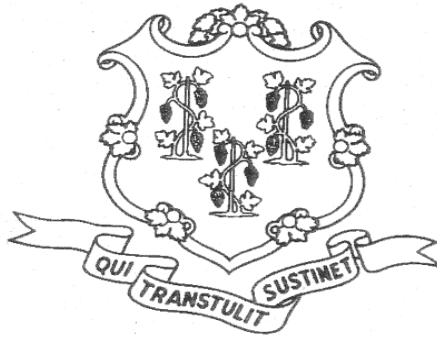


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	
Address (No. & Street, City, State, Zip Code) 4 Hazel Ave., Naugatuck, CT 06770	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent 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 2371	RHNS	(Specify)	Medicare Provider 07-5240
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Medicaid Provider Numbers:	CCNH 000010975	RHNS	ICF-IID
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For Department Use Only

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

General Information

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

Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Molly Narvaez			Printed Name (Owner) Keith Davis, V.P. of Reimb., Geneniss 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 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 4 Hazel Ave., Naugatuck, CT 06770				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/28/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	4,037,951	4,037,951	
5. All other wages paid	\$	568,581	568,581	
6. Total Wages Paid	\$	4,606,533	4,606,533	
7. Total salaries paid	\$	250,033	250,033	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	4,856,566	4,856,566	

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-723-1456		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		Address (No. & Street, City, State, Zip) 4 Hazel Ave., Naugatuck, CT 06770		
License Numbers:	CCNH 2371	RHNS	(Specify)	Medicare Provider No. 07-5240
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 Molly Narvaez		Nursing Home Administrator's License No.:	01977	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

GLENDALE CENTER

4 Hazel Avenue
Naugatuck, CT

4 Hazel Avenue Operations LLC (Operator)

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

Ownership

Genesis CT Holdings LLC (100%)

Genesis CT Holdings LLC

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

Ownership

Genesis Operations LLC (100%)

Genesis Operations LLC

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

Ownership

GHC Holdings LLC (100%)

GHC Holdings LLC

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

Ownership

Genesis Holdings, LLC (100%)

Genesis Holdings, LLC

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

Ownership

Genesis HealthCare LLC (100%)

Genesis HealthCare LLC

EIN: 27-3237296
101 East State Street

Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225

101 East State Street

Kennett Square, PA 19348

Ownership

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090

101 East State Street

Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005

101 East State Street

Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 59.2957%)

Sundance Rehabilitation Holdco, Inc. (5.5444%)

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

Other members that do not trigger 5% ownership test

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180

101 East State Street

Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

EIN: 13-4230695

101 East State Street

Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the New York Stock Exchange)

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

Ownership

HCCF Management Group XI, LLC (approximately 14.0%)

Senior Care Genesis, LLC (approximately 5.3%)

ZAC Properties XI, LLC (approximately 8.1%)

Welltower, Inc. (approximately 5.9%)

Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

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

Ownership

[Arnold M. Whitman\[1\]](#)

3820 Mansell Road
Suite 280
Alpharetta, GA 30022

ZAC Properties XI, LLC

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

Ownership

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

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

Welltower Inc.

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

Ownership

(publicly traded company on the New York Stock Exchange)

Senior Care Genesis, LLC

EIN: 20-8282470
234 Church Street, Suite 901
New Haven, CT 06510

Ownership

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

234 Church Street, Suite 901
New Haven, CT 06510

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

-

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

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

General Information and Questionnaire
Related Parties*

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		License No. 2371	Report for Year Ended 9/30/2019		Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No					If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No					If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	510,334	510,334
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	908,237	908,237
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	50,830	50,830
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	84%	Outside Agency	Pg 13/B11 pg 10-12, 1	18,937	18,937
Respiratory Health Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	30,692	30,692
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	187,130	187,130
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A		
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glenda	License No. 2371	Report for Year Ended 9/30/2019	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCHN 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 (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

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

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			License No. 2371	Report for Year Ended 9/30/2019			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<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.

General Information and Questionnaire
Accounting Basis

Name of Facility 4 Hazel Avenue Operations LLC, d	License No. 2371	Report for Year Ended 9/30/2019	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4		Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103		
Services Provided by This Firm (<i>describe fully</i>)				
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. <input checked="" type="radio"/> Yes <input type="radio"/> No				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 Senior Care Valuation LLC 2 3 4 5			Telephone Number	
Address (<i>No. & Street, City, State, Zip Code</i>) 1 4 Willow Lane Old Greenwich, CT 06870 2 3 4 5				
Services Provided by This Firm (<i>describe fully</i>)				
1	Saving on R.E Tax for the new property assessment		\$	1,000
2			\$	
3			\$	
4			\$	
5			\$	
			Charge for Services Provided	\$ 1,000
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No				

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page		of	
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		2371			9/30/2019				8		37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	102	102			102	102			106	106		
B. As of midnight of THIS report period	113	113			106	106			113	113		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,516	4,516			3,401	3,401			1,115	1,115		
B. Medicaid (Conn.)	30,554	30,554			22,734	22,734			7,820	7,820		
C. Medicaid (other states)												
D. Private Pay	990	990			791	791			199	199		
E. State SSI for RCH												
F. Other (Specify)	4,242	4,242			3,209	3,209			1,033	1,033		
G. Total Care Days During Period (3A thru F)	40,302	40,302			30,135	30,135			10,167	10,167		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	35	35			20	20			15	15		
B. Other Bed Reserve Days	13	13			7	7			6	6		
5. Total Resident Days (3G + 4A + 4B)	40,350	40,350			30,162	30,162			10,188	10,188		

Schedule of Resident Statistics (Cont'd)

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glen			License No. 2371			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <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 o 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	16		83		#####								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	549.50		217.41		521.34								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,395	2,395			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									602	602			
C. Other									20,373	20,373			
D. Total Physical Therapy Treatments									23,370	23,370			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									614	614			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									14	14			
C. Other									1,936	1,936			
D. Total Speech Therapy Treatments									2,564	2,564			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,356	2,356			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									725	725			
C. Other									21,998	21,998			
D. Total Occupational Therapy Treatments									25,079	25,079			

Report of Expenditures - Salaries & Wages

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

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Ward Clerks	\$ 51,814	2,385	\$ -	-	\$ -	-
Central Supply	\$ 22,951	1,036	\$ -	-	\$ -	-
Medical Records	\$ 27,218	1,311	\$ -	-	\$ -	-
Coordinator-Staffing Centers	\$ 776	39	\$ -	-	\$ -	-
	0					
Total	\$ 102,760	4,772	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Consulting Fees	\$ 234	n/a	\$ -	-	\$ -	-
Purchased Services	\$ -	n/a	\$ -	-	\$ -	-
Purchased Services	\$ 18,814	n/a	\$ -	-	\$ -	-
Purchased Services	\$ 29,807	n/a	\$ -	-	\$ -	-
	-	n/a	\$ -	-	\$ -	-
	\$ -	n/a	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
Total	\$ 48,854	-	\$ -	-	\$ -	-

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			License No. 2371		Report for Year Ended 9/30/2019			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
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		
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			2371		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***										
Molly Narvacz	99,448				Management of Center	1,512	2			
Marnie Talamona 11/15/2018 to 1/7/2019	6,923				Management of Center	96	2			
Heather Rodriguez 10/1/2018 to 11/14/18	13,740				Management of Center	240	2			
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		
4 Hazel Avenue Operations LLC, d/b/a/ Glendale ce	2371	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	2,250	15				
3. Pharmacist	16,853	344				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	790,191	10,825				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	53,964	286				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	43,710	560				
b. Other						
10. Occupational Therapist						
a. Resident Care	86,754	1,188				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	18,937	316				
2. Administrative***						
b. LPN						
1. Direct Care	6,437	152				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	48,854					
B-13 Total Fees Paid in Lieu of Salaries	1,067,950	13,686				

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

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

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

Report of Expenditures

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

Name of Facility		License No.		Report for Year Ended		Page of	
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		2371		9/30/2019		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship			
		Yes	No				
Genesis Eldercare Hospitality Services, 101 East State Street, Kennett Square, PA 19348	Dietary Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership			
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership			
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership			
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership			
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership			
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

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

C. Expenditures Other Than Salaries - Administrative and General

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

* 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		\$ 1,004	\$ -	\$ -
Sales Tax		\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
Total		\$ 1,004	\$ -	\$ -

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

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

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

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

Schedule of Contributions

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

Schedule of Other Administrative and General

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

Schedule C-1 - Management Services*

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	2371	9/30/2019	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 188,819	188,819		
2. Non-Food Supplies	\$ 27,212	27,212		
3. Other (Specify) _____	\$ (460)	(460)		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 538,583	538,583		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 754,154	754,154		
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	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	2371	9/30/2019	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	4,979	4,979	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$	4,161	4,161	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	147,562	147,562	
c. Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)	\$	156,701	156,701	
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	
4 Hazel Avenue Operations LLC, d/b/a/ Glenda	2371	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. \$	17,328	17,328		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$	220,492	220,492		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	237,820	237,820		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	365,772	365,772		
b. Medicine Cabinet Drugs	\$	4,721	4,721		
c. Medical and Therapeutic Supplies	\$	146,514	146,514		
d. Ambulance/Limousine***	\$	1,597	1,597		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	9,162	9,162		
f. X-rays and Related Radiological Procedures***	\$	23,214	23,214		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	66,058	66,058		
i. Recreation	\$	36,544	36,544		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	67,350	67,350		
5M. Total Resident Care Expenditures (5a - 5j)	\$	720,933	720,933		

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

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

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

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

Schedule of Other Resident Care

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

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		License No. 2371		Report for Year Ended 9/30/2019			Page of 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	Suite 300, 3220 Tillman Drive, Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	147,562				19	3b
Healthcare Services Group	Suite 300, 3220 Tillman Drive, Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	220,492				20	4b
Healthcare Services Group	Suite 300, 3220 Tillman Drive, Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	538,583				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"/>								
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		<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
4 Hazel Avenue Operations LLC, d/b/a/ Glend		2371	9/30/2019		22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 145,281	145,281				
b. Heat	\$ 52,330	52,330				
c. Light & Power	\$ 141,085	141,085				
d. Water	\$ 60,078	60,078				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 398,774	398,774				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 2,178	2,178				
b. Building & Building Improvements	\$ 28,736	28,736				
c. Non-Movable Equipment	\$ 3,408	3,408				
d. Movable Equipment	\$ 73,518	73,518				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 107,839	107,839				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,313,486	1,313,486				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 236,393	236,393				
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,657,718	1,657,718				

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

Depreciation Schedule

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		License No. 2371		Report for Year Ended 9/30/2019				Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		24,856		24,856	4,517	S/L	Various	2,178					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		505		505									
A-4. Subtotal									2,178				
B. Building and Building Improvements													
1. Acquired prior to this report period		13,420,510		13,420,510	2,982,812	S/L	Various	28,485					
2. Disposals (attach schedule)		(12,962,365)		(12,962,365)	(2,868,720)								
3. Acquired during this report period (attach schedule)		38,379		38,379				250					
B-4. Subtotal									28,736				
C. Non-Movable Equipment													
1. Acquired prior to this report period		63,437		63,437	36,236	S/L	Various	3,408					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		(3,236)		(3,236)									
C-4. Subtotal									3,408				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						806,028		806,028	618,332	S/L	Various	63,129	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						65,442		65,442				10,389	
D-3. Subtotal													73,518
E. Total Depreciation													107,839

Depreciation Expense Report
As of September 30, 2019

Book = Internal
FYE Month = December
Net Grand Total

0.00
1,453,555.69

773,177.09 107,839.41 881,016.55

Locati	G/L Asset	Acct Desc	Sys	Ex	Description In Svc Date	Acquired Value	EstLife	Depreciable Basis	9/30/2018	2019	9/30/2019		
									Prior Accum Depreciation as of 9/30/2018	Current YTD Depreciation in 2019	Current Accum Depreciation		
55001	150080	Movable E	000500	000	(6) Task C	12/31/2011	344.93	10	03	344.93	227.14	33.65	260.79
55001	150070	Non Mova	000502	000	FERNO H	12/31/2011	138.52	00	00	138.52	-	-	-
55001	150080	Movable E	000503	000	75" MAXI	12/31/2011	39.91	00	00	39.91	-	-	-
55001	150110	Movable E	000505	000	CABLING	12/31/2011	45.18	00	00	45.18	-	-	-
55001	150070	Non Mova	000506	000	INSTALL	12/31/2011	23.89	00	00	23.89	-	-	-
55001	150070	Non Mova	000507	000	2 PDI ZEN	12/31/2011	46.70	00	00	46.70	-	-	-
55001	150110	Movable E	000508	000	CABLING	12/31/2011	29.88	00	00	29.88	-	-	-
55001	150070	Non Mova	000509	000	TRANSPC	12/31/2011	20.98	00	00	20.98	-	-	-
55001	150070	Non Mova	000510	000	USER SAI	12/31/2011	0.27	00	01	0.27	0.27	-	0.27
55001	150070	Non Mova	000511	000	HATCO M	12/31/2011	41.21	00	01	41.21	41.21	-	41.21
55001	150085	Movable E	000512	000	HEATED	12/31/2011	483.50	03	01	483.50	483.50	-	483.50
55001	150080	Movable E	000513	000	NEW BLC	12/31/2011	23.61	00	02	23.61	23.61	-	23.61
55001	150085	Movable E	000514	000	(1) FOOD	12/31/2011	676.48	03	03	676.48	676.48	-	676.48
55001	150080	Movable E	000515	000	PULSE O2	12/31/2011	62.96	00	06	62.96	62.96	-	62.96
55001	150080	Movable E	000516	000	SPOT VIT	12/31/2011	329.93	00	06	329.93	329.93	-	329.93
55001	150080	Movable E	000517	000	INDUSTR	12/31/2011	30.14	00	07	30.14	30.14	-	30.14
55001	150080	Movable E	000518	000	ELECTRC	12/31/2011	473.78	00	07	473.78	473.78	-	473.78
55001	150117	Movable E	000519	000	URGE	12/31/2011	3,732.52	00	09	3,732.52	3,732.52	-	3,732.52
55001	150070	Non Mova	000520	000	Air Condit	12/31/2011	521.53	00	10	521.53	521.53	-	521.53
55001	150080	Movable E	000521	000	Washer ex	12/31/2011	1,473.42	00	10	1,473.42	1,473.42	-	1,473.42
55001	150080	Movable E	000522	000	Dyna Drye	12/31/2011	410.37	01	00	410.37	410.37	-	410.37
55001	150085	Movable E	000523	000	Storage Ca	12/31/2011	303.65	04	00	303.65	303.65	-	303.65
55001	150085	Movable E	000524	000	Wheel Cha	12/31/2011	182.40	04	00	182.40	182.40	-	182.40
55001	150085	Movable E	000525	000	Commerci	12/31/2011	504.90	04	01	504.90	504.90	-	504.90
55001	150110	Movable E	000526	000	Cabling	12/31/2011	21.00	00	00	21.00	-	-	-
55001	150110	Movable E	000527	000	Telephone	12/31/2011	26.90	00	00	26.90	-	-	-
55001	150117	Movable E	000528	000	New Telep	12/31/2011	260.33	01	02	260.33	260.33	-	260.33
55001	150117	Movable E	000529	000	New Telep	12/31/2011	100.61	01	02	100.61	100.61	-	100.61
55001	150117	Movable E	000530	000	New Telep	12/31/2011	58.97	01	02	58.97	58.97	-	58.97
55001	150117	Movable E	000531	000	New Telep	12/31/2011	119.72	01	02	119.72	119.72	-	119.72
55001	150117	Movable E	000532	000	New Telep	12/31/2011	90.06	01	02	90.06	90.06	-	90.06
55001	150117	Movable E	000533	000	New Telep	12/31/2011	260.20	01	02	260.20	260.20	-	260.20
55001	150080	Movable E	000534	000	Four Mobi	12/31/2011	526.39	01	03	526.39	526.39	-	526.39
55001	150100	Movable E	000535	000	File Cabin	12/31/2011	487.88	04	03	487.88	487.88	-	487.88
55001	150080	Movable E	000536	000	Welch All	12/31/2011	852.42	01	04	852.42	852.42	-	852.42
55001	150085	Movable E	000537	000	Electrical C	12/31/2011	529.98	04	07	529.98	529.98	-	529.98
55001	150085	Movable E	000538	000	Wheelchai	12/31/2011	73.33	04	07	73.33	73.33	-	73.33
55001	150100	Movable E	000539	000	Box Draw	12/31/2011	352.89	04	07	352.89	352.89	-	352.89
55001	150100	Movable E	000540	000	Free Stand	12/31/2011	95.31	04	07	95.31	95.31	-	95.31
55001	150080	Movable E	000541	000	Thru the w	12/31/2011	343.98	01	08	343.98	343.98	-	343.98
55001	150110	Movable E	000542	000	Computer	12/31/2011	95.82	00	00	95.82	-	-	-
55001	150085	Movable E	000543	000	GE spaces	12/31/2011	114.46	04	09	114.46	114.46	-	114.46
55001	150085	Movable E	000544	000	GE 30 in. f	12/31/2011	492.42	04	09	492.42	492.42	-	492.42
55001	150085	Movable E	000545	000	(4) chart r	12/31/2011	799.56	04	10	799.56	799.56	-	799.56
55001	150085	Movable E	000546	000	Install PT 1	12/31/2011	426.78	04	11	426.78	426.78	-	426.78
55001	150085	Movable E	000547	000	Treadmill	12/31/2011	3,180.13	04	11	3,180.13	3,180.13	-	3,180.13
55001	150085	Movable E	000548	000	Physical T	12/31/2011	2,928.96	04	11	2,928.96	2,928.96	-	2,928.96
55001	150100	Movable E	000549	000	Lateral Fil	12/31/2011	307.33	04	11	307.33	307.33	-	307.33
55001	150110	Movable E	000550	000	Computer	12/31/2011	41.94	00	00	41.94	-	-	-
55001	150085	Movable E	000551	000	Physical T	12/31/2011	1,129.65	05	01	1,129.65	1,129.65	-	1,129.65
55001	150075	Non Mova	000552	000	Thru the w	12/31/2011	8,411.82	05	01	8,411.82	8,411.82	-	8,411.82
55001	150080	Movable E	000553	000	Spot Vital	12/31/2011	435.12	02	01	435.12	435.12	-	435.12
55001	150085	Movable E	000554	000	Chair, Ova	12/31/2011	961.24	05	02	961.24	961.24	-	961.24
55001	150085	Movable E	000555	000	Equipment	12/31/2011	4,279.26	05	02	4,279.26	4,279.26	-	4,279.26
55001	150085	Movable E	000556	000	Window T	12/31/2011	1,189.45	05	03	1,189.45	1,189.45	-	1,189.45
55001	150087	Movable E	000557	000	Alarm Sys	12/31/2011	32.86	00	03	32.86	32.86	-	32.86
55001	150085	Movable E	000558	000	Nemschoff	12/31/2011	675.64	05	04	675.64	675.64	-	675.64
55001	150100	Movable E	000559	000	Office Furn	12/31/2011	2,596.83	05	04	2,596.83	2,596.83	-	2,596.83
55001	150085	Movable E	000560	000	Common /	12/31/2011	53,450.30	05	04	53,450.30	53,450.30	-	53,450.30
55001	150080	Movable E	000561	000	AED semi	12/31/2011	792.30	02	05	792.30	792.30	-	792.30
55001	150117	Movable E	000562	000	Phones ins	12/31/2011	289.92	02	05	289.92	289.92	-	289.92
55001	150117	Movable E	000563	000	Phones ins	12/31/2011	170.30	02	05	170.30	170.30	-	170.30
55001	150117	Movable E	000564	000	Phones ins	12/31/2011	52.86	02	05	52.86	52.86	-	52.86
55001	150117	Movable E	000565	000	Phones ins	12/31/2011	146.43	02	05	146.43	146.43	-	146.43
55001	150080	Movable E	000566	000	Shower Ch	12/31/2011	119.47	02	06	119.47	119.47	-	119.47
55001	150085	Movable E	000567	000	Window T	12/31/2011	4,812.17	05	06	4,812.17	4,812.17	-	4,812.17
55001	150085	Movable E	000568	000	Artwork	12/31/2011	5,297.62	05	07	5,297.62	5,297.62	-	5,297.62
55001	150085	Movable E	000569	000	54 Headbo	12/31/2011	3,891.45	05	07	3,891.45	3,891.45	-	3,891.45
55001	150100	Movable E	000570	000	Cubicle Di	12/31/2011	453.58	05	08	453.58	453.58	-	453.58
55001	150085	Movable E	000571	000	Install new	12/31/2011	929.40	05	09	929.40	929.40	-	929.40
55001	150085	Movable E	000572	000	New Elect	12/31/2011	6,514.24	05	09	6,514.24	6,514.24	-	6,514.24

Depreciation Expense Report
As of September 30, 2019

Book = Internal
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0.00
1,453,555.69

773,177.09 107,839.41 881,016.55

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	EstLife	Depreciable Basis	9/30/2018	2019	9/30/2019
										Prior Accum Depreciation as of 9/30/2018	Current YTD Depreciation in 2019	Current Accum Depreciation
55001	150085	Movable E	000573	000	New Elect	12/31/2011	36,941.69	05 09	36,941.69	36,941.69	-	36,941.69
55001	150080	Movable E	000574	000	HD Supply	12/31/2011	131.70	02 10	131.70	131.70	-	131.70
55001	150085	Movable E	000575	000	Reach in R	12/31/2011	1,692.52	05 10	1,692.52	1,692.52	-	1,692.52
55001	150085	Movable E	000576	000	Beam Chai	12/31/2011	1,206.09	05 10	1,206.09	1,206.09	-	1,206.09
55001	150070	Non Mova	000577	000	TB&A Ho	12/31/2011	1,450.24	02 11	1,450.24	1,450.24	-	1,450.24
55001	150075	Non Mova	000578	000	Sump Pum	12/31/2011	1,187.59	05 11	1,187.59	1,187.59	-	1,187.59
55001	150087	Movable E	000579	000	Pressure W	12/31/2011	80.68	00 11	80.68	80.68	-	80.68
55001	150087	Movable E	000580	000	Alarm Sys	12/31/2011	75.30	00 11	75.30	75.30	-	75.30
55001	150087	Movable E	000581	000	Pressure W	12/31/2011	244.51	00 11	244.51	244.51	-	244.51
55001	150087	Movable E	000582	000	Snow Blov	12/31/2011	88.87	00 11	88.87	88.87	-	88.87
55001	150087	Movable E	000583	000	Chair sitter	12/31/2011	88.99	01 01	88.99	88.99	-	88.99
55001	150117	Movable E	000584	000	MER MAC	12/31/2011	87.08	03 01	87.08	87.08	-	87.08
55001	150117	Movable E	000585	000	Pay phone	12/31/2011	264.84	03 01	264.84	264.84	-	264.84
55001	150087	Movable E	000586	000	Alarm Sys	12/31/2011	191.68	01 02	191.68	191.68	-	191.68
55001	150117	Movable E	000587	000	MER MAC	12/31/2011	130.85	03 03	130.85	130.85	-	130.85
55001	150075	Non Mova	000588	000	Circulator	12/31/2011	1,669.85	06 04	1,669.85	1,669.85	-	1,669.85
55001	150115	Movable E	000589	000	Computer	12/31/2011	294.33	01 05	294.33	294.33	-	294.33
55001	150080	Movable E	000590	000	2 Gas fired	12/31/2011	4,240.27	03 05	4,240.27	4,240.27	-	4,240.27
55001	150080	Movable E	000591	000	2 Edro NX	12/31/2011	8,685.04	03 05	8,685.04	8,685.04	-	8,685.04
55001	150085	Movable E	000592	000	Wheelchai	12/31/2011	265.48	06 05	265.48	265.48	-	265.48
55001	150075	Non Mova	000593	000	3 Ton Rtu	12/31/2011	7,848.10	06 06	7,848.10	7,848.10	-	7,848.10
55001	150075	Non Mova	000594	000	3 Ton Gas	12/31/2011	3,974.36	06 07	3,974.36	3,974.36	-	3,974.36
55001	150080	Movable E	000595	000	14 Thru th	12/31/2011	9,495.83	03 07	9,495.83	9,495.83	-	9,495.83
55001	150087	Movable E	000596	000	Chair Alan	12/31/2011	130.91	01 07	130.91	130.91	-	130.91
55001	150087	Movable E	000597	000	10 Chair al	12/31/2011	279.49	01 08	279.49	279.49	-	279.49
55001	150117	Movable E	000598	000	Cortelco E	12/31/2011	108.36	03 10	108.36	108.36	-	108.36
55001	150085	Movable E	000599	000	Double 3 C	12/31/2011	1,605.53	07 01	1,605.53	1,529.96	75.57	1,605.53
55001	150088	Movable E	000600	000	(4) Wheelc	12/31/2011	51.13	00 03	51.13	51.13	-	51.13
55001	150080	Movable E	000601	000	Outdoor 4	12/31/2011	105.85	04 04	105.85	105.85	-	105.85
55001	150080	Movable E	000602	000	Outdoor 4	12/31/2011	4,034.33	04 04	4,034.33	4,034.33	-	4,034.33
55001	150080	Movable E	000603	000	Sales tax o	12/31/2011	253.00	04 05	253.00	253.00	-	253.00
55001	150075	Non Mova	000604	000	Saucier inv	12/31/2011	404.94	07 06	404.94	364.43	40.51	404.94
55001	150088	Movable E	000605	000	Gaymar 84	12/31/2011	1,764.70	00 06	1,764.70	1,764.70	-	1,764.70
55001	150100	Movable E	000606	000	Corp Expre	12/31/2011	190.01	07 06	190.01	171.05	18.96	190.01
55001	150085	Movable E	000607	000	Direct supj	12/31/2011	2,883.96	07 07	2,883.96	2,567.03	316.93	2,883.96
55001	150110	Movable E	000608	000	CDW Gov	12/31/2011	26.44	00 07	26.44	26.44	-	26.44
55001	150110	Movable E	000609	000	CDW Gov	12/31/2011	26.44	00 07	26.44	26.44	-	26.44
55001	150110	Movable E	000610	000	CoreCal lic	12/31/2011	99.82	00 09	99.82	99.82	-	99.82
55001	150110	Movable E	000611	000	17" flat pai	12/31/2011	37.05	00 10	37.05	37.05	-	37.05
55001	150110	Movable E	000612	000	17" flat pai	12/31/2011	167.36	00 10	167.36	167.36	-	167.36
55001	150115	Movable E	000613	000	HP Laserje	12/31/2011	83.69	02 10	83.69	83.69	-	83.69
55001	150088	Movable E	000614	000	Genesis Se	12/31/2011	121.07	01 00	121.07	121.07	-	121.07
55001	150085	Movable E	000615	000	Beds, Quee	12/31/2011	2,388.57	08 00	2,388.57	2,015.35	298.57	2,313.92
55001	150085	Movable E	000616	000	ACCECAI	12/31/2011	5,093.87	08 01	5,093.87	4,253.65	630.17	4,883.82
55001	150110	Movable E	000617	000	Cell phone	12/31/2011	90.68	01 02	90.68	90.68	-	90.68
55001	150085	Movable E	000618	000	Medium dt	12/31/2011	1,242.96	08 02	1,242.96	1,027.35	152.20	1,179.55
55001	150087	Movable E	000619	000	Genesis on	12/31/2011	662.33	03 03	662.33	662.33	-	662.33
55001	150085	Movable E	000620	000	Tax added	12/31/2011	2,575.24	08 03	2,575.24	2,107.01	312.15	2,419.16
55001	150085	Movable E	000621	000	Tax added	12/31/2011	2,575.24	08 03	2,575.24	2,107.01	312.15	2,419.16
55001	150085	Movable E	000622	000	Overbed ta	12/31/2011	148.36	08 04	148.36	120.15	17.80	137.95
55001	150115	Movable E	000623	000	Replace 1	12/31/2011	281.69	03 05	281.69	281.69	-	281.69
55001	150115	Movable E	000624	000	Replace 1	12/31/2011	275.86	03 05	275.86	275.86	-	275.86
55001	150085	Movable E	000625	000	Commerci	12/31/2011	1,219.57	08 08	1,219.57	949.86	140.72	1,090.58
55001	150080	Movable E	000626	000	5 26" Resi	12/31/2011	1,720.44	05 08	1,720.44	1,720.44	-	1,720.44
55001	150080	Movable E	000627	000	Spot vital s	12/31/2011	3,542.40	05 08	3,542.40	3,542.40	-	3,542.40
55001	150080	Movable E	000628	000	208V prim	12/31/2011	11,718.80	05 09	11,718.80	11,718.80	-	11,718.80
55001	150085	Movable E	000629	000	Dish mach	12/31/2011	1,719.37	08 09	1,719.37	1,326.38	196.50	1,522.88
55001	150080	Movable E	000630	000	oxygen cor	12/31/2011	2,465.35	04 11	2,465.35	2,465.35	-	2,465.35
55001	150080	Movable E	000631	000	Huntleigh	12/31/2011	571.39	05 10	571.39	571.39	-	571.39
55001	150080	Movable E	000632	000	Reliant 45	12/31/2011	1,119.37	06 00	1,119.37	1,119.37	-	1,119.37
55001	150087	Movable E	000633	000	Snowblow	12/31/2011	1,125.36	04 01	1,125.36	1,125.36	-	1,125.36
55001	150080	Movable E	000634	000	Digital Lif	12/31/2011	602.61	06 01	602.61	602.61	-	602.61
55001	150088	Movable E	000635	000	15 MATTI	12/31/2011	3,100.50	02 02	3,100.50	3,100.50	-	3,100.50
55001	150085	Movable E	000636	000	Various pic	12/31/2011	59,330.94	09 02	59,330.94	43,689.17	6,472.47	50,161.64
55001	150085	Movable E	000637	000	5 tables an	12/31/2011	2,693.82	09 02	2,693.82	1,983.62	293.87	2,277.49
55001	150085	Movable E	000638	000	Various pic	12/31/2011	9,214.42	09 02	9,214.42	6,785.17	1,005.21	7,790.38
55001	150085	Movable E	000639	000	Various pic	12/31/2011	32,308.72	09 02	32,308.72	23,790.98	3,524.59	27,315.57
55001	150085	Movable E	000640	000	Window tr	12/31/2011	67,236.08	09 02	67,236.08	49,510.24	7,334.85	56,845.09
55001	150085	Movable E	000641	000	64 display	12/31/2011	2,105.48	09 02	2,105.48	1,550.41	229.69	1,780.10
55001	150085	Movable E	000642	000	1 Entrée X	12/31/2011	9,712.10	09 02	9,712.10	7,151.63	1,059.50	8,211.13
55001	150080	Movable E	000643	000	Towel/batf	12/31/2011	1,313.17	06 02	1,313.17	1,313.17	-	1,313.17

Depreciation Expense Report
As of September 30, 2019

Book = Internal
FYE Month = December
Net Grand Total

0.00		
1,453,555.69	773,177.09	107,839.41
	881,016.55	

Locati	G/L Asset	Acct Desc	Sys	Ex	Description In Svc Date	Acquired Value	Est Life	Depreciable Basis	Prior Accum Depreciation as of 9/30/2018	Current YTD Depreciation in 2019	Current Accum Depreciation
55001	150085	Movable E	000644	000	Tax added 12/31/2011	2,283.38	09 02	2,283.38	1,681.43	249.10	1,930.53
55001	150085	Movable E	000645	000	Tax added 12/31/2011	6,072.92	09 02	6,072.92	4,471.88	662.50	5,134.38
55001	150085	Movable E	000646	000	119 table l: 12/31/2011	20,840.94	09 02	20,840.94	15,346.53	2,273.56	17,620.09
55001	150085	Movable E	000647	000	Various pic 12/31/2011	79,411.45	09 02	79,411.45	58,475.72	8,663.07	67,138.79
55001	150085	Movable E	000648	000	Various pic 12/31/2011	58,389.39	09 02	58,389.39	42,995.81	6,369.75	49,365.56
55001	150085	Movable E	000649	000	Various pic 12/31/2011	9,940.38	09 02	9,940.38	7,319.77	1,084.41	8,404.18
55001	150085	Movable E	000650	000	Shower & 12/31/2011	2,974.66	09 03	2,974.66	2,170.73	321.59	2,492.32
55001	150085	Movable E	000651	000	Cubicle cu 12/31/2011	418.52	09 03	418.52	305.44	45.25	350.69
55001	150087	Movable E	000658	000	ALARM S 12/31/2011	442.83	04 04	442.83	442.83	-	442.83
55001	150087	Movable E	000659	000	20i Heavy 12/31/2011	643.49	04 04	643.49	643.49	-	643.49
55001	150110	Movable E	000660	000	1 HP LJ P: 12/31/2011	169.74	02 04	169.74	169.74	-	169.74
55001	150085	Movable E	000663	000	Tax added 12/31/2011	13,202.17	09 05	13,202.17	9,463.50	1,402.00	10,865.50
55001	150110	Movable E	000671	000	1 HP Laser 12/31/2011	350.08	02 07	350.08	350.08	-	350.08
55001	150080	Movable E	000672	000	2 Spot Vite 12/31/2011	4,292.77	06 07	4,292.77	4,292.77	-	4,292.77
55001	150087	Movable E	000679	000	Repair hou 12/31/2011	1,111.34	04 08	1,111.34	1,111.34	-	1,111.34
55001	150087	Movable E	000680	000	30i Triple l 12/31/2011	1,762.93	04 08	1,762.93	1,762.93	-	1,762.93
55001	150110	Movable E	000681	000	1 HP 19" M 12/31/2011	133.82	02 09	133.82	133.82	-	133.82
55001	150080	Movable E	000682	000	20 RCA 2c 12/31/2011	12,059.47	06 09	12,059.47	12,059.47	-	12,059.47
55001	150085	Movable E	000688	000	Cubicle cu 12/31/2011	335.36	09 10	335.36	230.24	34.11	264.35
55001	150080	Movable E	000689	000	Install 20 T 12/31/2011	2,066.52	06 10	2,066.52	2,041.34	25.18	2,066.52
55001	150110	Movable E	000696	000	1 InFocus l 12/31/2011	708.11	03 00	708.11	708.11	-	708.11
55001	150088	Movable E	000699	000	10 MATTI 2/29/2012	3,137.33	03 00	3,137.33	3,137.33	-	3,137.33
55001	150100	Movable E	000700	000	Credit card 4/30/2012	499.00	02 08	499.00	499.00	-	499.00
55001	150088	Movable E	000701	000	Misc asset 4/30/2012	2,401.00	00 08	2,401.00	2,401.00	-	2,401.00
55001	150050	Bldg Imp	000702	000	1st install f 4/30/2012	2,345.00	20 00	2,345.00	752.36	117.25	869.61
55001	150080	Movable E	000703	000	Spot Vital 4/30/2012	2,320.51	07 00	2,320.51	2,127.13	193.38	2,320.51
55001	150080	Movable E	000704	000	Spot Vital 5/31/2012	2,036.58	07 00	2,036.58	1,842.63	193.95	2,036.58
55001	150075	Non Mova	000705	000	Condenser 5/31/2012	1,240.00	10 00	1,240.00	785.33	124.00	909.33
55001	150050	Bldg Imp	000706	000	Isolation v: 5/31/2012	1,005.00	20 00	1,005.00	318.25	50.25	368.50
55001	150046	#N/A	000707	000	Est Buildir 12/31/2011	12,962,365.13	30 06	12,962,365.13	2,868,720.17	-	-
55001	150046	#N/A	000707	000	Est Buildir 10/1/2018	(12,962,365.13)		(12,962,365.13)	(2,868,720.17)	-	-
55001	150016	#N/A	000708	000	Establish l: 12/31/2011	2,780,000.00	00 00	2,780,000.00	-	-	-
55001	150016	#N/A	000708	000	Establish l: 10/1/2018	(2,780,000.00)		(2,780,000.00)	-	-	-
55001	150088	Movable E	000709	000	(10) MAT 6/30/2012	3,137.33	03 00	3,137.33	3,137.33	-	3,137.33
55001	150085	Movable E	000710	000	Conveyor ' 6/30/2012	1,185.49	10 00	1,185.49	740.94	118.55	859.49
55001	150087	Movable E	000711	000	(8) X-TRA 6/30/2012	2,560.91	05 00	2,560.91	2,560.91	-	2,560.91
55001	150080	Movable E	000712	000	3.0 Cu Ft I 6/30/2012	501.96	07 00	501.96	448.19	53.77	501.96
55001	150050	Bldg Imp	000713	000	Final Insta 6/30/2012	3,515.00	20 00	3,515.00	1,098.44	175.75	1,274.19
55001	150050	Bldg Imp	000714	000	Final Insta 6/30/2012	1,290.00	20 00	1,290.00	403.13	64.50	467.63
55001	150020	Land Imp	000715	000	RAB LED 6/30/2012	648.79	20 00	648.79	202.75	32.44	235.19
55001	150075	Non Mova	000716	000	Cutler Han 6/30/2012	527.00	10 00	527.00	329.37	52.70	382.07
55001	150075	Non Mova	000717	000	Disconnect 6/30/2012	1,055.47	10 00	1,055.47	659.68	105.55	765.23
55001	150075	Non Mova	000718	000	Replace se 6/30/2012	396.05	10 00	396.05	247.56	39.61	287.17
55001	150025	Land Imp	000719	000	Stockade f 6/30/2012	696.59	10 00	696.59	435.38	69.66	505.04
55001	150050	Bldg Imp	000720	000	1st Installn 6/30/2012	1,290.00	20 00	1,290.00	403.13	64.50	467.63
55001	150110	Movable E	000721	000	Asus 19 in 7/31/2012	114.15	03 00	114.15	114.15	-	114.15
55001	150080	Movable E	000722	000	10 PTACS 7/31/2012	13,012.24	07 00	13,012.24	11,463.16	1,549.08	13,012.24
55001	150075	Non Mova	000723	000	Condenser 7/31/2012	1,167.48	10 00	1,167.48	719.96	116.75	836.71
55001	150075	Non Mova	000724	000	AC Motor- 7/31/2012	967.97	10 00	967.97	596.93	96.80	693.73
55001	150050	Bldg Imp	000725	000	Replace cy 7/31/2012	1,522.93	20 00	1,522.93	469.59	76.15	545.74
55001	150050	Bldg Imp	000726	000	Architectu 7/31/2012	8,710.00	20 00	8,710.00	2,685.59	435.50	3,121.09
55001	150050	Bldg Imp	000727	000	Final Insta 7/31/2012	1,290.00	20 00	1,290.00	309.88	50.25	360.13
55001	150075	Non Mova	000728	000	Condenser 8/31/2012	833.40	10 00	833.40	506.99	83.34	590.33
55001	150075	Non Mova	000729	000	Condenser 8/31/2012	835.91	10 00	835.91	508.50	83.59	592.09
55001	150075	Non Mova	000730	000	Condenser 8/31/2012	520.46	10 00	520.46	316.64	52.05	368.69
55001	150088	Movable E	000731	000	Plexus Au 8/31/2012	2,556.63	03 00	2,556.63	2,556.63	-	2,556.63
55001	150050	Bldg Imp	000732	000	Architectu 9/30/2012	22,085.00	20 00	22,085.00	6,625.50	1,104.25	7,729.75
55001	150050	Bldg Imp	000733	000	Engineerin 9/30/2012	4,287.50	20 00	4,287.50	1,286.28	214.38	1,500.66
55001	150075	Non Mova	000734	000	Motor con 9/30/2012	1,037.44	10 00	1,037.44	622.45	103.74	726.19
55001	150050	Bldg Imp	000735	000	Architectu 10/31/2012	43,057.50	20 00	43,057.50	12,737.87	2,152.88	14,890.75
55001	150050	Bldg Imp	000736	000	Electrical s 10/31/2012	8,250.00	20 00	8,250.00	2,440.63	412.50	2,853.13
55001	150110	Movable E	000737	000	1 APC Sr 11/30/2012	558.64	03 00	558.64	558.64	-	558.64
55001	150050	Bldg Imp	000738	000	B&G pumj 11/30/2012	1,467.63	20 00	1,467.63	428.06	73.38	501.44
55001	150050	Bldg Imp	000739	000	Architectu 11/30/2012	34,463.35	20 00	34,463.35	10,051.83	1,723.17	11,775.00
55001	150085	Movable E	000740	000	Food Proce 11/30/2012	2,612.31	10 00	2,612.31	1,523.84	261.23	1,785.07
55001	150110	Movable E	000741	000	1 APC Ne 11/30/2012	248.99	03 00	248.99	248.99	-	248.99
55001	150050	Bldg Imp	000742	000	Replace ac 12/31/2012	1,271.20	20 00	1,271.20	365.47	63.56	429.03
55001	150025	Land Imp	000743	000	6x8 wood : 1/31/2013	903.98	10 00	903.98	512.27	90.40	602.67
55001	150085	Movable E	000748	000	Solenoid v 4/30/2013	1,512.51	10 00	1,512.51	819.27	151.25	970.52
55001	150020	Land Imp	000749	000	Install 6 co 4/30/2013	2,103.23	20 00	2,103.23	569.62	105.16	674.78
55001	150020	Land Imp	000750	000	Courtyard 4/30/2013	3,403.00	20 00	3,403.00	921.64	170.15	1,091.79

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0.00
1,453,555.69

773,177.09	107,839.41	881,016.55
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Locati	G/L Asset	Acct Desc	Sys	Ex	Description In Svc Date	Acquired Value	Est Life	Depreciable Basis	9/30/2018	2019	9/30/2019	
									Prior Accum Depreciation as of 9/30/2018	Current YTD Depreciation in 2019	Current Accum Depreciation	
55001	150117	Movable E	000751	000	Extension i	5/31/2013	532.00	07 00	532.00	405.33	76.00	481.33
55001	150055	Bldg Imp	000752	000	1st paymer	5/31/2013	73,950.00	15 00	73,950.00	26,293.33	4,930.00	31,223.33
55001	150085	Movable E	000753	000	Tracer 20x	6/30/2013	355.21	10 00	355.21	186.48	35.52	222.00
55001	150085	Movable E	000754	000	Omni Cycl	6/30/2013	6,487.36	10 00	6,487.36	3,405.89	648.74	4,054.63
55001	150085	Movable E	000755	000	Wheelchai	7/31/2013	419.00	10 00	419.00	216.49	41.90	258.39
55001	150050	Bldg Imp	000756	000	2nd install	7/31/2013	73,950.00	20 00	73,950.00	19,103.76	3,697.50	22,801.26
55001	150055	Bldg Imp	000757	000	Final instal	8/31/2013	16,435.00	15 00	16,435.00	5,569.65	1,095.67	6,665.32
55001	150050	Bldg Imp	000758	000	2 new chec	8/31/2013	1,360.00	20 00	1,360.00	345.67	68.00	413.67
55001	150050	Bldg Imp	000759	000	Bearing as:	8/31/2013	1,537.82	20 00	1,537.82	390.86	76.89	467.75
55001	150085	Movable E	000760	000	OmniCycl	9/30/2013	15,633.45	10 00	15,633.45	7,816.75	1,563.35	9,380.10
55001	150050	Bldg Imp	000761	000	OEM motc	9/30/2013	1,004.50	20 00	1,004.50	251.15	50.23	301.38
55001	150110	Movable E	000762	000	Asus 19 in	10/31/2013	116.36	03 00	116.36	116.36	-	116.36
55001	150050	Bldg Imp	013966	000	Wood doo	11/30/2013	1,359.15	20 00	1,359.15	328.47	67.96	396.43
55001	150050	Bldg Imp	013967	000	1st install c	11/30/2013	1,065.00	20 00	1,065.00	257.38	53.25	310.63
55001	150080	Movable E	014084	000	PLC batter	12/31/2013	860.71	07 00	860.71	584.06	122.96	707.02
55001	150080	Movable E	014085	000	PLC expan	12/31/2013	991.45	07 00	991.45	672.79	141.64	814.43
55001	150085	Movable E	014086	000	Ice machin	12/31/2013	1,618.43	10 00	1,618.43	768.74	161.84	930.58
55001	150085	Movable E	014275	000	IVC TRAC	1/31/2014	536.00	10 00	536.00	250.13	53.60	303.73
55001	150050	Bldg Imp	014276	000	Final instal	1/31/2014	1,305.00	20 00	1,305.00	304.50	65.25	369.75
55001	150085	Movable E	014427	000	Ice Machir	3/31/2014	2,330.11	10 00	2,330.11	1,048.55	233.01	1,281.56
55001	150080	Movable E	014428	000	LG 60i Re:	3/31/2014	1,653.20	07 00	1,653.20	1,062.77	236.17	1,298.94
55001	150085	Movable E	014523	000	Hoshizaki	4/30/2014	785.00	10 00	785.00	346.71	78.50	425.21
55001	150080	Movable E	014524	000	IPSO 75 lb	4/30/2014	5,881.16	07 00	5,881.16	3,710.75	840.17	4,550.92
55001	150075	Non Mova	014525	000	2 Bearing j	4/30/2014	1,101.74	10 00	1,101.74	486.59	110.17	596.76
55001	150050	Bldg Imp	014526	000	(4) 30 amp	4/30/2014	2,273.98	20 00	2,273.98	502.18	113.70	615.88
55001	150075	Non Mova	014527	000	Gearbox m	4/30/2014	1,335.85	10 00	1,335.85	590.02	133.59	723.61
55001	150057	Bldg Imp	014645	000	2 security c	5/31/2014	1,616.52	10 00	1,616.52	700.49	161.65	862.14
55001	150100	Movable E	014761	000	Credit Car	6/30/2014	75.07	10 00	75.07	31.91	7.51	39.42
55001	150110	Movable E	014942	000	HP Laserje	7/31/2014	250.21	03 00	250.21	250.21	-	250.21
55001	150080	Movable E	014943	000	Detecto Fo	7/31/2014	2,446.03	07 00	2,446.03	1,455.96	349.43	1,805.39
55001	150088	Movable E	014944	000	20 MATTI	7/31/2014	6,274.66	03 00	6,274.66	6,274.66	-	6,274.66
55001	150080	Movable E	015065	000	5 ISL CUS	8/31/2014	7,917.97	07 00	7,917.97	4,618.83	1,131.14	5,749.97
55001	150110	Movable E	015066	000	1 APC Sm	8/31/2014	877.25	03 00	877.25	877.25	-	877.25
55001	150050	Bldg Imp	015146	000	30 amp 12:	9/30/2014	675.00	20 00	675.00	135.00	33.75	168.75
55001	150050	Bldg Imp	015222	000	Maglock E	10/31/2014	957.51	20 00	957.51	187.53	47.88	235.41
55001	150050	Bldg Imp	015223	000	Bearing As	10/31/2014	1,229.14	20 00	1,229.14	240.71	61.46	302.17
55001	150085	Movable E	015372	000	1.6 cu ft m	12/31/2014	527.54	10 00	527.54	197.81	52.75	250.56
55001	150080	Movable E	015640	000	Whirlpool	3/31/2015	634.45	07 00	634.45	317.24	90.64	407.88
55001	150080	Movable E	015641	000	X-Tra Util:	3/31/2015	342.62	07 00	342.62	171.32	48.95	220.27
55001	150075	Non Mova	016047	000	1st installn	4/30/2015	3,225.00	10 00	3,225.00	1,101.88	322.50	1,424.38
55001	150075	Non Mova	016160	000	Final instal	5/31/2015	3,945.00	10 00	3,945.00	1,315.01	394.50	1,709.51
55001	150057	Bldg Imp	016161	000	DVR for se	5/31/2015	2,500.29	10 00	2,500.29	833.43	250.03	1,083.46
55001	150050	Bldg Imp	016285	000	2 domestic	5/31/2015	1,160.69	20 00	1,160.69	193.46	58.04	251.50
55001	150080	Movable E	016528	000	15" PDI Lc	7/31/2015	6,770.74	07 00	6,770.74	3,062.96	967.25	4,030.21
55001	150080	Movable E	016704	000	5 ISL CUS	8/31/2015	7,758.45	07 00	7,758.45	3,417.41	1,108.35	4,525.76
55001	150057	Bldg Imp	016705	000	Schlage M	8/31/2015	760.54	10 00	760.54	234.49	76.05	310.54
55001	150080	Movable E	016706	000	IPSO Gas i	8/31/2015	5,801.39	07 00	5,801.39	2,555.38	828.77	3,384.15
55001	150050	Bldg Imp	016716	000	Circuit and	9/30/2015	825.00	20 00	825.00	123.75	41.25	165.00
55001	150050	Bldg Imp	016981	000	1st install j	10/31/2015	920.00	20 00	920.00	134.17	46.00	180.17
55001	150050	Bldg Imp	016982	000	2nd install	10/31/2015	115.00	20 00	115.00	16.77	5.75	22.52
55001	150080	Movable E	017075	000	10 Custom	10/31/2015	15,516.89	07 00	15,516.89	6,465.38	2,216.70	8,682.08
55001	150075	Non Mova	017356	000	Final instal	12/31/2015	1,750.00	10 00	1,750.00	481.25	175.00	656.25
55001	150075	Non Mova	017357	000	First instal	12/31/2015	1,750.00	10 00	1,750.00	481.25	175.00	656.25
55001	150085	Movable E	017475	000	Relia+ Wh	2/29/2016	180.68	10 00	180.68	46.68	18.07	64.75
55001	150085	Movable E	017697	000	BLENDEF	3/31/2016	317.54	10 00	317.54	79.38	31.75	111.13
55001	150050	Bldg Imp	017801	000	Fabricate a	4/30/2016	1,701.60	20 00	1,701.60	205.61	85.08	290.69
55001	150088	Movable E	017802	000	8 MATTR	4/30/2016	2,509.86	03 00	2,509.86	2,021.84	488.02	2,509.86
55001	150110	Movable E	018122	000	1 InFocus i	6/30/2016	503.40	03 00	503.40	377.55	125.85	503.40
55001	150075	Non Mova	018154	000	3 Phase 60	7/31/2016	1,048.41	10 00	1,048.41	227.15	104.84	331.99
55001	150055	Bldg Imp	018272	000	Black iron	7/31/2016	694.74	15 00	694.74	100.36	46.32	146.68
55001	150055	Bldg Imp	018273	000	2 in supply	7/31/2016	2,850.53	15 00	2,850.53	411.75	190.04	601.79
55001	150055	Bldg Imp	018274	000	2 in supply	7/31/2016	1,900.35	15 00	1,900.35	274.50	126.69	401.19
55001	150075	Non Mova	018282	000	Compressc	8/31/2016	1,520.00	10 00	1,520.00	316.67	152.00	468.67
55001	150057	Bldg Imp	018393	000	Vinyl tile a	9/30/2016	1,194.91	10 00	1,194.91	238.98	119.49	358.47
55001	150057	Bldg Imp	018394	000	Manningto	9/30/2016	65,153.41	10 00	65,153.41	13,030.69	6,515.34	19,546.03
55001	150050	Bldg Imp	018395	000	Fabricate s	9/30/2016	1,701.60	20 00	1,701.60	170.16	85.08	255.24
55001	150080	Movable E	018396	000	(8) Custom	9/30/2016	9,310.13	07 00	9,310.13	2,660.05	1,330.02	3,990.07
55001	150050	Bldg Imp	018654	000	Architectu	11/30/2016	515.00	20 00	515.00	47.21	25.75	72.96
55001	150075	Non Mova	018655	000	Compressc	11/30/2016	1,520.00	10 00	1,520.00	278.67	152.00	430.67
55001	150050	Bldg Imp	019339	000	Jeron Prov	6/30/2017	45,864.50	20 00	45,864.50	2,866.53	2,341.01	5,207.54
55001	150025	Land Imp	019437	000	Pavilion 1c	7/31/2017	15,500.00	10 00	15,500.00	1,808.33	1,550.00	3,358.33

Depreciation Expense Report
As of September 30, 2019

Book = Internal
FYE Month = December
Net Grand Total

0.00
1,453,555.69

773,177.09	107,839.41	881,016.55
------------	------------	------------

Locati	G/L Asset	Acct Desc	Sys	Ex	Descriptor In	Svc Date	Acquired Value	Est Life	Depreciable Basis	9/30/2018	2019	9/30/2019	
										Prior Accum Depreciation as of 9/30/2018	Current YTD Depreciation in 2019	Current Accum Depreciation	
55001	150050	Bldg Imp	019608	000	Permiy dra	9/30/2017	500.00	20	00	500.00	25.00	25.78	50.78
55001	150085	Movable E	020015	000	Ice Machir	1/31/2018	2,443.90	10	00	2,443.90	162.93	244.39	407.32
55001	150085	Movable E	020091	000	Installation	2/28/2018	454.65	10	00	454.65	26.52	45.47	71.99
55001	150075	Non Mova	020346	000	2nd install	4/30/2018	1,940.00	10	00	1,940.00	80.83	194.00	274.83
55001	150075	Non Mova	020347	000	1st installn	4/30/2018	1,940.00	10	00	1,940.00	80.83	194.00	274.83
55001	150025	Land Imp	020348	000	Change in	4/30/2018	1,600.00	10	00	1,600.00	66.67	160.00	226.67
55001	150085	Movable E	020378	000	UCXT Bec	5/31/2018	1,648.43	10	00	1,648.43	54.95	164.84	219.79
55001	150057	Bldg Imp	020379	000	(2) Install l	5/31/2018	3,078.83	10	00	3,078.83	102.63	307.88	410.51
55001	150055	Bldg Imp	020621	000	Install Upg	7/31/2018	5,120.00	15	00	5,120.00	56.89	341.33	398.22
55001	150055	Bldg Imp	020658	000	Install Upg	8/31/2018	6,985.00	15	00	6,985.00	38.81	465.66	504.47
55001	150075	Non Mova	020659	000	Install Con	8/31/2018	2,010.00	10	00	2,010.00	16.75	201.00	217.75
55001	150075	Non Mova	020660	000	Install Con	8/31/2018	2,010.00	10	00	2,010.00	16.75	201.00	217.75
55001	150080	Movable E	020793	000	15 - PTAC	9/30/2018	24,976.30	07	00	24,976.30	-	3,568.04	3,568.04
55001	150088	Movable E	020903	000	2 promatt J	10/31/2018	4,252.81	3		4,252.81	-	1,299.47	1,299.47
55001	150110	Movable E	020976	000	2 - 2 watt	11/30/2018	443.25	3		443.25	-	123.13	123.12
55001	150088	Movable E	020977	000	35 Visco S	11/30/2018	8,449.88	3		8,449.88	-	2,347.19	2,347.19
55001	150087	Movable E	020978	000	Bellcart	11/30/2018	440.28	5		440.28	-	73.38	73.39
55001	150110	Movable E	021028	000	2 - 4 chann	12/31/2018	151.42	3		151.42	-	37.86	37.85
55001	150088	Movable E	021029	000	35 - Visco	12/31/2018	8,449.88	3		8,449.88	-	2,112.47	2,112.47
55001	150080	Movable E	021118	000	Diagnostic	12/31/2018	615.75	7		615.75	-	65.97	65.98
55001	150080	Movable E	021119	000	9 lifts & 5	12/31/2018	26,423.42	7		26,423.42	-	2,831.08	2,831.09
55001	150110	Movable E	021121	000	2 - 4 chann	12/31/2018	443.23	3		443.23	-	110.81	110.81
55001	150085	Movable E	021122	000	Hamilton E	1/31/2019	767.35	10		767.35	-	51.16	51.16
55001	150085	Movable E	021123	000	Ice Machir	1/31/2019	3,311.70	10		3,311.70	-	220.78	220.78
55001	150110	Movable E	021124	000	4-Motorol	1/31/2019	886.49	3		886.49	-	197.00	197.00
55001	150088	Movable E	021125	000	Mattress B	1/31/2019	346.18	3		346.18	-	76.93	76.93
55001	150080	Movable E	021231	000	2 Spot Vite	2/28/2019	4,252.55	7		4,252.55	-	354.38	354.38
55001	150085	Movable E	021232	000	Master-Bil	2/28/2019	2,643.33	10		2,643.33	-	154.19	154.20
55001	150110	Movable E	021233	000	4 Motorola	2/28/2019	886.49	3		886.49	-	172.37	172.38
55001	150088	Movable E	021311	000	2 - Mattres	3/31/2019	782.40	3		782.40	-	130.40	130.40
55001	150050	Bldg Imp	021524	000	Heating Lc	5/31/2019	2,485.00	17	08	2,485.00	-	46.89	46.89
55001	150050	Bldg Imp	021756	000	New Emer	7/31/2019	6,065.35	17	06	6,065.35	-	57.76	57.76
55001	150085	Movable E	021757	000	Blixer 3.7	7/31/2019	1,684.65	10		1,684.65	-	28.08	28.08
55001	150050	Bldg Imp	021839	000	Heating Lc	7/31/2019	3,040.00	17	06	3,040.00	-	28.95	28.95
55001	150050	Bldg Imp	021840	000	Staff Loun	7/31/2019	2,195.00	17	06	2,195.00	-	20.90	20.90
55001	150057	Bldg Imp	021844	000	New LED	8/31/2019	3,814.16	10		3,814.16	-	31.78	31.79
55001	150050	Bldg Imp	021845	000	2nd & Fina	8/31/2019	2,685.00	17	05	2,685.00	-	12.85	12.85
55001	150080	Movable E	021846	000	2 LED HD	8/31/2019	210.57	7		210.57	-	2.51	2.51
55001	150050	Bldg Imp	021847	000	Allocate G	8/31/2019	16,524.33	17	05	16,524.33	-	79.07	79.07
55001	150050	Bldg Imp	021961	000	Rebuilt Ex	8/31/2019	701.28	17	05	701.28	-	3.36	3.36
55001	150080	Movable Equip			September	9/30/2019	784.33			784.33			
55001	150050	Bldg Imp			September	9/30/2019	1,187.9			1,187.90			
55001	150020	Land Imp			September	9/30/2019	505.17			505.17			

Amortization Schedule*

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			License No. 2371		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
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 4 Hazel Avenue Operations LLC, d/b/a	License No. 2371	Report for Year Ended 9/30/2019	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<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		120			
6. Square Footage					
7. Acquisition Cost					
a. Land		n/a			
b. Building		n/a			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Convert Bond			
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
Well Tower / Healthcare REIT, Address: One Seagate Suite 1500, Toledo, OH 43603-1475	Building and Equipments	04/01/11	20	1,313,486	

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 4 Hazel Avenue Operations LLC, d/b		License No. 2371	Report for Year Ended 9/30/2019		Page 26	of 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page of	
4 Hazel Avenue Operations LLC, d		2371		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)				\$ 5,830	5,830		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 181,300	181,300		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 187,130	187,130		
15. Total All Expenditures (A-13 thru C-14)				\$ 12,635,655	12,635,655		

D. Adjustments to Statement of Expenditures

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

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 21,554	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 21,554	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

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

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

Name of Facility				License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center				2371	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,235,960	1,235,960		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 365,772	365,772		
28.	20	5-d	Ambulance/Limousine	\$ 1,597	1,597		
29.	20	5-f	X-rays, etc	\$ 23,214	23,214		
30.	20	5-h	Laboratory	\$ 66,058	66,058		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 9,162	9,162		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 29,122	29,122		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 22,836	22,836		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 87,855	87,855		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
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)				\$ 1,841,577	1,841,577		

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

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page	of
4 Hazel Avenue Operations LLC, d/b/a/ C2371				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>)	\$ 14,670,229	14,670,229					
b. Medicaid Room and Board Contractual Allowance **	\$ (8,076,573)	(8,076,573)					
2. a. Medicaid (<i>All other states</i>)	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,462,597	2,462,597					
b. Medicare Room and Board Contractual Allowance **	\$ (859,646)	(859,646)					
4. a. Private-Pay Residents and Other	\$ 2,877,579	2,877,579					
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,241,940)	(1,241,940)					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare	\$ 174,263	174,263					
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (60,832)	(60,832)					
c. Prescription Drugs - Non-Medicare	\$ 209,529	209,529					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (93,089)	(93,089)					
2. a. Medical Supplies - Medicare	\$ 11	11					
b. Medical Supplies - Medicare Contractual Allowance **	\$ (4)	(4)					
c. Medical Supplies - Non-Medicare	\$ 28	28					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (12)	(12)					
3. a. Physical Therapy - Medicare	\$ 580,889	580,889					
b. Physical Therapy - Medicare Contractual Allowance **	\$ (202,777)	(202,777)					
c. Physical Therapy - Non-Medicare	\$ 479,126	479,126					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (210,366)	(210,366)					
4. a. Speech Therapy - Medicare	\$ 116,641	116,641					
b. Speech Therapy - Medicare Contractual Allowance **	\$ (40,717)	(40,717)					
c. Speech Therapy - Non-Medicare	\$ 95,926	95,926					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (41,413)	(41,413)					
5. a. Occupational Therapy - Medicare	\$ 672,518	672,518					
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (234,763)	(234,763)					
c. Occupational Therapy - Non-Medicare	\$ 534,535	534,535					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (233,952)	(233,952)					
6. a. Other (<i>Specify</i>) - Medicare	\$ 47,832	47,832					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 36,391	36,391					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,662,010	11,662,010					
IV. Other Revenue*							
1. Meals sold to guests, employees & others	\$						
2. Rental of rooms to non-residents	\$						
3. Telephone	\$						
4. Rental of Television and Cable Services	\$						
5. Interest Income (<i>Specify</i>)	\$ 214	214					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$ 19,959	19,959					
8. Other (<i>Specify</i>)	\$ 238	238					
V. Total Other Revenue (1 thru 8)	\$ 20,410	20,410					
VI. Total All Revenue (III +V)	\$ 11,682,421	11,682,421					

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

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/	2371	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	4,383
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,462,820
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	8,162
4. Inventories			\$	68,236
5. Prepaid Expenses			\$	63,763
a. _____				
b. _____				
c. _____				
d. See Schedule		63,763		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,607,363
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	25,361		
	Accum. Depreciation	6,694		
	Net		\$	18,667
3. Buildings	*Historical Cost	496,524		
	Accum. Depreciation	142,827		
	Net		\$	353,697
4. Leasehold Improvements	*Historical Cost	_____		
	Accum. Depreciation	_____		
	Net		\$	
5. Non-Movable Equipment	*Historical Cost	60,202		
	Accum. Depreciation	39,645		
	Net		\$	20,557
6. Movable Equipment	*Historical Cost	871,470		
	Accum. Depreciation	691,850		
	Net		\$	179,620
7. Motor Vehicles	*Historical Cost	_____		
	Accum. Depreciation	_____		
	Net		\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	572,541

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

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

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

Page Ref	Line Ref	Description	
31	a8d		0 \$ -
31	a8d		0 \$ -
31	a8d		0 \$ -
31	a8d		0
Total Other Current Assets (Itemize)			\$ -

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

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

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

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

* 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 4 Hazel Avenue Operations LLC, d/b/a/ Glend		License No. 2371	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	599,248
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
_____		_____	_____	_____	
_____		_____	_____	_____	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	210,022
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	649
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	561,027

See Schedule				561,027	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,370,946

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/	2371	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			\$	(12,129)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,008,037
6. Gain or Loss for Period			\$	(953,237)
	10/1/2018	thru	9/30/2019	
7. Total Net Worth			\$	1,042,671
C. Total Reserves and Net Worth			\$	1,042,671
D. Total Liabilities, Reserves, and Net Worth			\$	8,769,871

H. Changes in Total Net Worth

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/	License No. 2371	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			\$	1,995,905
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,682,421
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	12,635,655
D. Net Income or Deficit			\$	(953,234)
E. Balance			\$	1,042,671
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<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			\$	1,042,671

I. Preparer's/Reviewer's Certification

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