

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Harborside CT Limited Partnership- d/b/a: Governor's House	
Address (No. & Street, City, State, Zip Code) 36 Firetown Road, Simsbury, CT 06070	
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 2200-C	RHNS	(Specify)	Medicare Provider 07-5338
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Medicaid Provider Numbers:	CCNH 20628	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) Harborside CT Limited Partnership- d/b/a: Governor's	License No. 2200-C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Harborside CT Limited Partnership- d/b/a: Governor's House [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) Moriarty, Teri Ann			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Harborside CT Limited Partnership- d/b/a: Governor's House		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 36 Firetown Road, Simsbury, CT 06070				
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	\$	1,890,789	1,890,789	
5. All other wages paid	\$	338,146	338,146	
6. Total Wages Paid	\$	2,228,935	2,228,935	
7. Total salaries paid	\$	230,027	230,027	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	2,458,962	2,458,962	

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-658-1018		Report for Year Ended 9/30/2019		Page 2	of 37
Name of Facility (as shown on license) Harborside CT Limited Partnership- d/b/a: Governor's House			Address (No. & Street, City, State, Zip) 36 Firetown Road, Simsbury, CT 06070		
License Numbers:	CCNH 2200-C	RHNS	(Specify)	Medicare Provider No. 07-5338	
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 Moriarty, Teri Ann			Nursing Home Administrator's License No.:	2075	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

GOVERNOR'S HOUSE

36 Firetown Road
Simsbury, CT 06070-1965

Harborside Connecticut Limited Partnership (Operator)

EIN: 06-1496629
101 East State Street
Kennett Square, PA 19348

Ownership

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

Harborside Healthcare Limited Partnership

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

Ownership

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

Harborside Health I, LLC

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

-
Ownership

Harborside Healthcare Advisors Limited Partnership (100%)

Harborside Healthcare Advisors Limited Partnership

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

Ownership

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

KHI LLC

EIN: 51-0304577

101 East State Street

Kennett Square, PA 19348

Ownership

Harborside Healthcare, LLC (100%)

Harborside Healthcare, LLC

EIN: 04-3307188

101 East State Street

Kennett Square, PA 19348

Ownership

SunBridge Healthcare, LLC (100%)

SunBridge Healthcare, LLC

EIN: 85-0370802

101 East State Street

Kennett Square, PA 19348

Ownership

Genesis Holdings, LLC (100%)

Genesis Holdings, LLC

EIN: 30-0843337

101 East State Street

Kennett Square, PA 19348

Ownership

Genesis HealthCare LLC (100%)

-

-

Genesis HealthCare LLC

EIN: 27-3237296

101 East State Street

Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225

101 East State Street

Kennett Square, PA 19348

Ownership

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090

101 East State Street

Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005

101 East State Street

Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 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.

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

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

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 Harborside CT Limited Partnership- d/b/a: Governor's H	License No. 2200-C	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	249,552	249,552
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	215,591	215,591
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	18,396	18,396
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	84%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	166	166
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	89,782	89,782
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 Harborside CT Limited Partnership- d/b/a: Gov	License No. 2200-C	Report for Year Ended 9/30/2019	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Harborside CT Limited Partnership- d/b/a: Governor's Hous			License No. 2200-C		Report for Year Ended 9/30/2019		Page of 6 | 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<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 Harborside CT Limited Partnership	License No. 2200-C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
---	---

Services Provided by This Firm (*describe fully*)

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

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 American Arbitration Association 2 3 4 5	Telephone Number 972-702-8222
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Address (*No. & Street, City, State, Zip Code*)
 1 13727 Noel Road St 700 Dallas, TX 75240
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 for work regarding Union Grievance	\$	350
2	\$	
3	\$	
4	\$	
5	\$	
		Charge for Services Provided
		\$ 350

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

Schedule of Resident Statistics

Name of Facility Harborside CT Limited Partnership- d/b/a: Governor's House		License No. 2200-C			Report for Year Ended 9/30/2019				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	73	73			73	73			70	70			
B. On last day of THIS report period	70	70			70	70			70	70			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	54	54			54	54			47	47			
B. As of midnight of THIS report period	51	51			47	47			51	51			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,401	1,401			1,061	1,061			340	340			
B. Medicaid (Conn.)	14,130	14,130			10,609	10,609			3,521	3,521			
C. Medicaid (other states)													
D. Private Pay	1,751	1,751			1,306	1,306			445	445			
E. State SSI for RCH													
F. Other (Specify)	438	438			392	392			46	46			
G. Total Care Days During Period (3A thru F)	17,720	17,720			13,368	13,368			4,352	4,352			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	8	8			8	8							
5. Total Resident Days (3G + 4A + 4B)	17,728	17,728			13,376	13,376			4,352	4,352			

Schedule of Resident Statistics (Cont'd)

Name of Facility Harborside CT Limited Partnership- d/b/a: G			License No. 2200-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	
7/1/2019	X			3						70			Licensed bed decreased from 73
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH		CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	6		40		5								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	494.89		255.70		548.76								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,829	1,829			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									130	130			
C. Other									3,702	3,702			
D. Total Physical Therapy Treatments									5,661	5,661			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									125	125			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									37	37			
C. Other									475	475			
D. Total Speech Therapy Treatments									637	637			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									883	883			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									70	70			
C. Other									2,809	2,809			
D. Total Occupational Therapy Treatments									3,762	3,762			

Report of Expenditures - Salaries & Wages

Name of Facility Harborside CT Limited Partnership- d/b/a: Governor's House	License No. 2200-C	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	116,002	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	139,845	6,952				
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	59,315	2,170				
b. Other Maintenance Workers						
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	114,025	2,239				
b. RN						
1. Direct Care	561,166	13,143				
2. Administrative**	1,514	41				
c. LPN						
1. Direct Care	511,962	16,789				
2. Administrative**						
d. Aides and Attendants	780,492	44,080				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	65,472	3,338				
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	73,513	2,326				
n. Marketing						
o. Other (Specify) See Attached Schedule	35,655	2,109				
<i>A-13. Total Salary Expenditures</i>	2,458,962	95,266				

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Harborside CT Limited Partnership- d/b/a: Governor's House				2200-C	9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Harborside CT Limited Partnership- d/b/a: Governor's House				2200-C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Moriarty, Teri Ann	116,002				Management of Center	2,080	2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Harborside CT Limited Partnership- d/b/a: Govern	2200-C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	7,717	53				
3. Pharmacist	5,764	118				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	168,485	2,308				
b. Other						
6. Social Worker	249	5				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,396	97				
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	16,900	217				
b. Other						
10. Occupational Therapist						
a. Resident Care	31,876	437				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	3,004	71				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	8,247					
B-13 Total Fees Paid in Lieu of Salaries	260,637	3,305				

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership- d/b/a: Govern	2200-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 109,534	109,534		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 34,211	34,211		
4. Social Security (F.I.C.A.)	\$ 178,892	178,892		
5. Health Insurance	\$ 228,401	228,401		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 139,258	139,258		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 12,412	12,412		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 113,413	113,413		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 350	350		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 9,495	9,495		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,920	20,920		
2. Cellular Phones	\$ 1,337	1,337		
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	\$ 637	637		
3. Resident Day User Fee	\$ 337,013	337,013		
Subtotal	\$ 1,185,873	1,185,873		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Union Health & Welfare	\$ 775	\$ -	\$ -
Union Health & Welfare	\$ 171	\$ -	\$ -
Union Health & Welfare	\$ (171)	\$ -	\$ -
Union Health & Welfare	\$ (50)	\$ -	\$ -
Union Health & Welfare	\$ 2	\$ -	\$ -
Union Health & Welfare	\$ 819	\$ -	\$ -
Union Health & Welfare	\$ 3,892	\$ -	\$ -
Union Health & Welfare	\$ 6,979	\$ -	\$ -
Union Health & Welfare	\$ (6)	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total	\$ 12,412	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 637	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total	\$ 637	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Harborside CT Limited Partnership- d/b/a: Governor's	2200-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,185,873	1,185,873		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 8	8			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 326	326			
5. Education Expenses Related to Seminars and Conventions	\$ 343	343			
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	\$ 8,613	8,613			
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	\$ 3,572	3,572			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 6,305	6,305			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,188	1,188			
9. Subscriptions	\$ 129	129			
10. Contributions*** See Attached Schedule	\$ 762	762			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 5,459	5,459			
12. Administrative Management Services**	\$ 239,404	239,404			
13. Other (<i>Specify</i>) See Attached Schedule	\$ (25,798)	(25,798)			
C-14 Total Administrative & General Expenditures	\$ 1,426,185	1,426,185			

* 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	\$ 3,761	\$ -	\$ -
Marketing Expense	\$ 2,355	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 2,497	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ -	\$ -	\$ -
Total Other Advertising	\$ 8,613	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 7,493	\$ -	\$ -
Dues to Chamber of Commerce	\$ (1,188)	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Dues	\$ 6,305	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 75	\$ -	\$ -
Political Contributions	\$ 687	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Contributions	\$ 762	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 3,754	\$ -	\$ -
Collection Fees	\$ 6,342	self-disallowed	\$ -
Education Expense	\$ 5	\$ -	\$ -
Employee Physicals	\$ 4,290	\$ -	\$ -
Employee Relations	\$ 741	\$ -	\$ -
Printing	\$ 104	\$ -	\$ -
Training Expense	\$ 463	\$ -	\$ -
Fines & Penalties	\$ -	self-disallowed	\$ -
Miscellaneous	\$ 21	\$ -	\$ -
Rental Expense	\$ 2,212	\$ -	\$ -
Accrued Expense Estimation	\$ 7	self-disallowed	\$ -
Landlord Operating Taxes	\$ 2,400	\$ -	\$ -
State Tax Annual Report Filing	\$ 40	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Non-recurring Charges	\$ (46,176)	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Administrative and General	\$ (25,798)	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Harborside CT Limited Partnership- d/b/a	License No. 2200-C	Report for Year Ended 9/30/2019	Page of 17 | 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	249,552	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
Harborside CT Limited Partnership- d/b/a: Governor's		2200-C	9/30/2019	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 86,033	86,033			
2. Non-Food Supplies	\$ 13,153	13,153			
3. Other (Specify) _____	\$ (220)	(220)			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 428,389	428,389			
c. Other (Specify) _____	\$				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 527,356	527,356			
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
Harborside CT Limited Partnership- d/b/a: Governor's H		2200-C	9/30/2019	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,290	2,290		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	8,730	8,730		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	118,388	118,388		
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	129,408	129,408		
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
Harborside CT Limited Partnership- d/b/a: Gov		2200-C	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	7,301	7,301		
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. \$	179,250	179,250		
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 186,551	186,551		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	61,624	61,624		
	b. Medicine Cabinet Drugs	\$	13,161	13,161		
	c. Medical and Therapeutic Supplies	\$	34,773	34,773		
	d. Ambulance/Limousine***	\$	1,740	1,740		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	2,039	2,039		
	f. X-rays and Related Radiological Procedures***	\$	1,739	1,739		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	10,766	10,766		
	i. Recreation	\$	27,328	27,328		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (<i>Specify</i>)**** See Attached Schedule	\$	29,819	29,819		
5M. Total Resident Care Expenditures (5a - 5j)			\$ 182,989	182,989		

* 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	\$ 15,560	\$ -	\$ -
Advertising-Help Wanted	\$ (75)	\$ -	\$ -
Advertising-Help Wanted	\$ 903	\$ -	\$ -
Books, Dues & Subscriptions	\$ 43	\$ -	\$ -
Education Expense	\$ 435	\$ -	\$ -
Supplies	\$ 198	\$ -	\$ -
Supplies	\$ 3,541	\$ -	\$ -
Supplies	\$ 26	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 380	\$ -	\$ -
Rental Expense	\$ 1,867	\$ -	\$ -
Consolidated Billing	\$ 6,478	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ 0	\$ -	\$ -
Licenses & Certifications	\$ 415	\$ -	\$ -
Supplies	\$ 34	\$ -	\$ -
T&E-Lodging/Transportation	\$ 15	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 29,819	\$ -	\$ -

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

Name of Facility Harborside CT Limited Partnership- d/b/a: Governor's House			License No. 2200-C		Report for Year Ended 9/30/2019			Page of 21 | 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	118,388			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	179,250			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	426,239			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Harborside CT Limited Partnership- d/b/a: Go	2200-C	9/30/2019			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	180,246	180,246			
b. Heat	\$	26,206	26,206			
c. Light & Power	\$	129,241	129,241			
d. Water	\$	(18,771)	(18,771)			
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)	\$	316,923	316,923			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	5,500	5,500			
c. Non-Movable Equipment	\$	374	374			
d. Movable Equipment	\$	530	530			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	6,404	6,404			
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	\$	111,038	111,038			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	103,679	103,679			
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	221,121	221,121			

* 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 Harborside CT Limited Partnership- d/b/a: Governor's House				License No. 2200-C			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								S/L	Various				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period				113,452		113,452	11,384	S/L	Various				
2. Disposals (attach schedule)				(113,452)		(113,452)	(11,384)						
3. Acquired during this report period (attach schedule)				106,740		106,740				5,500			
B-4. Subtotal											5,500		
C. Non-Movable Equipment													
1. Acquired prior to this report period				15,947		15,947	249	S/L	Various		0		
2. Disposals (attach schedule)				(15,947)		(15,947)	(249)						
3. Acquired during this report period (attach schedule)				11,044						374			
C-4. Subtotal											374		
		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						210,253		210,253	95,885	S/L	Various	(0)	
b. Disposals (attach schedule)						(210,253)		(210,253)	(95,885)				
c. Acquired during this report period (attach schedule)						8,196		8,196				530	
D-3. Subtotal													530
E. Total Depreciation													6,404

Governor House
 Depreciation Expense Report Deletion
 10/1/2018

(339,652.33)

(107,518.36)

Locati	G/L Asset	Account Desc	Sys	Ex	Description	In Svc Date	Acquired Value	EstLife	Current Accum Depreciation
57003	150050	Bldg Imp	012927	000	Fuel Tank	6/30/2018	(1,119.87)	05 06	(50.91)
57003	150050	Bldg Imp	012669	000	WSHP roo	3/31/2018	(3,669.08)	05 09	(319.05)
57003	150050	Bldg Imp	012846	000	Water Sou	5/31/2018	(4,440.11)	05 07	(265.08)
57003	150050	Bldg Imp	012851	000	Water Sou	5/31/2018	(4,892.10)	05 07	(292.07)
57003	150050	Bldg Imp	012845	000	Water Sou	5/31/2018	(5,370.68)	05 07	(320.64)
57003	150050	Bldg Imp	012926	000	Tank Instal	6/30/2018	(9,200.00)	05 06	(418.18)
57003	150050	Bldg Imp	012757	000	Water sour	4/30/2018	(9,810.79)	05 08	(721.38)
57003	150055	Bldg Imp	012844	000	tank testing	5/31/2018	(186.11)	05 07	(11.11)
57003	150055	Bldg Imp	012841	000	disconnect	5/31/2018	(470.07)	05 07	(28.06)
57003	150055	Bldg Imp	012843	000	transfer oil	5/31/2018	(511.81)	05 07	(30.55)
57003	150055	Bldg Imp	012848	000	additional	5/31/2018	(531.75)	05 07	(31.75)
57003	150055	Bldg Imp	012840	000	tank testing	5/31/2018	(1,036.91)	05 07	(61.90)
57003	150055	Bldg Imp	012850	000	tank rental	5/31/2018	(1,119.87)	05 07	(66.86)
57003	150055	Bldg Imp	012842	000	excavated	5/31/2018	(2,173.39)	05 07	(129.75)
57003	150055	Bldg Imp	012849	000	initial hook	5/31/2018	(4,528.88)	05 07	(270.38)
57003	150057	Bldg Imp	012307	000	Segregatio	10/31/2017	(4,156.56)	06 02	(617.87)
57003	150057	Bldg Imp	012418	000	Roam Aler	11/30/2017	(6,836.18)	06 01	(936.47)
57003	150057	Bldg Imp	012758	000	Repair/rein	4/30/2018	(14,984.72)	05 08	(1,101.82)
57003	150057	Bldg Imp	012310	000	Manningto	10/31/2017	(38,413.00)	06 02	(5,710.05)
57003	150075	Non Mova	013086	000	New Hot V	8/31/2018	(15,947.18)	05 04	(249.18)
57003	150080	Movable E	012600	000	LED high c	2/28/2018	(299.74)	05 10	(29.97)
57003	150080	Movable E	012470	000	Television	12/31/2017	(329.41)	06 00	(41.18)
57003	150080	Movable E	008166	000	32i Long T	12/31/2013	(413.05)	07 00	(280.30)
57003	150080	Movable E	009602	000	Digital Lifi	4/30/2015	(739.35)	07 00	(360.88)
57003	150080	Movable E	006805	000	Sun Valuat	12/1/2012	(980.00)	07 00	(816.67)
57003	150080	Movable E	009601	000	Reliant 45(	4/30/2015	(1,325.10)	07 00	(646.78)
57003	150080	Movable E	010217	000	Samsung 6	11/30/2015	(1,344.89)	07 00	(544.37)
57003	150080	Movable E	010214	000	Attendant	11/30/2015	(2,142.17)	07 00	(867.08)
57003	150080	Movable E	009603	000	Reliant 35(	4/30/2015	(2,384.35)	07 00	(1,163.79)
57003	150080	Movable E	007652	000	Reliant 60(	7/31/2013	(3,321.27)	07 00	(2,451.43)
57003	150080	Movable E	009665	000	Invacare P	5/31/2015	(3,865.65)	07 00	(1,840.80)
57003	150080	Movable E	009432	000	Water sour	2/28/2015	(4,307.18)	07 00	(2,204.86)
57003	150080	Movable E	009509	000	15 Continu	3/31/2015	(4,948.75)	07 00	(2,474.39)
57003	150080	Movable E	008418	000	IPSO 75 lb	2/28/2014	(5,838.62)	07 00	(3,822.91)
57003	150080	Movable E	009431	000	Water sour	2/28/2015	(6,646.88)	07 00	(3,402.59)
57003	150080	Movable E	007148	000	Sara 3000	1/31/2013	(7,920.92)	07 00	(6,412.17)
57003	150085	Movable E	012601	000	WHEELCI	2/28/2018	(216.52)	05 10	(21.65)
57003	150085	Movable E	010212	000	2 Tracer E	11/30/2015	(247.96)	08 01	(86.93)
57003	150085	Movable E	012469	000	3 recliners	12/31/2017	(447.90)	06 00	(55.99)
57003	150085	Movable E	008597	000	Big Blue B	4/30/2014	(461.68)	09 08	(210.94)
57003	150085	Movable E	009064	000	3 Tracer E	9/30/2014	(468.94)	09 03	(202.80)
57003	150085	Movable E	009430	000	3 Tracer E	2/28/2015	(476.94)	08 10	(193.47)
57003	150085	Movable E	007052	000	LAUNDR	12/31/2012	(998.97)	10 00	(574.43)
57003	150085	Movable E	010213	000	Tracer SX	11/30/2015	(999.92)	08 01	(350.49)
57003	150085	Movable E	012308	000	6 Maxwell	10/31/2017	(1,044.13)	06 02	(155.21)
57003	150085	Movable E	009296	000	(2) 1.6 cu r	12/31/2014	(1,055.08)	09 00	(439.61)

Governor House
 Depreciation Expense Report Deletion
 10/1/2018

(339,652.33)

(107,518.36)

Locati	G/L Asset	Account Desc Sys	Ex	Descriptor In Svc Date	Acquired Value	EstLife	Current Accum Depreciation
57003	150085	Movable E 012236	000	6 Table Plt 9/30/2017	(2,570.75)	06 03	(411.32)
57003	150085	Movable E 010756	000	2 GEN ON 4/30/2016	(3,095.42)	07 08	(975.73)
57003	150085	Movable E 011520	000	Countertop 1/31/2017	(3,337.24)	06 11	(804.16)
57003	150085	Movable E 007784	000	Undercoun 8/31/2013	(5,858.43)	10 00	(2,978.02)
57003	150085	Movable E 007973	000	OmniCyclc 10/31/2013	(7,019.11)	10 00	(3,451.06)
57003	150085	Movable E 009599	000	2 GEN ON 4/30/2015	(7,828.32)	08 08	(3,086.17)
57003	150085	Movable E 009664	000	5 GEN ON 5/31/2015	(7,828.32)	08 07	(3,040.13)
57003	150085	Movable E 007051	000	LIFESAFE 12/31/2012	(9,037.10)	10 00	(5,196.33)
57003	150085	Movable E 012309	000	36 Maxwel 10/31/2017	(10,455.08)	06 02	(1,554.14)
57003	150085	Movable E 012847	000	Room Furr 5/31/2018	(20,289.52)	05 07	(1,211.31)
57003	150085	Movable E 012602	000	10 UCXT 1 2/28/2018	(22,104.99)	05 10	(2,210.50)
57003	150087	Movable E 012471	000	Fireplace/A 12/31/2017	(317.99)	05 00	(47.70)
57003	150087	Movable E 007651	000	vacumm cl 7/31/2013	(357.34)	05 00	(357.34)
57003	150087	Movable E 007650	000	Dual-Moto 7/31/2013	(492.51)	05 00	(492.51)
57003	150087	Movable E 010210	000	YARD M/ 11/30/2015	(954.79)	05 00	(541.05)
57003	150087	Movable E 010211	000	YARD M/ 11/30/2015	(954.79)	05 00	(541.05)
57003	150088	Movable E 006806	000	Sun Valuat 12/1/2012	(840.00)	03 00	(840.00)
57003	150088	Movable E 010215	000	GENESIS 11/30/2015	(4,191.83)	03 00	(3,958.95)
57003	150088	Movable E 007358	000	65 MATTI 5/31/2013	(15,692.63)	03 00	(15,692.63)
57003	150100	Movable E 008729	000	Credit Carv 5/31/2014	(73.07)	09 07	(33.06)
57003	150100	Movable E 008942	000	Clark 12/2 7/31/2014	(956.25)	09 05	(423.12)
57003	150110	Movable E 010360	000	1 HP Laser 1/31/2016	(469.84)	03 00	(417.63)
57003	150110	Movable E 006807	000	Sun Valuat 12/1/2012	(16,230.00)	02 00	(16,230.00)
57003	150115	Movable E 007053	000	PRINTER 12/31/2012	(512.65)	05 00	(512.65)
57003	150115	Movable E 007054	000	DESKTOP 12/31/2012	(1,227.05)	05 00	(1,227.05)
					September 10/01/18	\$	(7,709)
					September 10/01/18	\$	(1,795)
					September 10/01/18	\$	(4,829)

Harborside CT Limited Partnership- d/b/a: Governor's House
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 6,404.03
 Sch 29 total Deprn Adj 49,054.90
 Total Deprn Expense 55,458.93

459,009.21

459,009.21 107,518.36 55,458.93 162,977.29

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMtr	EstLife	Depreciable Basis	Prior Accum	Current	Current
												Depreciation	YTD Depreciation	Accum Depreciation
												9/30/2018	2,019.00	9/30/2019
57003	150075	Non Mov	006804	000	Sun Valuation - PPE Fixed E	12/1/2012	-	P	SLMM	09 00	-	-	-	-
57003	150080	Movable E	006805	000	Sun Valuation - PPE Moveal	12/1/2012	980.00	P	SLMM	07 00	980.00	816.67	140.00	956.67
57003	150088	Movable E	006806	000	Sun Valuation - PPE Moveal	12/1/2012	840.00	P	SLMM	03 00	840.00	840.00	-	840.00
57003	150110	Movable E	006807	000	Sun Valuation - PPE IS Equi	12/1/2012	16,230.00	P	SLMM	02 00	16,230.00	16,230.00	-	16,230.00
57003	150085	Movable E	007051	000	LIFESAFETY	12/31/2012	9,037.10	P	SLMM	10 00	9,037.10	5,196.33	903.71	6,100.04
57003	150085	Movable E	007052	000	LAUNDRYEQUIPMENT	12/31/2012	998.97	P	SLMM	10 00	998.97	574.43	99.90	674.33
57003	150115	Movable E	007053	000	PRINTER	12/31/2012	512.65	P	SLMM	05 00	512.65	512.65	-	512.65
57003	150115	Movable E	007054	000	DESKTOPCOMPUTER	12/31/2012	1,227.05	P	SLMM	05 00	1,227.05	1,227.05	-	1,227.05
57003	150080	Movable E	007148	000	Sara 3000 lift	1/31/2013	7,920.92	P	SLMM	07 00	7,920.92	6,412.17	1,131.56	7,543.73
57003	150088	Movable E	007358	000	65 MATTRESS,GENESIS V	5/31/2013	15,692.63	P	SLMM	03 00	15,692.63	15,692.63	-	15,692.63
57003	150080	Movable E	007652	000	Reliant 600 Series Bariatric I	7/31/2013	3,321.27	P	SLMM	07 00	3,321.27	2,451.43	474.47	2,925.90
57003	150087	Movable E	007650	000	Dual-Motor Upright Vacuum	7/31/2013	492.51	P	SLMM	05 00	492.51	492.51	-	492.51
57003	150087	Movable E	007651	000	vacumm cleaner	7/31/2013	357.34	P	SLMM	05 00	357.34	357.34	-	357.34
57003	150085	Movable E	007784	000	Undercounter Flaker ice mac	8/31/2013	5,858.43	P	SLMM	10 00	5,858.43	2,978.02	585.84	3,563.86
57003	150075	Non Mov	007972	000	1 hp compressor	10/31/2013	-	P	SLMM	10 00	-	-	-	-
57003	150075	Non Mov	007975	000	Repairs to walk in freezer	10/31/2013	-	P	SLMM	10 00	-	-	-	-
57003	150085	Movable E	007973	000	OmniCycle Elite Rehab Syst	10/31/2013	7,019.11	P	SLMM	10 00	7,019.11	3,451.06	701.91	4,152.97
57003	150080	Movable E	008166	000	32i Long Term Care TV	12/31/2013	413.05	P	SLMM	07 00	413.05	280.30	59.01	339.31
57003	150080	Movable E	008418	000	IPSO 75 lb gas dryer	2/28/2014	5,838.62	P	SLMM	07 00	5,838.62	3,822.91	834.09	4,657.00
57003	150075	Non Mov	008508	000	McQuay WSHP heat pump	3/31/2014	-	P	SLMM	10 00	-	-	-	-
57003	150085	Movable E	008597	000	Big Blue Board	4/30/2014	461.68	P	SLMM	09 08	461.68	210.94	53.19	264.13
57003	150100	Movable E	008729	000	Credit Card Machine	5/31/2014	73.07	P	SLMM	09 07	73.07	33.06	8.70	41.76
57003	150075	Non Mov	008843	000	PUMP REPAIR KIT domest	6/30/2014	-	P	SLMM	10 00	-	-	-	-
57003	150100	Movable E	008942	000	Clark 12/25 shredder	7/31/2014	956.25	P	SLMM	09 05	956.25	423.12	120.30	543.42
57003	150085	Movable E	009064	000	3 Tracer EX2 Wheelchair	9/30/2014	468.94	P	SLMM	09 03	468.94	202.80	62.13	264.93
57003	150085	Movable E	009296	000	(2) 1.6 cu medical grade refri	12/31/2014	1,055.08	P	SLMM	09 00	1,055.08	439.61	149.46	589.07
57003	150075	Non Mov	009387	000	Water source heat pump	1/31/2015	-	P	SLMM	10 00	-	-	-	-
57003	150080	Movable E	009431	000	Water source heat pump	2/28/2015	6,646.88	P	SLMM	07 00	6,646.88	3,402.59	949.56	4,352.15
57003	150080	Movable E	009432	000	Water source heat pump	2/28/2015	4,307.18	P	SLMM	07 00	4,307.18	2,204.86	615.31	2,820.17
57003	150085	Movable E	009430	000	3 Tracer EX2 wheelchairs	2/28/2015	476.94	P	SLMM	08 10	476.94	193.47	70.26	263.73
57003	150080	Movable E	009509	000	15 Continu.us 26i Long Tern	3/31/2015	4,948.75	P	SLMM	07 00	4,948.75	2,474.39	706.97	3,181.36
57003	150050	Bldg Imp	009600	000	2 Daikin water source heat p	4/30/2015	-	R	SLMM	20 00	-	-	-	-
57003	150080	Movable E	009601	000	Reliant 450 Series Floor Lift	4/30/2015	1,325.10	P	SLMM	07 00	1,325.10	646.78	189.30	836.08
57003	150080	Movable E	009602	000	Digital Lift Scale, 600 lb. Ca	4/30/2015	739.35	P	SLMM	07 00	739.35	360.88	105.62	466.50
57003	150080	Movable E	009603	000	Reliant 350 Series Sit-to-Sta	4/30/2015	2,384.35	P	SLMM	07 00	2,384.35	1,163.79	340.62	1,504.41
57003	150085	Movable E	009599	000	2 GEN ONLY:80i UCXT Bc	4/30/2015	7,828.32	P	SLMM	08 08	7,828.32	3,086.17	1,194.33	4,280.50
57003	150050	Bldg Imp	009666	000	Jeron Provider 680	5/31/2015	-	R	SLMM	20 00	-	-	-	-
57003	150057	Bldg Imp	009667	000	Awing w/stationary pipe frar	5/31/2015	-	R	SLMM	10 00	-	-	-	-
57003	150080	Movable E	009665	000	Invacare Perfecto2 V 5-Liter	5/31/2015	3,865.65	P	SLMM	07 00	3,865.65	1,840.80	552.24	2,393.04
57003	150085	Movable E	009664	000	5 GEN ONLY: 80i UCXT E	5/31/2015	7,828.32	P	SLMM	08 07	7,828.32	3,040.13	1,213.53	4,253.66
57003	150050	Bldg Imp	009847	000	Labor and material Fire door	7/31/2015	-	R	SLMM	20 00	-	-	-	-
57003	150057	Bldg Imp	009845	000	Weathermaster awning	7/31/2015	-	R	SLMM	10 00	-	-	-	-
57003	150057	Bldg Imp	009846	000	Delayed egress maglock	7/31/2015	-	R	SLMM	10 00	-	-	-	-
57003	150050	Bldg Imp	010005	000	Water source heat pump	8/31/2015	-	R	SLMM	20 00	-	-	-	-
57003	150050	Bldg Imp	010006	000	Water source heat pump	8/31/2015	-	R	SLMM	20 00	-	-	-	-
57003	150057	Bldg Imp	010004	000	Upper and lower cabinets an	8/31/2015	-	R	SLMM	10 00	-	-	-	-
57003	150055	Bldg Imp	010132	000	Roofing per contract	10/31/2015	-	R	SLMM	15 00	-	-	-	-
57003	150050	Bldg Imp	010216	000	Water source heat pump	11/30/2015	-	R	SLMM	20 00	-	-	-	-
57003	150055	Bldg Imp	010218	000	Support beams for cooling to	11/30/2015	-	R	SLMM	15 00	-	-	-	-
57003	150080	Movable E	010214	000	Attendant Vital Signs Monit	11/30/2015	2,142.17	P	SLMM	07 00	2,142.17	867.08	306.03	1,173.11
57003	150080	Movable E	010217	000	Samsung 60i SmartTV, LED	11/30/2015	1,344.89	P	SLMM	07 00	1,344.89	544.37	192.13	736.50
57003	150085	Movable E	010212	000	2 Tracer EX2 Wheelchair, St	11/30/2015	247.96	P	SLMM	08 01	247.96	86.93	41.46	128.39
57003	150085	Movable E	010213	000	Tracer SX5 and EX2 Wheelc	11/30/2015	999.92	P	SLMM	08 01	999.92	350.49	167.18	517.67
57003	150087	Movable E	010210	000	YARD MACHINES 30" 2-S	11/30/2015	954.79	P	SLMM	05 00	954.79	541.05	190.96	732.01
57003	150087	Movable E	010211	000	YARD MACHINES 30" 2-S	11/30/2015	954.79	P	SLMM	05 00	954.79	541.05	190.96	732.01
57003	150088	Movable E	010215	000	GENESIS ONLY: DermaFlc	11/30/2015	4,191.83	P	SLMM	03 00	4,191.83	3,958.95	232.88	4,191.83
57003	150050	Bldg Imp	010352	000	Fire Alarm	12/31/2015	-	R	SLMM	20 00	-	-	-	-
57003	150050	Bldg Imp	010362	000	Viking F-1 dry pipe valve	1/31/2016	-	R	SLMM	20 00	-	-	-	-
57003	150050	Bldg Imp	010363	000	Fire alarm panel install	1/31/2016	-	R	SLMM	20 00	-	-	-	-
57003	150055	Bldg Imp	010361	000	Stanley Delayed Egress Mag	1/31/2016	-	R	SLMM	15 00	-	-	-	-
57003	150110	Movable E	010360	000	1 HP LaserJet PRO M426FD	1/31/2016	469.84	P	SLMM	03 00	469.84	417.63	52.21	469.84
57003	150050	Bldg Imp	010471	000	Water source heat pump	2/29/2016	-	R	SLMM	20 00	-	-	-	-
57003	150085	Movable E	010756	000	2 GEN ONLY:80i UCXT Bc	4/30/2016	3,095.42	P	SLMM	07 08	3,095.42	975.73	537.21	1,512.94
57003	150057	Bldg Imp	011010	000	Roam Alert	7/31/2016	-	R	SLMM	10 00	-	-	-	-
57003	150085	Movable E	011520	000	Countertop Ice Nug. Maker/I	1/31/2017	3,337.24	P	SLMM	06 11	3,337.24	804.16	581.68	1,385.84
57003	150050	Bldg Imp	011821	000	Daikin water source heat pur	3/31/2017	-	R	SLMM	20 00	-	-	-	-
57003	150085	Movable E	012236	000	6 Table Plus, Adjustable Hei	9/30/2017	2,570.75	P	SLMM	06 03	2,570.75	411.32	411.32	822.64
57003	150057	Bldg Imp	012307	000	Segregation doors	10/31/2017	4,156.56	R	SLMM	06 02	4,156.56	617.87	617.87	1,235.74
57003	150057	Bldg Imp	012310	000	Mannington vinyl flooring	10/31/2017	38,413.00	R	SLMM	7	38,413.00	5,710.05	5,487.57	11,197.62
57003	150085	Movable E	012308	000	6 Maxwell Thomas Laminats	10/31/2017	1,044.13	P	SLMM	7	1,044.13	155.21	149.16	304.37
57003	150085	Movable E	012309	000	36 Maxwell Thomas, Kening	10/31/2017	10,455.08	P	SLMM	7	10,455.08	1,554.14	1,493.58	3,047.72
57003	150057	Bldg Imp	012418	000	Roam Alert wander detector	11/30/2017	6,836.18	R	SLMM	7	6,836.18	936.47	976.60	1,913.07
57003	150080	Movable E	012470	000	Television for lounge on new	12/31/2017	329.41	P	SLMM	7	329.41	41.18	47.06	88.24
57003	150085	Movable E	012469	000	3 recliners for newly created	12/31/2017	447.90	P	SLMM	7	447.90	55.99	63.99	119.98
57003	150087	Movable E	012471	000	Fireplace/Mantle for Dining	12/31/2017	317.99	P	SLMM	5	317.99	47.70	63.60	111.30

Harborside CT Limited Partnership- d/b/a: Governor's House
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 6,404.03
 Sch 29 total Deprn Adj 49,054.90
 Total Deprn Expense 55,458.93

459,009.21

459,009.21 107,518.36 55,458.93 162,977.29

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprM	EstLife	Depreciable Basis	Prior Accum	Current	Current
												Depreciation	YTD Depreciation	Accum Depreciation
												9/30/2018	2,019.00	9/30/2019
57003	150080	Movable E012600	000		LED high def flat screen tv	2/28/2018	299.74	P	SLMM	5	299.74	29.97	59.95	89.92
57003	150085	Movable E012601	000		WHEELCHAIR,EXCEL K3	2/28/2018	216.52	P	SLMM	5	216.52	21.65	43.30	64.95
57003	150085	Movable E012602	000		10 UCXT Bed w/ Laminate I	2/28/2018	22,104.99	P	SLMM	5	22,104.99	2,210.50	4,421.00	6,631.50
57003	150050	Bldg Imp 012669	000		WSHP room 218	3/31/2018	3,669.08	R	SLMM	5	3,669.08	319.05	733.82	1,052.87
57003	150050	Bldg Imp 012757	000		Water source heat pump	4/30/2018	9,810.79	R	SLMM	5	9,810.79	721.38	1,962.16	2,683.54
57003	150057	Bldg Imp 012758	000		Repair/reinforce elevator flr	4/30/2018	14,984.72	R	SLMM	5	14,984.72	1,101.82	2,996.94	4,098.76
57003	150050	Bldg Imp 012845	000		Water Source Heat Pump	5/31/2018	5,370.68	R	SLMM	5	5,370.68	320.64	1,074.14	1,394.78
57003	150050	Bldg Imp 012846	000		Water Source Heat Pump	5/31/2018	4,440.11	R	SLMM	5	4,440.11	265.08	888.02	1,153.10
57003	150050	Bldg Imp 012851	000		Water Source Heat Pump	5/31/2018	4,892.10	R	SLMM	5	4,892.10	292.07	978.42	1,270.49
57003	150055	Bldg Imp 012840	000		tank testing for water in oil t	5/31/2018	1,036.91	R	SLMM	5	1,036.91	61.90	207.38	269.28
57003	150055	Bldg Imp 012841	000		disconnected fuel lines and t	5/31/2018	470.07	R	SLMM	5	470.07	28.06	94.01	122.07
57003	150055	Bldg Imp 012842	000		excavated spill box for oil tar	5/31/2018	2,173.39	R	SLMM	5	2,173.39	129.75	434.68	564.43
57003	150055	Bldg Imp 012843	000		transfer oil in preperation fo	5/31/2018	511.81	R	SLMM	5	511.81	30.55	102.36	132.91
57003	150055	Bldg Imp 012844	000		tank testing	5/31/2018	186.11	R	SLMM	5	186.11	11.11	37.22	48.33
57003	150055	Bldg Imp 012848	000		additional tank testing	5/31/2018	531.75	R	SLMM	5	531.75	31.75	106.35	138.10
57003	150055	Bldg Imp 012849	000		initial hook up and rental of t	5/31/2018	4,528.88	R	SLMM	5	4,528.88	270.38	905.78	1,176.16
57003	150055	Bldg Imp 012850	000		tank rental while replacing oi	5/31/2018	1,119.87	R	SLMM	5	1,119.87	66.86	223.97	290.83
57003	150085	Movable E012847	000		Room Furniture	5/31/2018	20,289.52	P	SLMM	5	20,289.52	1,211.31	4,057.90	5,269.21
57003	150050	Bldg Imp 012926	000		Tank Installation Deposit	6/30/2018	9,200.00	R	SLMM	5	9,200.00	418.18	1,840.00	2,258.18
57003	150050	Bldg Imp 012927	000		Fuel Tank Rental	6/30/2018	1,119.87	R	SLMM	5	1,119.87	50.91	223.97	274.88
57003	150075	Non Mov 013086	000		New Hot Water Heater	8/31/2018	15,947.18	P	SLMM	5	15,947.18	249.18	3,189.44	3,438.62
57003	150080	Movable E013240	000		Attendant Prodigy Bladder S	9/30/2018	7,401.94	P	SLMM	5	7,401.94	-	1,480.39	1,480.39
57003	150080	Movable E013241	000		Rolling stand for bladder sca	9/30/2018	307.33	P	SLMM	5	307.33	-	61.47	61.47
57003	150080	Movable Equip			September 2018 DSSI Accru	09/30/18	\$ 1,795					1,795.11	-	-
57003	150080	Movable Equip			September 2018 DSSI Accru	09/30/18	\$ 4,829					4,828.50	-	-
57003	150080	Movable Equip			Reversal September 2018 DS	10/01/18	\$ (1,795)					(1,795.11)	-	-
57003	150080	Movable Equip			Reversal September 2018 DS	10/01/18	\$ (4,829)					(4,828.50)	-	-
57003	150050	Bldg Imp 013495	000		GMA North Maintenance	01/31/19	14,957.46	R	SLMM	10	14,957.46	-	997.16	997.16
57003	150050	Bldg Imp 013585	000		GMA North Maintenance La	02/28/19	12,258.69	R	SLMM	10	12,258.69	-	715.09	715.09
57003	150050	Bldg Imp 013587	000		Installed IAM modules, junc	02/28/19	11,375.20	R	SLMM	10	11,375.20	-	663.55	663.55
57003	150085	Movable E013586	000		3 Gallon Coffee Urn, Double	02/28/19	2,389.71	P	SLMM	10	2,389.71	-	139.40	139.40
57003	150050	Bldg Imp 013668	000		2 Water Sorce Heat Pumps r	03/31/19	7,476.41	R	SLMM	10	7,476.41	-	373.82	373.82
57003	150050	Bldg Imp 013669	000		GMA Maintenance Labor Cc	03/31/19	11,612.58	R	SLMM	10	11,612.58	-	580.63	580.63
57003	150050	Bldg Imp 013671	000		Room 108 water source heat	03/31/19	4,280.59	R	SLMM	10	4,280.59	-	214.03	214.03
57003	150050	Bldg Imp 013672	000		Room 111 water source heat	03/31/19	4,168.92	R	SLMM	10	4,168.92	-	208.45	208.45
57003	150075	Non Mov 013670	000		Shaft Kit & Fan Snout for Cc	03/31/19	6,500.00	P	SLMM	10	6,500.00	-	325.00	325.00
57003	150080	Movable E013674	000		2 - Spot Vital Signs Monitor	03/31/19	4,252.55	P	SLMM	7	4,252.55	-	303.75	303.75
57003	150085	Movable E013673	000		2 - Danby Health 1.55 Comp	03/31/19	984.78	P	SLMM	10	984.78	-	49.24	49.24
57003	150050	Bldg Imp 013860	000		GMA North Labor Cost Apr	04/30/19	14,874.58	R	SLMM	10	14,874.58	-	619.77	619.77
57003	150057	Bldg Imp 013784	000		New Flooring for Puzzle Roc	04/30/19	536.77	P	SLMM	10	536.77	-	22.37	22.37
57003	150080	Movable E013783	000		Countertop Comp Med Grad	04/30/19	569.36	P	SLMM	7	569.36	-	33.89	33.89
57003	150050	Bldg Imp 013864	000		Allocate GMA North Mainte	05/31/19	3,222.68	R	SLMM	10	3,222.68	-	107.42	107.42
57003	150050	Bldg Imp 013867	000		Main Lobby/ Corridor WSHI	05/31/19	5,742.90	R	SLMM	10	5,742.90	-	191.43	191.43
57003	150055	Bldg Imp 013866	000		Double Wall outside above g	05/31/19	10,714.89	R	SLMM	10	10,714.89	-	357.16	357.16
57003	150058	Bldg Imp 013865	000		New ETV Electronic mixing	05/31/19	4,776.00	P	SLMM	5	4,776.00	-	318.40	318.40
57003	150050	Bldg Imp 014064	000		2 Guardian Equipment Wall	07/31/19	741.98	R	SLMM	10	741.98	-	12.37	12.37
57003	150075	Non Mov 014172	000		Evapco Cooling Tower pmt	08/31/19	4,544.44	P	SLMM	10	4,544.44	-	37.87	37.87

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Harborside CT Limited Partnership- d/b/a: Governor's House			2200-C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Harborside CT Limited Partnership- d	License No. 2200-C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
<p>Part A</p> <p>Is the property either owned by the Facility or leased from a Related Party?*</p> <p style="text-align: center;"><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p style="text-align: right;">If "Yes," complete Part B. If "No," complete Part C.</p> <p><small>*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.</small></p>				
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	70			
6. Square Footage				
7. Acquisition Cost				
a. Land	n/a			
b. Building	n/a			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
GMF-CT	Facility Lease	7/1/2019-12/31	10 years	111,038
650 Madison Avenue New York, NY 10022				

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Harborside CT Limited Partnership-d		2200-C	9/30/2019			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Harborside CT Limited Partnership		2200-C		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 5,457	5,457		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$ 84,324	84,324			
2. Fire and Extended Coverage			\$				
3. Other (Specify)			\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 89,781	89,781		
15. Total All Expenditures (A-13 thru C-14)				\$ 5,799,913	5,799,913		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership- d/b/a: Governor's House				2200-C	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 36,196	36,196		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 225,055	225,055		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 113,413	113,413		
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 *	\$ 8,613	8,613		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 762	762		
21.			Unallowable Management Fees	\$ (10,148)	(10,148)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ (7,850)	(7,850)		
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)				\$ 366,042	366,042		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 36,196	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 36,196	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 57,902	\$ -	\$ -
13	5	Rehabilitation Services	\$ 110,583	\$ -	\$ -
13	9	Speech Therapist	\$ 16,900	\$ -	\$ -
13	10	Occupational Therapist	\$ 31,876	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Other	\$ 7,628	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 166	\$ -	\$ -
Total Other Fees Adjustments			\$ 225,055	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 6,342	\$ -	\$ -
16	m-13	Estimated Accrual	\$ 7	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ (46,176)	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ 1,188	\$ -	\$ -
16	m-13	Penalty	\$ -	\$ -	\$ -
16	m-12		0 \$ -	\$ -	\$ -
15	1-a-1	adj workers comp	\$ 30,789	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other A&G Adjustments			\$ (7,850)	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership- d/b/a: Governor's House				2200-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 366,042	366,042		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 61,624	61,624		
28.	20	5-d	Ambulance/Limousine	\$ 1,740	1,740		
29.	20	5-f	X-rays, etc	\$ 1,739	1,739		
30.	20	5-h	Laboratory	\$ 10,766	10,766		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 2,039	2,039		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 11,886	11,886		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (49,055)	(49,055)		
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	\$ 20,559	20,559		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 46,165	46,165		
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)				\$ 473,504	473,504		

*** 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	\$ 6,478	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 3,541	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 1,867	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Ancillary Costs			\$ 11,886	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0		0 \$ -	\$ -	\$ -
Page 22	7a	Land Imp	\$ -	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (19,773)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (3,178)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (26,104)	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ (49,055)	\$ -	\$ -

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	\$ 20,559	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Adjustments			\$ 20,559	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	\$ 46,165	\$ -	\$ -
Total Other Adjustments			\$ 46,165	\$ -	\$ -

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	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
Harborside CT Limited Partnership- d/b/a 2200-C		9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,355,875	7,355,875			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,766,176)	(3,766,176)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 742,765	742,765			
b. Medicare Room and Board Contractual Allowance **	\$ (275,150)	(275,150)			
4. a. Private-Pay Residents and Other	\$ 1,206,055	1,206,055			
b. Private-Pay Room and Board Contractual Allowance **	\$ (175,194)	(175,194)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 47,553	47,553			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (17,616)	(17,616)			
c. Prescription Drugs - Non-Medicare	\$ 18,828	18,828			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (4,099)	(4,099)			
2. a. Medical Supplies - Medicare	\$ 61	61			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (23)	(23)			
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 221,098	221,098			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (81,904)	(81,904)			
c. Physical Therapy - Non-Medicare	\$ 63,470	63,470			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (12,860)	(12,860)			
4. a. Speech Therapy - Medicare	\$ 58,041	58,041			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (21,501)	(21,501)			
c. Speech Therapy - Non-Medicare	\$ 24,273	24,273			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (5,402)	(5,402)			
5. a. Occupational Therapy - Medicare	\$ 162,505	162,505			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (60,198)	(60,198)			
c. Occupational Therapy - Non-Medicare	\$ 54,721	54,721			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (9,797)	(9,797)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 11,235	11,235			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 1,777	1,777			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,538,337	5,538,337			
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>)	\$ (32)	(32)			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 8,832	8,832			
8. Other (<i>Specify</i>)	\$ 600	600			
V. Total Other Revenue (1 thru 8)	\$ 9,400	9,400			
VI. Total All Revenue (III +V)	\$ 5,547,737	5,547,737			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare	X-Ray	\$ 276	\$ -	\$ -
II-6-a	Medicare	Laboratory	\$ 8,065	\$ -	\$ -
II-6-a	Medicare	Respiratory Therap	\$ 88	\$ -	\$ -
II-6-a	Medicare	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Medicare	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare	Ambulance	\$ 5,150	\$ -	\$ -
II-6-a	Medicare	Flu Shot	\$ 4,267	\$ -	\$ -
II-6-a	Medicare Contractual	X-Ray	\$ (102)	\$ -	\$ -
II-6-a	Medicare Contractual	Laboratory	\$ (2,988)	\$ -	\$ -
II-6-a	Medicare Contractual	Respiratory Therap	\$ (33)	\$ -	\$ -
II-6-a	Medicare Contractual	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Ambulance	\$ (1,908)	\$ -	\$ -
II-6-a	Medicare Contractual	Flu Shot	\$ (1,581)	\$ -	\$ -
Total Other Resident Revenue - Medicare			\$ 11,235	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ -	\$ -	\$ -
II-6-b	Medicaid	Laboratory	\$ 396	\$ -	\$ -
II-6-b	Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	X-Ray	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Laboratory	\$ (203)	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	X-Ray	\$ 192	\$ -	\$ -
II-6-b	Non-Medicaid	Laboratory	\$ 1,661	\$ -	\$ -
II-6-b	Non-Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Capitation Contrac	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ (28)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ (241)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Capitation Contrac	\$ -	\$ -	\$ -
Total Other Resident Revenue			\$ 1,777	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts		\$ (32)	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
Total Interest Income			\$ (32)	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
IV-8	RehabCare Settlement Administrator		\$ 600	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
Total Other Revenue			\$ 600	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership- d/b	2200-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	4,633
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	626,506
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	32,604
5. Prepaid Expenses			\$	54,193
a. _____				
b. _____				
c. _____				
d. See Schedule		54,193		
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)			\$	717,935
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>106,740</u>		\$	101,240
	Accum. Depreciation <u>5,500</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>11,044</u>		\$	10,670
	Accum. Depreciation <u>374</u>	Net		
6. Movable Equipment	*Historical Cost <u>8,196</u>		\$	7,666
	Accum. Depreciation <u>530</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	119,576

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership- d/b	2200-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	837,511
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>)			\$	(5,269,759)
I/C Due to/Due From Owned				(5,269,759)
I/C Due to/Due From Multicare				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(5,269,759)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	(4,432,248)

* 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 Harborside CT Limited Partnership- d/b/a: C		License No. 2200-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				646,283	
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>)				\$ 971,961	
LT Debt-Financing Obligation		971,961			
Escheatable Funds					
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 971,961	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,618,244	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership- d	2200-C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(5,798,317)
6. Gain or Loss for Period			\$	(252,175)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(6,050,492)
C. Total Reserves and Net Worth			\$	(6,050,492)
D. Total Liabilities, Reserves, and Net Worth			\$	(4,432,248)

H. Changes in Total Net Worth

Name of Facility Harborside CT Limited Partnership- d/b/	License No. 2200-C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(5,798,316)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	5,547,737
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	5,799,913
D. Net Income or Deficit			\$	(252,176)
E. Balance			\$	(6,050,492)
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			\$	(6,050,492)
				09/30/19

I. Preparer's/Reviewer's Certification

Name of Facility Harborside CT Limited Partnership- d/b/a:	License No. 2200-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Thomas Farnan				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Thomas Farnan			978-247-5029	
Contact Email Address				
Thomas.Farnan@genesishcc.com				