM	06 09	(638.10)
57002	150057	Bldg Imp	008938	000	Various wall coverings	7/31/2014	(3,562.72)	R	SLMM	08 05	(1,763.71)
57002	150057	Bldg Imp	007890	000	Mannington Assurance II flooring	9/30/2013	(3,812.76)	R	SLMM	09 03	(2,060.95)
57002	150057	Bldg Imp	007168	000	Flooring for 2 dining areas	2/28/2013	(3,860.51)	R	SLMM	09 10	(2,192.01)
57002	150057	Bldg Imp	009499	000	Granite countertops	2/28/2015	(4,635.00)	R	SLMM	07 10	(2,120.27)
57002	150057	Bldg Imp	012168	000	Carpeting in Offices	8/31/2017	(4,648.77)	R	SLMM	05 04	(944.29)
57002	150057	Bldg Imp	007147	000	Assurance II vinyl flooring	1/31/2013	(4,995.26)	R	SLMM	09 11	(2,854.42)
57002	150057	Bldg Imp	011009	000	19 resident flooring bathrooms	7/31/2016	(13,327.78)	R	SLMM	06 05	(4,500.30)
57002	150057	Bldg Imp	008841	000	Commercial vinyl flooring and cove base	6/30/2014	(21,732.99)	R	SLMM	08 06	(10,866.49)
57002	150058	Bldg Imp	007266	000	Mannington vinyl flooring	4/30/2013	(953.19)	R	SLMM	05 00	(953.19)
57002	150075	Non Movable Equip	007146	000	Circulator bearings and pump for hot wa	1/31/2013	(2,446.32)	P	SLMM	09 11	(1,397.91)
57002	150075	Non Movable Equip	007649	000	Trane Varitrac CCP III Panel	7/31/2013	(2,750.00)	P	SLMM	09 05	(1,508.87)
57002	150075	Non Movable Equip	008840	000	10E11131U Condensing unit	6/30/2014	(2,839.07)	P	SLMM	08 06	(1,419.55)
57002	150075	Non Movable Equip	007356	000	Condensing unit	5/31/2013	(3,615.90)	P	SLMM	09 07	(2,012.32)
57002	150075	Non Movable Equip	013010	000	2 ton Ductless System	7/31/2018	(5,428.10)	P	SLMM	04 05	(204.84)
57002	150075	Non Movable Equip	013011	000	New Air Handler	7/31/2018	(5,879.03)	P	SLMM	04 05	(221.85)
57002	150075	Non Movable Equip	012839	000	2 Circulators/ Attic and Pump 4	5/31/2018	(6,061.95)	P	SLMM	04 07	(440.87)
57002	150075	Non Movable Equip	007265	000	Domestic water heater	4/30/2013	(9,442.82)	P	SLMM	09 08	(5,291.22)
57002	150075	Non Movable Equip	006799	000	Sun Valuation - PPE Fixed Equip 10 yea	12/1/2012	(109,780.00)	P	SLMM	10 00	(64,038.33)
57002	150080	Movable Equip	009507	000	Sales and Use Tax March 2015	3/31/2015	(294.00)	P	SLMM	07 00	(147.00)
57002	150080	Movable Equip	009508	000	Medium Duty Microwave with Dial Contro	3/31/2015	(395.81)	P	SLMM	07 00	(197.92)
57002	150080	Movable Equip	007646	000	Frigidaire 25k air conditioner	7/31/2013	(535.05)	P	SLMM	07 00	(394.94)

Glen Hill
 Depreciation Expense Deletions Report
 10/1/2018

											(689,204.96)	(331,681.71)
Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Current Accum Depreciation	
57002	150080	Movable Equip	009291	000	Left and right leg set for patient lifter	12/31/2014	(670.01)	P	SLMM	07 00	(358.95)	
57002	150080	Movable Equip	012599	000	RCA 42i Long Term Care LED HDTV	2/28/2018	(677.25)	P	SLMM	04 10	(81.74)	
57002	150080	Movable Equip	012925	000	Digital Lift Scale for Floor Lift	6/30/2018	(780.59)	P	SLMM	04 06	(43.37)	
57002	150080	Movable Equip	007645	000	RCA 26i, Long Term Care, LED H	7/31/2013	(881.25)	P	SLMM	07 00	(650.44)	
57002	150080	Movable Equip	008594	000	Actuator for Steady Aid 3500 lifter	4/30/2014	(939.07)	P	SLMM	07 00	(592.50)	
57002	150080	Movable Equip	011954	000	(3) 28i RCA Long Term Care TV	5/31/2017	(943.59)	P	SLMM	05 07	(225.33)	
57002	150080	Movable Equip	011008	000	Frigidaire 10,000 BTU 115 Volt Casemen	7/31/2016	(1,160.73)	P	SLMM	06 05	(391.93)	
57002	150080	Movable Equip	007648	000	Kit inverter drive for washer	7/31/2013	(1,536.52)	P	SLMM	07 00	(1,134.09)	
57002	150080	Movable Equip	008726	000	Spot Vital Signs Monitor, mobile stand	5/31/2014	(2,355.35)	P	SLMM	07 00	(1,458.08)	
57002	150080	Movable Equip	013166	000	Window A/C unit	9/30/2018	(2,868.09)	P	SLMM	04 03	-	
57002	150080	Movable Equip	011885	000	30 lb gas dryer	4/30/2017	(3,585.59)	P	SLMM	05 08	(896.40)	
57002	150080	Movable Equip	008839	000	Flushing of dry system and new flex sprin	6/30/2014	(3,938.14)	P	SLMM	07 00	(2,391.01)	
57002	150080	Movable Equip	013167	000	Rifton TRAM Lift & Accessories	9/30/2018	(4,923.85)	P	SLMM	04 03	-	
57002	150080	Movable Equip	011884	000	55 lb drying tumbler	4/30/2017	(5,265.81)	P	SLMM	05 08	(1,316.46)	
57002	150080	Movable Equip	012204	000	Bladder Scanner	8/31/2017	(7,672.05)	P	SLMM	05 04	(1,558.38)	
57002	150080	Movable Equip	009758	000	Reliant 450 & 600 Series Floor Lifts sling	6/30/2015	(8,505.30)	P	SLMM	07 00	(3,948.88)	
57002	150080	Movable Equip	011886	000	85 lb washer/extractor	4/30/2017	(12,586.26)	P	SLMM	05 08	(3,146.57)	
57002	150080	Movable Equip	006800	000	Sun Valuation - PPE Moveable Equip 7 Y	12/1/2012	(21,050.00)	P	SLMM	07 00	(17,541.66)	
57002	150085	Movable Equip	009288	000	Direct Choice Overbed Table	12/31/2014	(69.35)	P	SLMM	08 00	(32.51)	
57002	150085	Movable Equip	009409	000	Direct Choice Overbed Table	1/31/2015	(73.57)	P	SLMM	07 11	(34.07)	
57002	150085	Movable Equip	009504	000	Direct Choice Overbed Table	3/31/2015	(134.46)	P	SLMM	07 09	(60.72)	
57002	150085	Movable Equip	011283	000	Direct Choice Overbed Table	10/31/2016	(223.91)	P	SLMM	06 02	(69.59)	
57002	150085	Movable Equip	008503	000	Maxwell Thomas, Overbed Table,	3/31/2014	(227.37)	P	SLMM	08 09	(116.95)	
57002	150085	Movable Equip	008163	000	Overbed Table, Windsor Mahogan	12/31/2013	(228.83)	P	SLMM	09 00	(120.79)	
57002	150085	Movable Equip	008838	000	Blixer Lid w/ Wiper Blade Acce	6/30/2014	(315.32)	P	SLMM	08 06	(157.68)	
57002	150085	Movable Equip	008060	000	Blixer lid w/wiper blade accessory	11/30/2013	(356.66)	P	SLMM	09 01	(189.80)	
57002	150085	Movable Equip	008593	000	Big Blue Board	4/30/2014	(461.68)	P	SLMM	08 08	(235.27)	
57002	150085	Movable Equip	009290	000	1.6 cu ft medical grade refrigerator	12/31/2014	(527.54)	P	SLMM	08 00	(247.28)	
57002	150085	Movable Equip	010469	000	4 PANACEA STANDARD WHEELCHAIR	2/29/2016	(533.92)	P	SLMM	06 10	(201.86)	
57002	150085	Movable Equip	008504	000	2 Tracer IV Wheelchairs	3/31/2014	(538.07)	P	SLMM	08 09	(276.71)	
57002	150085	Movable Equip	012032	000	Conveyor Toaster	6/30/2017	(563.08)	P	SLMM	05 06	(127.98)	
57002	150085	Movable Equip	012527	000	4 Tracer EX2 Wheelchair	1/31/2018	(699.92)	P	SLMM	04 11	(94.90)	
57002	150085	Movable Equip	009662	000	1 Tracer SX5 and 2 Tracer EX2 wheelch	5/31/2015	(725.94)	P	SLMM	07 07	(319.10)	
57002	150085	Movable Equip	012924	000	Robot Blade Assembly	6/30/2018	(754.02)	P	SLMM	04 06	(41.89)	
57002	150085	Movable Equip	008505	000	5 Tracer EX2 Wheelchairs	3/31/2014	(903.90)	P	SLMM	08 09	(464.86)	
57002	150085	Movable Equip	009500	000	KleanSteam System on Cleveland steam	2/28/2015	(1,090.09)	P	SLMM	07 10	(498.66)	
57002	150085	Movable Equip	012416	000	Dome Storage Rack, 100 Lid Capacity St	11/30/2017	(1,216.62)	P	SLMM	05 01	(199.46)	
57002	150085	Movable Equip	008837	000	Booster tank for dishwasher	6/30/2014	(1,921.50)	P	SLMM	08 06	(960.76)	
57002	150085	Movable Equip	009597	000	Evaporator and parts for Victory cooler	4/30/2015	(2,003.12)	P	SLMM	07 08	(892.71)	
57002	150085	Movable Equip	007049	000	KITCHENEQUIPMENT	12/31/2012	(2,061.76)	P	SLMM	10 00	(1,185.54)	
57002	150085	Movable Equip	011619	000	Slicer, Compact Manual, Medium Duty	2/28/2017	(2,074.87)	P	SLMM	05 10	(563.18)	
57002	150085	Movable Equip	012464	000	Double 3 Gallon Coffee Urn	12/31/2017	(2,447.42)	P	SLMM	05 00	(367.11)	
57002	150085	Movable Equip	007783	000	UCXT BED W/LAMINATE PANELS, GR	8/31/2013	(3,027.39)	P	SLMM	09 04	(1,648.83)	
57002	150085	Movable Equip	008324	000	2 UCXT BED W/LAMINATE PANELS	1/31/2014	(3,044.77)	P	SLMM	08 11	(1,593.52)	
57002	150085	Movable Equip	010616	000	Blixer, 7 qt Triple Phase, 4-Prong Plug, T	3/31/2016	(3,198.40)	P	SLMM	06 09	(1,184.60)	
57002	150085	Movable Equip	011356	000	Stainless Steel 30iW Prodigy Cuber and	11/30/2016	(3,712.09)	P	SLMM	06 01	(1,118.72)	
57002	150085	Movable Equip	012667	000	2 UCXT Bed w/ Laminate Panels and Ultr	3/31/2018	(4,050.87)	P	SLMM	04 09	(426.41)	
57002	150085	Movable Equip	011883	000	Maxwell Thomas Wakefield Overbed Tab	4/30/2017	(4,891.25)	P	SLMM	05 08	(1,222.81)	
57002	150085	Movable Equip	010755	000	OmniCycle Elite Rehab System	4/30/2016	(6,487.36)	P	SLMM	06 08	(2,351.67)	
57002	150085	Movable Equip	011357	000	Self-Contained Air Curtain Refrigerator	11/30/2016	(9,238.64)	P	SLMM	06 01	(2,784.25)	
57002	150085	Movable Equip	011818	000	40 Kensington arm and side chairs	3/31/2017	(12,787.95)	P	SLMM	05 09	(3,335.98)	
57002	150087	Movable Equip	012923	000	Pressure Washer	6/30/2018	(498.05)	P	SLMM	04 06	(27.67)	
57002	150087	Movable Equip	012463	000	Echo line Reclining Shower Cha	12/31/2017	(549.69)	P	SLMM	05 00	(82.46)	
57002	150088	Movable Equip	012668	000	2 Panacea Original Foam Mattress, Bari	3/31/2018	(953.42)	P	SLMM	03 00	(158.91)	
57002	150088	Movable Equip	010131	000	3 MATTRESS, GENESIS VISCO	10/31/2015	(1,012.41)	P	SLMM	03 00	(984.29)	
57002	150088	Movable Equip	009289	000	5 MATTRESS,GENESIS VISCO SELEC	12/31/2014	(1,568.66)	P	SLMM	03 00	(1,568.66)	
57002	150088	Movable Equip	006801	000	Sun Valuation - PPE Moveable Equip 3 y	12/1/2012	(2,740.00)	P	SLMM	03 00	(2,740.00)	
57002	150088	Movable Equip	012528	000	Bubba Q. Built?-in Outdoor Charbroiler,	1/31/2018	(2,769.35)	P	SLMM	03 00	(615.41)	
57002	150088	Movable Equip	012756	000	Derma Float and ProMatt Pluss Mattresse	4/30/2018	(4,214.62)	P	SLMM	03 00	(585.36)	
57002	150088	Movable Equip	010002	000	2 Dermfloat LAL Mattresses	8/31/2015	(4,995.75)	P	SLMM	03 00	(4,995.75)	
57002	150088	Movable Equip	009505	000	2 Dermfloat LAL	3/31/2015	(5,385.59)	P	SLMM	03 00	(5,385.59)	
57002	150088	Movable Equip	012465	000	30 MATTRESS,GEN,BULK VISCO SELE	12/31/2017	(7,242.75)	P	SLMM	03 00	(1,810.69)	
57002	150088	Movable Equip	007355	000	65 MATTRESS,GENESIS VISCO SELEC	5/31/2013	(15,710.91)	P	SLMM	03 00	(15,710.91)	
57002	150100	Movable Equip	008725	000	Credit Card Machine	5/31/2014	(73.07)	P	SLMM	08 07	(36.88)	
57002	150100	Movable Equip	010486	000	office desk	2/29/2016	(122.28)	P	SLMM	06 10	(46.24)	
57002	150110	Movable Equip	009240	000	Mobil Iron licenses deployed 11/2014	11/30/2014	(15.90)	P	SLMM	03 00	(15.90)	
57002	150110	Movable Equip	009287	000	Mobile Iron licenses deployed 12/2014	12/31/2014	(15.90)	P	SLMM	03 00	(15.90)	
57002	150110	Movable Equip	012278	000	1 Mouse	9/30/2017	(18.77)	P	SLMM	03 00	(6.27)	

Glen Hill
 Depreciation Expense Deletions Report
 10/1/2018

							(689,204.96)				(331,681.71)
Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Current Accum Depreciation
57002	150110	Movable Equip	012235	000	1 Chrysler Briefcase	9/30/2017	(27.72)	P	SLMM	03 00	(9.24)
57002	150110	Movable Equip	012724	000	1 LaserJet PRO M102W	3/31/2018	(132.26)	P	SLMM	03 00	(22.05)
57002	150110	Movable Equip	011144	000	1 HP LaserJet PRO M426FDN	8/31/2016	(381.10)	P	SLMM	03 00	(264.65)
57002	150110	Movable Equip	006802	000	Sun Valuation - PPE IS Equip - 3 Year	12/1/2012	(23,120.00)	P	SLMM	02 00	(23,120.00)

Glen Hill Care and Rehabilitation Center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 3,252.60
 Sch 29 total Deprn Adj 88,531.10
 Total Deprn Expense 91,783.70

731,792.63

331,681.71 91,783.70 423,465.41

Locati	G/L Asset	Acct Desc	Sys	Ex	Descriptor In Svc Date	Acquired Value	PT	DeprMeth	EstLife	Depreciable Basis	Prior Accum	Current	Current	
											Depreciation	YTD Depreciation	Accum Depreciation	
											9/30/2018	2,019.00	9/30/2019	
57002	150055	Bldg Imp	006798	000	Sun Valuat	12/1/2012	71,050.00	R	SLMM	10 01	71,050.00	41,103.30	7,046.28	48,149.58
57002	150075	Non Mov	006799	000	Sun Valuat	12/1/2012	109,780.00	P	SLMM	10 00	109,780.00	64,038.33	10,978.00	75,016.33
57002	150080	Movable E	006800	000	Sun Valuat	12/1/2012	21,050.00	P	SLMM	07 00	21,050.00	17,541.66	3,007.14	20,548.80
57002	150088	Movable E	006801	000	Sun Valuat	12/1/2012	2,740.00	P	SLMM	03 00	2,740.00	2,740.00	-	2,740.00
57002	150110	Movable E	006802	000	Sun Valuat	12/1/2012	23,120.00	P	SLMM	02 00	23,120.00	23,120.00	-	23,120.00
57002	150085	Movable E	007049	000	KITCHEN	12/31/2012	2,061.76	P	SLMM	10 00	2,061.76	1,185.54	206.18	1,391.72
57002	150057	Bldg Imp	007147	000	Assurance	1/31/2013	4,995.26	R	SLMM	09 11	4,995.26	2,854.42	503.72	3,358.14
57002	150075	Non Mov	007146	000	Circulator	1/31/2013	2,446.32	P	SLMM	09 11	2,446.32	1,397.91	246.69	1,644.60
57002	150057	Bldg Imp	007168	000	Flooring f	2/28/2013	3,860.51	R	SLMM	09 10	3,860.51	2,192.01	392.60	2,584.61
57002	150057	Bldg Imp	007169	000	Manningto	2/28/2013	1,063.96	R	SLMM	09 10	1,063.96	604.12	108.20	712.32
57002	150050	Bldg Imp	007264	000	Profensio	4/30/2013	2,115.00	R	SLMM	09 08	2,115.00	1,185.11	218.79	1,403.90
57002	150050	Bldg Imp	007267	000	3 in Turbir	4/30/2013	792.37	R	SLMM	09 08	792.37	444.01	81.97	525.98
57002	150058	Bldg Imp	007266	000	Manningto	4/30/2013	953.19	R	SLMM	05 00	953.19	953.19	-	953.19
57002	150075	Non Mov	007265	000	Domestic v	4/30/2013	9,442.82	P	SLMM	09 08	9,442.82	5,291.22	976.84	6,268.06
57002	150050	Bldg Imp	007357	000	Property v	5/31/2013	1,345.90	P	SLMM	09 07	1,345.90	749.02	140.44	889.46
57002	150075	Non Mov	007356	000	Condensin	5/31/2013	3,615.90	P	SLMM	09 07	3,615.90	2,012.32	377.31	2,389.63
57002	150088	Movable E	007355	000	65 MATTI	5/31/2013	15,710.91	P	SLMM	03 00	15,710.91	15,710.91	-	15,710.91
57002	150025	Land Imp	007489	000	Exterior si	6/30/2013	3,388.00	R	SLMM	09 06	3,388.00	1,872.31	356.63	2,228.94
57002	150050	Bldg Imp	007488	000	2 Big dipp	6/30/2013	14,407.50	R	SLMM	09 06	14,407.50	7,962.05	1,516.58	9,478.63
57002	150050	Bldg Imp	007490	000	2 dedicat	6/30/2013	540.26	R	SLMM	09 06	540.26	298.57	56.87	355.44
57002	150050	Bldg Imp	007647	000	Water met	7/31/2013	1,850.49	R	SLMM	09 05	1,850.49	1,015.30	196.51	1,211.81
57002	150075	Non Mov	007649	000	Trane Vari	7/31/2013	2,750.00	P	SLMM	09 05	2,750.00	1,508.87	292.04	1,800.91
57002	150080	Movable E	007645	000	RCA 26i, I	7/31/2013	881.25	P	SLMM	07 00	881.25	650.44	125.89	776.33
57002	150080	Movable E	007646	000	Frigidaire	7/31/2013	535.05	P	SLMM	07 00	535.05	394.94	76.44	471.38
57002	150080	Movable E	007648	000	Kit invert	7/31/2013	1,536.52	P	SLMM	07 00	1,536.52	1,134.09	219.50	1,353.59
57002	150085	Movable E	007783	000	UCXT BE	8/31/2013	3,027.39	P	SLMM	09 04	3,027.39	1,648.83	324.36	1,973.19
57002	150050	Bldg Imp	007891	000	(3) 1000F	9/30/2013	1,968.06	R	SLMM	09 03	1,968.06	1,063.80	212.76	1,276.56
57002	150057	Bldg Imp	007890	000	Manningto	9/30/2013	3,812.76	R	SLMM	09 03	3,812.76	2,060.95	412.19	2,473.14
57002	150085	Movable E	008060	000	Blixer lid v	11/30/2013	356.66	P	SLMM	09 01	356.66	189.80	39.27	229.07
57002	150085	Movable E	008163	000	Overbed T	12/31/2013	228.83	P	SLMM	09 00	228.83	120.79	25.43	146.22
57002	150050	Bldg Imp	008325	000	Electric he	1/31/2014	2,127.00	R	SLMM	08 11	2,127.00	1,113.19	238.54	1,351.73
57002	150085	Movable E	008324	000	2 UCXT B	1/31/2014	3,044.77	P	SLMM	08 11	3,044.77	1,593.52	341.47	1,934.99
57002	150057	Bldg Imp	008417	000	Vapor tit	2/28/2014	845.03	R	SLMM	08 10	845.03	438.45	95.66	534.11
57002	150050	Bldg Imp	008506	000	Fire rated i	3/31/2014	2,033.18	R	SLMM	08 09	2,033.18	1,045.62	232.36	1,277.98
57002	150050	Bldg Imp	008507	000	Fire rated i	3/31/2014	1,826.22	R	SLMM	08 09	1,826.22	939.19	208.71	1,147.90
57002	150085	Movable E	008503	000	Maxwell T	3/31/2014	227.37	P	SLMM	08 09	227.37	116.95	25.99	142.94
57002	150085	Movable E	008504	000	2 Tracer I	3/31/2014	538.07	P	SLMM	08 09	538.07	276.71	61.49	338.20
57002	150085	Movable E	008505	000	5 Tracer E	3/31/2014	903.90	P	SLMM	08 09	903.90	464.86	103.30	568.16
57002	150050	Bldg Imp	008595	000	Electrical v	4/30/2014	1,647.82	R	SLMM	08 08	1,647.82	839.75	190.13	1,029.88
57002	150050	Bldg Imp	008596	000	Circulator	4/30/2014	2,036.34	R	SLMM	08 08	2,036.34	1,037.74	234.96	1,272.70
57002	150080	Movable E	008594	000	Actuator f	4/30/2014	939.07	P	SLMM	07 00	939.07	592.50	134.15	726.65
57002	150085	Movable E	008593	000	Big Blue E	4/30/2014	461.68	P	SLMM	08 08	461.68	235.27	53.27	288.54
57002	150050	Bldg Imp	008728	000	4 sprinkler	5/31/2014	841.94	R	SLMM	08 07	841.94	425.06	98.09	523.15
57002	150055	Bldg Imp	008727	000	Automatic	5/31/2014	4,230.39	R	SLMM	08 07	4,230.39	2,135.73	492.86	2,628.59
57002	150080	Movable E	008726	000	Spot Vital	5/31/2014	2,355.35	P	SLMM	07 00	2,355.35	1,458.08	336.48	1,794.56
57002	150100	Movable E	008725	000	Credit Car	5/31/2014	73.07	P	SLMM	08 07	73.07	36.88	8.51	45.39
57002	150020	Land Imp	008842	000	Exterior li	6/30/2014	2,588.14	R	SLMM	08 06	2,588.14	1,294.08	304.49	1,598.57
57002	150057	Bldg Imp	008841	000	Commerci	6/30/2014	21,732.99	R	SLMM	08 06	21,732.99	10,866.49	2,556.82	13,423.31
57002	150075	Non Mov	008840	000	10E111311	6/30/2014	2,839.07	P	SLMM	08 06	2,839.07	1,419.55	334.01	1,753.56
57002	150080	Movable E	008839	000	Flushing o	6/30/2014	3,938.14	P	SLMM	07 00	3,938.14	2,391.01	562.59	2,953.60
57002	150085	Movable E	008837	000	Booster tar	6/30/2014	1,921.50	P	SLMM	08 06	1,921.50	960.76	226.06	1,186.82
57002	150085	Movable E	008838	000	Blixer Lid	6/30/2014	315.32	P	SLMM	08 06	315.32	157.68	37.10	194.78
57002	150050	Bldg Imp	008939	000	3 in copper	7/31/2014	14,798.20	R	SLMM	08 05	14,798.20	7,325.84	1,758.20	9,084.04
57002	150050	Bldg Imp	008940	000	Wiring for	7/31/2014	2,892.72	R	SLMM	08 05	2,892.72	1,432.04	343.69	1,775.73
57002	150050	Bldg Imp	008941	000	Chime Str	7/31/2014	6,109.81	R	SLMM	08 05	6,109.81	3,024.67	725.92	3,750.59
57002	150057	Bldg Imp	008936	000	Acrovyn sl	7/31/2014	1,238.98	R	SLMM	08 05	1,238.98	613.38	147.21	760.59
57002	150057	Bldg Imp	008937	000	Crown mo	7/31/2014	861.01	R	SLMM	08 05	861.01	426.26	102.30	528.56
57002	150057	Bldg Imp	008938	000	Various w	7/31/2014	3,562.72	R	SLMM	08 05	3,562.72	1,763.71	423.29	2,187.00
57002	150110	Movable E	009240	000	Mobil Iron	11/30/2014	15.90	P	SLMM	03 00	15.90	15.90	-	15.90
57002	150050	Bldg Imp	009292	000	Silent Kni	12/31/2014	3,860.00	R	SLMM	08 00	3,860.00	1,809.38	482.50	2,291.88
57002	150080	Movable E	009291	000	Left and ri	12/31/2014	670.01	P	SLMM	07 00	670.01	358.95	95.72	454.67
57002	150085	Movable E	009288	000	Direct Cho	12/31/2014	69.35	P	SLMM	08 00	69.35	32.51	8.67	41.18
57002	150085	Movable E	009290	000	1.6 cu ft m	12/31/2014	527.54	P	SLMM	08 00	527.54	247.28	65.94	313.22
57002	150088	Movable E	009289	000	5 MATTR	12/31/2014	1,568.66	P	SLMM	03 00	1,568.66	1,568.66	-	1,568.66
57002	150110	Movable E	009287	000	Mobile Iro	12/31/2014	15.90	P	SLMM	03 00	15.90	15.90	-	15.90
57002	150085	Movable E	009409	000	Direct Cho	1/31/2015	73.57	P	SLMM	07 11	73.57	34.07	9.29	43.36
57002	150057	Bldg Imp	009499	000	Granite co	2/28/2015	4,635.00	R	SLMM	07 10	4,635.00	2,120.27	591.70	2,711.97
57002	150085	Movable E	009500	000	KleanStea	2/28/2015	1,090.09	P	SLMM	07 10	1,090.09	498.66	139.16	637.82
57002	150050	Bldg Imp	009506	000	Material ar	3/31/2015	4,487.71	R	SLMM	07 09	4,487.71	2,026.72	579.06	2,605.78
57002	150080	Movable E	009507	000	Sales and I	3/31/2015	294.00	P	SLMM	07 00	294.00	147.00	42.00	189.00
57002	150080	Movable E	009508	000	Medium D	3/31/2015	395.81	P	SLMM	07 00	395.81	197.92	56.55	254.47
57002	150085	Movable E	009504	000	Direct Cho	3/31/2015	134.46	P	SLMM	07 09	134.46	60.72	17.35	78.07
57002	150088	Movable E	009505	000	2 Dermflo	3/31/2015	5,385.59	P	SLMM	03 00	5,385.59	5,385.59	-	5,385.59
57002	150050	Bldg Imp	009598	000	Install new	4/30/2015	3,728.39	R	SLMM	07 08	3,728.39	1,661.56	486.31	2,147.87
57002	150085	Movable E	009597	000	Evaporator	4/30/2015	2,003.12	P	SLMM	07 08	2,003.12	892.71	261.28	1,153.99
57002	150057	Bldg Imp	009663	000	Johnsonite	5/31/2015	1,089.02	R	SLMM	07 07	1,089.02</			

Glen Hill Care and Rehabilitation Center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 3,252.60
 Sch 29 total Deprn Adj 88,531.10
 Total Deprn Expense 91,783.70

731,792.63

331,681.71 91,783.70 423,465.41

Locati	G/L Asset	Acct Desc	Sys	Ex	Descriptor In Svc Date	Acquired Value	PT	DeprMeth	EstLife	Depreciable Basis	Prior Accum	Current	Current	
											Depreciation	YTD Depreciation	Accum Depreciation	
											9/30/2018	2,019.00	9/30/2019	
57002	150085	Movable E 009662	000		1 Tracer S	5/31/2015	725.94	P	SLMM	07 07	725.94	319.10	95.73	414.83
57002	150080	Movable E 009758	000		Reliant 450	6/30/2015	8,505.30	P	SLMM	07 00	8,505.30	3,948.88	1,215.04	5,163.92
57002	150057	Bldg Imp 010003	000		Johnsonite	8/31/2015	819.32	R	SLMM	07 04	819.32	344.50	111.73	456.23
57002	150088	Movable E 010002	000		2 Dermflo	8/31/2015	4,995.75	P	SLMM	03 00	4,995.75	4,995.75	-	4,995.75
57002	150088	Movable E 010131	000		3 MATTR	10/31/2015	1,012.41	P	SLMM	03 00	1,012.41	984.29	28.12	1,012.41
57002	150050	Bldg Imp 010222	000		2 Pushbutt	11/30/2015	1,029.45	R	SLMM	07 01	1,029.45	411.80	145.34	557.14
57002	150050	Bldg Imp 010223	000		Pushbutt	11/30/2015	521.10	R	SLMM	07 01	521.10	208.45	73.57	282.02
57002	150050	Bldg Imp 010434	000		Upgrade ci	1/31/2016	2,372.14	R	SLMM	06 11	2,372.14	914.56	342.96	1,257.52
57002	150050	Bldg Imp 010487	000		6 eyewash	2/29/2016	2,263.47	R	SLMM	06 10	2,263.47	855.70	331.24	1,186.94
57002	150055	Bldg Imp 010470	000		Upgrade b	2/29/2016	1,156.29	R	SLMM	06 10	1,156.29	437.13	169.21	606.34
57002	150085	Movable E 010469	000		4 PANACL	2/29/2016	533.92	P	SLMM	06 10	533.92	201.86	78.14	280.00
57002	150100	Movable E 010486	000		office desk	2/29/2016	122.28	P	SLMM	06 10	122.28	46.24	17.90	64.14
57002	150050	Bldg Imp 010618	000		Upgrade ci	3/31/2016	2,061.86	R	SLMM	06 09	2,061.86	763.66	305.46	1,069.12
57002	150050	Bldg Imp 010619	000		Electric he	3/31/2016	1,185.21	R	SLMM	06 09	1,185.21	438.97	175.59	614.56
57002	150057	Bldg Imp 010617	000		Wall cover	3/31/2016	1,722.87	R	SLMM	06 09	1,722.87	638.10	255.24	893.34
57002	150085	Movable E 010616	000		Blixer, 7 q	3/31/2016	3,198.40	P	SLMM	06 09	3,198.40	1,184.60	473.84	1,658.44
57002	150085	Movable E 010755	000		OmniCycl	4/30/2016	6,487.36	P	SLMM	06 08	6,487.36	2,351.67	973.10	3,324.77
57002	150057	Bldg Imp 011009	000		19 resident	7/31/2016	13,327.78	R	SLMM	06 05	13,327.78	4,500.30	2,077.06	6,577.36
57002	150080	Movable E 011008	000		Frigidaire	7/31/2016	1,160.73	P	SLMM	06 05	1,160.73	391.93	180.89	572.82
57002	150110	Movable E 011144	000		1 HP Laser	8/31/2016	381.10	P	SLMM	03 00	381.10	264.65	116.45	381.10
57002	150025	Land Imp 011284	000		Parking lot	10/31/2016	33,434.13	R	SLMM	06 02	33,434.13	10,391.69	5,421.75	15,813.44
57002	150085	Movable E 011283	000		Direct Cho	10/31/2016	223.91	P	SLMM	06 02	223.91	69.59	36.31	105.90
57002	150085	Movable E 011356	000		Stainless S	11/30/2016	3,712.09	P	SLMM	06 01	3,712.09	1,118.72	610.21	1,728.93
57002	150085	Movable E 011357	000		Self-Conta	11/30/2016	9,238.64	P	SLMM	06 01	9,238.64	2,784.25	1,518.68	4,302.93
57002	150020	Land Imp 011480	000		Led lightin	12/31/2016	3,722.25	R	SLMM	06 00	3,722.25	1,085.67	620.38	1,706.05
57002	150050	Bldg Imp 011479	000		Upgrade ci	12/31/2016	2,499.23	R	SLMM	06 00	2,499.23	728.95	416.54	1,145.49
57002	150085	Movable E 011619	000		Slicer, Cor	2/28/2017	2,074.87	P	SLMM	05 10	2,074.87	563.18	355.69	918.87
57002	150050	Bldg Imp 011819	000		Circulator	3/31/2017	1,415.25	R	SLMM	05 09	1,415.25	369.20	246.13	615.33
57002	150050	Bldg Imp 011820	000		New upgra	3/31/2017	4,356.36	R	SLMM	05 09	4,356.36	1,136.44	757.63	1,894.07
57002	150085	Movable E 011818	000		40 Kensing	3/31/2017	12,787.95	P	SLMM	05 09	12,787.95	3,335.98	2,223.99	5,559.97
57002	150080	Movable E 011884	000		55 lb dryin	4/30/2017	5,265.81	P	SLMM	05 08	5,265.81	1,316.46	929.27	2,245.73
57002	150080	Movable E 011885	000		30 lb gas d	4/30/2017	3,585.59	P	SLMM	05 08	3,585.59	896.40	632.75	1,529.15
57002	150080	Movable E 011886	000		85 lb wash	4/30/2017	12,586.26	P	SLMM	05 08	12,586.26	3,146.57	2,221.11	5,367.68
57002	150085	Movable E 011883	000		Maxwell T	4/30/2017	4,891.25	P	SLMM	05 08	4,891.25	1,222.81	863.16	2,085.97
57002	150080	Movable E 011954	000		(3) 28i RC	5/31/2017	943.59	P	SLMM	05 07	943.59	225.33	169.00	394.33
57002	150085	Movable E 012032	000		Conveyor	6/30/2017	563.08	P	SLMM	05 06	563.08	127.98	102.38	230.36
57002	150057	Bldg Imp 012168	000		Carpeting i	8/31/2017	4,648.77	R	SLMM	05 04	4,648.77	944.29	871.65	1,815.94
57002	150080	Movable E 012204	000		Bladder Sc	8/31/2017	7,672.05	P	SLMM	05 04	7,672.05	1,558.38	1,438.50	2,996.88
57002	150110	Movable E 012235	000		1 Chrysler	9/30/2017	27.72	P	SLMM	03 00	27.72	9.24	9.24	18.48
57002	150110	Movable E 012278	000		1 Mouse	9/30/2017	18.77	P	SLMM	03 00	18.77	6.27	6.27	12.54
57002	150050	Bldg Imp 012417	000		Pushbutt	11/30/2017	537.06	R	SLMM	5	537.06	88.05	107.41	195.46
57002	150085	Movable E 012416	000		Dome Stor	11/30/2017	1,216.62	P	SLMM	5	1,216.62	199.46	243.32	442.78
57002	150050	Bldg Imp 012466	000		3 Pushbutt	12/31/2017	1,611.17	R	SLMM	5	1,611.17	241.67	322.23	563.90
57002	150050	Bldg Imp 012467	000		50% depos	12/31/2017	18,778.22	R	SLMM	5	18,778.22	2,816.73	3,755.64	6,572.37
57002	150050	Bldg Imp 012468	000		Final payr	12/31/2017	18,778.22	R	SLMM	5	18,778.22	2,816.73	3,755.64	6,572.37
57002	150085	Movable E 012464	000		Double 3 C	12/31/2017	2,447.42	P	SLMM	5	2,447.42	367.11	489.48	856.59
57002	150087	Movable E 012463	000		Echo line I	12/31/2017	549.69	P	SLMM	5	549.69	82.46	109.94	192.40
57002	150088	Movable E 012465	000		30 MATTI	12/31/2017	7,242.75	P	SLMM	3	7,242.75	1,810.69	2,414.25	4,224.94
57002	150085	Movable E 012527	000		4 Tracer E	1/31/2018	699.92	P	SLMM	5	699.92	94.90	139.98	234.88
57002	150088	Movable E 012528	000		Bubba Q. I	1/31/2018	2,769.35	P	SLMM	3	2,769.35	615.41	923.12	1,538.53
57002	150080	Movable E 012599	000		RCA 42i L	2/28/2018	677.25	P	SLMM	5	677.25	81.74	135.45	217.19
57002	150085	Movable E 012667	000		2 UCXT B	3/31/2018	4,050.87	P	SLMM	5	4,050.87	426.41	810.17	1,236.58
57002	150088	Movable E 012668	000		2 Panacea	3/31/2018	953.42	P	SLMM	3	953.42	158.91	317.81	476.72
57002	150110	Movable E 012724	000		1 LaserJet	3/31/2018	132.26	P	SLMM	3	132.26	22.05	44.09	66.14
57002	150088	Movable E 012756	000		Derma Flo	4/30/2018	4,214.62	P	SLMM	3	4,214.62	585.36	1,404.87	1,990.23
57002	150075	Non Mova 012839	000		2 Circulatc	5/31/2018	6,061.95	P	SLMM	5	6,061.95	440.87	1,212.39	1,653.26
57002	150080	Movable E 012925	000		Digital Lif	6/30/2018	780.59	P	SLMM	5	780.59	43.37	156.12	199.49
57002	150085	Movable E 012924	000		Robot Blac	6/30/2018	754.02	P	SLMM	5	754.02	41.89	150.80	192.69
57002	150087	Movable E 012923	000		Pressure W	6/30/2018	498.05	P	SLMM	5	498.05	27.67	99.61	127.28
57002	150075	Non Mova 013010	000		2 ton Duct	7/31/2018	5,428.10	P	SLMM	5	5,428.10	204.84	1,085.62	1,290.46
57002	150075	Non Mova 013011	000		New Air H	7/31/2018	5,879.03	P	SLMM	5	5,879.03	221.85	1,175.81	1,397.66
57002	150057	Bldg Imp 013085	000		Surveilanc	8/31/2018	1,701.60	R	SLMM	5	1,701.60	32.72	340.32	373.04
57002	150080	Movable E 013166	000		Window A	9/30/2018	2,868.09	P	SLMM	5	2,868.09	-	573.62	573.62
57002	150080	Movable E 013167	000		Rifton TR	9/30/2018	4,923.85	P	SLMM	5	4,923.85	-	984.77	984.77
57002	150057	Bldg Imp 013327	000		Installed w	10/1/2018	1,436.28	R	SLMM	5	1,436.28	-	263.32	263.32
57002	150057	Bldg Imp 013328	000		Camera Sy	10/1/2018	3,813.39	R	SLMM	5	3,813.39	-	699.12	699.12
57002	150050	Bldg Imp 013494	000		Deposit fo	01/31/19	2,273.23	R	SLMM	10	2,273.23	-	151.55	151.55
57002	150088	Movable E 013584	000		2 ProMatt	02/28/19	3,615.59	P	SLMM	3	3,615.59	-	703.03	703.03
57002	150075	Non Mova 013863	000		Circulator	05/31/19	3,373.95	P	SLMM	10	3,373.95	-	112.47	112.47
57002	150100	Movable E 013862	000		Paper Shre	05/31/19	850.00	P	SLMM	10	850.00	-	28.33	28.33
57002	150130	Movable E 014163	000		2015 Honc	06/30/19	7,838.59	A	SLMM	3	7,838.59	-	653.22	653.22
57002	150050	Bldg Imp 014241	000		Change of	08/31/19	1,329.38	R	SLMM	10	1,329.38	-	11.08	11.08
57002	150050	Bldg Imp 014245	000		Consulting	08/31/19	2,392.88	R	SLMM	10	2,392.88	-	19.94	19.94
57002	150088	Movable E 014171	000		5 ProMatt	08/31/19	9,038.97	P	SLMM	3	9,038.97	-	251.08	251.08
57002	150100	Movable E 014170	000		18 Logan C	08/31/19	3,049.78	P	SLMM	10	3,049.78	-	25.41	25.41
57002	150020	Land Imp 014250	000		Added circ	09/30/19	517.80	R	SLMM	10	517.80	-	-	-

Glen Hill Care and Rehabilitation Center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 3,252.60
 Sch 29 total Deprn Adj 88,531.10
 Total Deprn Expense 91,783.70

731,792.63

331,681.71 91,783.70 423,465.41

Locati	G/L Asset	Acct Desc	Sys	Ex	Descriptor	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable Basis	Prior Accum	Current	Current
												Depreciation	YTD	Accum
												9/30/2018	2,019.00	9/30/2019
57002	150050	Bldg Imp	014251	000	Consulting	09/30/19	2,392.88	R	SLMM	10	2,392.88	-	-	-
57002	150050	Bldg Imp	014252	000	Pre Rinse t	09/30/19	664.95	R	SLMM	10	664.95	-	-	-

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Glen Hill Care and Rehabilitation Center			License No. 2217-C		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Glen Hill Care and Rehabilitation Cer	License No. 2217-C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		n/a		
2. Date Structure Completed		n/a		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		100		
6. Square Footage				
7. Acquisition Cost				
a. Land		n/a		
b. Building		n/a		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor		Property Leased	Date of Lease	Term of Lease
GMF-CT		Facility Lease	12/21/2018-12	10 years
650 Madison Avenue New York, NY 10022				2,517,986

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Glen Hill Care and Rehabilitation Ce		2217-C	9/30/2019			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation	2217-C	9/30/2019	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$			
14. Insurance				
a. Insurance on Property (buildings only)	\$	5,600	5,600	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	160,313	160,313	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	165,913	165,913	
15. Total All Expenditures (A-13 thru C-14)	\$	11,714,407	11,714,407	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center				2217-C	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 36,227	36,227		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,309,852	1,309,852		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 43,202	43,202		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 9,560	9,560		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,074	1,074		
21.			Unallowable Management Fees	\$ (3,136)	(3,136)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ (619,118)	(619,118)		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 777,662	777,662		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 36,227	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 36,227	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 94,947	\$ -	\$ -
13	5	Rehabilitation Services	\$ 1,136,337	\$ -	\$ -
13	9	Speech Therapist	\$ 20,292	\$ -	\$ -
13	10	Occupational Therapist	\$ 58,104	\$ -	\$ -
13	12	Other	\$ 40	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 132	\$ -	\$ -
Total Other Fees Adjustments			\$ 1,309,852	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 3,033	\$ -	\$ -
16	m-13	Estimated Accrual	\$ (142)	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ (708,181)	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Penalty	\$ 22,219	\$ -	\$ -
16	m-12		0 \$ -	\$ -	\$ -
15	1-a-1	adj workers comp	\$ 63,953	\$ -	\$ -
			\$ -	\$ -	\$ -
Total Other A&G Adjustments			\$ (619,118)	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center				2217-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 777,662	777,662		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 396,582	396,582		
28.	20	5-d	Ambulance/Limousine	\$ 82	82		
29.	20	5-f	X-rays, etc	\$ 23,044	23,044		
30.	20	5-h	Laboratory	\$ 19,138	19,138		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 9,754	9,754		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 11,166	11,166		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (88,531)	(88,531)		
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	\$ 15,546	15,546		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 81,053	81,053		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,245,496	1,245,496		

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 8,337,535	8,337,535			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,502,917)	(4,502,917)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,902,823	4,902,823			
b. Medicare Room and Board Contractual Allowance **	\$ (1,392,355)	(1,392,355)			
4. a. Private-Pay Residents and Other	\$ 3,464,581	3,464,581			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,155,071)	(1,155,071)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 261,115	261,115			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (74,154)	(74,154)			
c. Prescription Drugs - Non-Medicare	\$ 149,152	149,152			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (52,844)	(52,844)			
2. a. Medical Supplies - Medicare	\$ 6,259	6,259			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,777)	(1,777)			
c. Medical Supplies - Non-Medicare	\$ 281	281			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (152)	(152)			
3. a. Physical Therapy - Medicare	\$ 1,264,536	1,264,536			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (359,116)	(359,116)			
c. Physical Therapy - Non-Medicare	\$ 328,518	328,518			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (112,483)	(112,483)			
4. a. Speech Therapy - Medicare	\$ 209,022	209,022			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (59,360)	(59,360)			
c. Speech Therapy - Non-Medicare	\$ 110,394	110,394			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (37,126)	(37,126)			
5. a. Occupational Therapy - Medicare	\$ 1,340,369	1,340,369			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (380,652)	(380,652)			
c. Occupational Therapy - Non-Medicare	\$ 343,452	343,452			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (117,811)	(117,811)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 24,680	24,680			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 4,390	4,390			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,501,289	12,501,289			
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	\$ 1,079	1,079			
5. Interest Income (<i>Specify</i>)	\$ 2,853	2,853			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 1,098	1,098			
V. Total Other Revenue (1 thru 8)	\$ 5,030	5,030			
VI. Total All Revenue (III +V)	\$ 12,506,319	12,506,319			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare	X-Ray	\$ 19,129	\$ -	\$ -
II-6-a	Medicare	Laboratory	\$ 6,454	\$ -	\$ -
II-6-a	Medicare	Respiratory Therap	\$ 935	\$ -	\$ -
II-6-a	Medicare	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare	Oxygen & Supplie	\$ 757	\$ -	\$ -
II-6-a	Medicare	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare	Flu Shot	\$ 7,195	\$ -	\$ -
II-6-a	Medicare Contractual	X-Ray	\$ (5,432)	\$ -	\$ -
II-6-a	Medicare Contractual	Laboratory	\$ (1,833)	\$ -	\$ -
II-6-a	Medicare Contractual	Respiratory Therap	\$ (265)	\$ -	\$ -
II-6-a	Medicare Contractual	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Oxygen & Supplie	\$ (215)	\$ -	\$ -
II-6-a	Medicare Contractual	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Flu Shot	\$ (2,043)	\$ -	\$ -
Total Other Resident Revenue - Medicare			\$ 24,680	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ -	\$ -	\$ -
II-6-b	Medicaid	Laboratory	\$ -	\$ -	\$ -
II-6-b	Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	X-Ray	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Laboratory	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	X-Ray	\$ 5,723	\$ -	\$ -
II-6-b	Non-Medicaid	Laboratory	\$ 542	\$ -	\$ -
II-6-b	Non-Medicaid	Respiratory Therap	\$ 320	\$ -	\$ -
II-6-b	Non-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Capitation Contrac	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ (1,908)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ (181)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Respiratory Therap	\$ (107)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Capitation Contrac	\$ -	\$ -	\$ -
Total Other Resident Revenue			\$ 4,390	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts		\$ 2,853	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
Total Interest Income			\$ 2,853	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
IV-8	REHAB CARE CLASS ACTION SETTLEMENT		\$ 152	\$ -	\$ -
IV-8	HUMANA TEST DEPOSITS		\$ 0	\$ -	\$ -
IV-8	GL 630610-3080 CNA CLASS		\$ 150	\$ -	\$ -
IV-8	G/L 630610-3080 ACTIVITY		\$ 50	\$ -	\$ -
IV-8	CLAIM ADJ PT LIABILITY OR APP INCOME		\$ 2	\$ -	\$ -
IV-8	100860RENT FOR SALON RENTAL INCOME		\$ 50	\$ -	\$ -
IV-8	Comcast Refund		\$ 144	\$ -	\$ -
IV-8	Salon Rental Income		\$ 550	\$ -	\$ -
Total Other Revenue			\$ 1,098	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Cent	2217-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	21,515
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,180,777
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(44)
4. Inventories			\$	57,807
5. Prepaid Expenses			\$	144
a. _____				
b. _____				
c. _____				
d. See Schedule		144		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,260,199
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	518	\$	518
	Accum. Depreciation			
		Net		
3. Buildings	*Historical Cost	9,053	\$	8,888
	Accum. Depreciation	165		
		Net		
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
5. Non-Movable Equipment	*Historical Cost	3,374	\$	3,257
	Accum. Depreciation	117		
		Net		
6. Movable Equipment	*Historical Cost	25,823	\$	22,852
	Accum. Depreciation	2,971		
		Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	35,515

* 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
Glen Hill Care and Rehabilitation Cent	2217-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	1,295,714
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	13,129,809
I/C Due to/Due From Owned		4,428,741		
I/C Due to/Due From Multicare				
See Schedule		8,701,068		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	13,129,809
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	14,425,523

* 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 Glen Hill Care and Rehabilitation Center	License No. 2217-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			991,163	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
			\$	
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				
			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				
			\$	
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				
		560,388	\$ 8,798,374	
CP OprLease-Bldg Obligation				
Escheatable Funds				
See Schedule		8,237,986		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 8,798,374	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 9,789,537	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	3,844,074
6. Gain or Loss for Period			\$	791,914
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	4,635,988
C. Total Reserves and Net Worth			\$	4,635,988
D. Total Liabilities, Reserves, and Net Worth			\$	14,425,525

H. Changes in Total Net Worth

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	3,844,076
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	12,506,319
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,714,407
D. Net Income or Deficit			\$	791,912
E. Balance			\$	4,635,988
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	4,635,988
				09/30/19

I. Preparer's/Reviewer's Certification

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Thomas Farnan				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Thomas Farnan			978-247-5029	
Contact Email Address				
Thomas.Farnan@genesishcc.com				