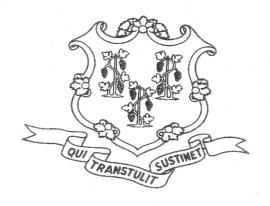
State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2019

Name of Facility (as I	licensed)										
1145 Poquonnock Road Operations LLC ,d/b/a Groton center											
Address (No. & Street, City, State, Zip Code)											
1145 Poquonock Roa	d, Groton, CT	06340									
Type of Facility											
Chronic and C Nursing Home		Rest Home with Nursing Supervision only (RHNS) Residential Care Home									
Report for Year Begin	nning		Report for Yea	r Ending							
10/1/2018			9/30/2019								
License Numbers: CCNH 2374			RHNS	Reside	esidential Care Home Medicare Provider 07-5270						
Medicaid Provider Nu	CC 000020355	CNH	RH	INS		IC	F-IID				
For Department Use	Only										
Sequence Number	Signed and	Date	Sequence N	lumber	Signed a	ınd Notari	zed	Date Received			
Assigned	Assigned Notarized Received		Assign	ed	Signed a	ind Motari	Zcu	Date Received			
		I	1		<u>l</u>						

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton	2374	9/30/2019	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 1145 Poquonnock Road Operations LLC ,d/b/a Groton center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
,				
Printed Name (Administrator)			Printed Name (Owner)	
Diane Thomas			Keith Davis, V.P. of Reimb., O	Genesis Healthcare
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:				-
				/ /
Address of Notary Public	l .		L	<u> </u>

(Notary Seal)

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State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page 1A	of 37		
Name of Facility	Period Cov	ered:	From	То
1145 Poquonnock Road Operations LLC ,d/b/a Groton center			10/1/2018	9/30/2019
Address of Facility				
1145 Poquonock Road, Groton, CT 06340	1		_	
Report Prepared By	Phone Num		Date	
Thomas Farnan	978-247-50	29	12/21/2019	
				Residentia 1 Care
Item	Total	CCNH	RHNS	Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 4,216,096	3,766,996		449,099
5. All other wages paid	\$ 728,803	444,131		284,672
6. Total Wages Paid	\$ 4,944,899	4,211,127		733,771
7. Total salaries paid	\$ 294,761	243,079		51,682
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 5,239,660	4,454,206		785,454

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

			ne No. of Fac -446-9960	cility	Report for Ye 9/30/2019	ar Ended	Page 2	of 37
Name of Facility (as shown on license) 1145 Poquonnock Road Operations LLC ,d.	/b/a Groton ce	enter	,		Street, City, Sto Road, Groton.	- /	40	
License Numbers:	CCNH 2374		RHNS		dential Care H			Provider No.
Type of Facility (Check appropriate box(es) Chronic and Convalescent Nursing Home only (CCNH)			t Home with lervision only		- 101	Resident	ial Care Hon	ne
Type of Ownership (Check appropriate box O Proprietorship • LLC • O) Partnership	0	Profit Corp.	0	Non-Profit Con	rp. O	Government	O Trust
If this facility opened or closed during report	rt year provide	e:		Date	Opened	Date Clo	sed	
Has there been any change in ownership or operation during this report year?		0	Yes	•	No	If "Yes,"	explain full	y.
Administrator								
Name of Administrator Diane Thomas					Nursing Ho Administrat License I	or's	1616	
Other Operators/Owners who are assistant a	administrators	(full	or part time)	of th	•	т		
Name					License 1	No.:		

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility 1145 Poquonnock Road Opera		License No. 2374	9/30/2019	ear Ended	Page 3	of 37
Legal Name of Part 1145 Poquonnock Road Opera Groton center	nership/LLC tions LLC ,d/b/a	Business A 101 East State S Kennett Square,	Address treet,	State(s) and/o Which R DE		
Name of Partners/Members	Business Ac	ldress	,	Title	% Ow	vned
See Attached						

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Yea	r Ended	Page of
1145 Poquonnock Road Operations LLC ,d/		3A 37		
If this facility is owned or operated as a corp	oration, provide	the following info	ormation:	
Legal Name of Corporation	Busin	ess Address	State(s) in W	hich Incorporated
Name of Directors, Officers	Busin	ess Address	Title	No. Shares Held by Each
See Attached				
Names of Stockholders Owning at Least 10% of Shares				

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Gr	2374	9/30/2019	3B	37
If this facility is owned or operated as an individua				
Own	ner(s) of Facility	<u> </u>		
	•			

GROTON REGENCY CENTER

1145 Poquonnock Road Groton, CT 06340

1145 Poquonnock Road Operations LLC (Operator)

EIN: 26-0840653	
101 East State Street	
Kennett Square, PA 19348	
<u>Ownership</u>	
	Genesis CT Holdings LLC (100%)
Genesis CT Holdings LLC	
EIN: 26-0787896	
101 East State Street	
Kennett Square, PA 19348	
	<u>Ownership</u>
	Genesis Operations LLC (100%)
Genesis Operations LLC	
EIN: 26-0787826	
101 East State Street	
Kennett Square, PA 19348	
	<u>Ownership</u>
	GHC Holdings LLC (100%)
GHC Holdings LLC	
EIN: 26-0740682	
101 East State Street	
Kennett Square, PA 19348	
<u>Ownership</u>	
	Genesis Holdings, LLC (100%)

Genesis Holdings, LLC

EIN: 30-0843337 101 East State Street

Kennett Square, PA 19348	
<u>Ownership</u>	
	Genesis HealthCare LLC (100%)
Genesis HealthCare LLC EIN: 27-3237296	
101 East State Street	
Kennett Square, PA 19348	
<u>Ownership</u>	
	GEN Operations II, LLC (100%)
Genesis HealthCare LLC	
EIN: 27-3237296 101 East State Street	
Kennett Square, PA 19348	
Kellieu Square, IA 17576	
<u>Ownership</u>	
	GEN Operations II, LLC (100%)
GEN Operations II, LLC EIN: 27-3237225	
101 East State Street	
Kennett Square, PA 19348	
- 1	
<u>Ownership</u>	
	GEN Operations I, LLC (100%)
GEN Operations I, LLC	
EIN: 27-3237090	
101 East State Street	
Kennett Square, PA 19348	

Jimen square, 11

<u>Ownership</u>

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005 101 East State Street

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

Ownership

Arnold M. Whitman[1]

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

ZAC Properties XI, LLC

EIN: 20-8794579 1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Ownership

Steven E. Fishman[2]

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Other members that do not trigger 5% ownership test

Welltower Inc.

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

Ownership

(publicly traded company on the New York Stock Exchange)

Senior Care Genesis, LLC

EIN: 20-8282470

234 Church Street, Suite 901 New Haven, CT 06510

Ownership

David Reis[3]

234 Church Street, Suite 901

New Haven, CT 06510

The information included in this memorandum supersedes all previously submitted ownership information

for the Operator as well as all officer/director/manager information for the Operator and its 5% or more direct and indirect owners.

[1] HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may be considered th

12	1 Z.	AC P	roperties is a	privately	v-held compan	v that is not	t affiliated with	Genesis.	however.	. it is our	understanding	z that N	∕Ir. Fishman m	av be cons
----	------	------	----------------	-----------	---------------	---------------	-------------------	----------	----------	-------------	---------------	----------	----------------	------------

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		Licens			Report for Year Ended		Page	of
1145 Poquonnock Road	Operations LLC ,d/b/a Groton	4	2374		9/30/2019		4	37
Are any individuals rece	iving compensation from the fa	icility re	lated the	rough		If "Yes," provide the	e Name/Ado	dress and
marriage, ability to contr	rol, ownership, family or busine	ess assoc	ciation?	0	nation on Page 11 of the report.			
Are any individuals or c	ompanies which provide goods	or servi	ices,					
including the rental of pr	roperty or the loaning of funds	to this fa	acility,					
	ssociation, common ownership			iness	• Yes • No			
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide the	e following	information:
	-					•	<u>~</u>	
		Al	so Provi	des		Indicate Where		
		Good	ds/Servi	ces to		Costs are Included	i	
Name of Related	Business	Non-l	Related 1	Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
	101 East State Street, Kennett	•	0					
Genesis Health Ventures	Square, PA 19348				Home Office	Pg 16/m12	665,664	665,664
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	•	0	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	459,112	459,112
Genesis ElderCare Staffing	101 East State Street, Kennett			0370	1 1/01/31- Breet and market cost	1 g 15/155, 7,10	437,112	437,112
Services	Square, PA 19348	0	•	50%	Staffing Pool	Pg 10/A12, p15-1	<u> </u>	
_	101 East State Street, Kennett	•	0					
Services	Square, PA 19348 101 East State Street, Kennett			85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	69,838	69,838
Career Staffing	Square, PA 19348	•	0	91%	Outside Agency	Pg 13/B11 pg 10-12, 15	İ	
g	101 East State Street, Kennett			7170	o undiad rigonoy	15 15/211 Pg 10 12, 10		
Respiratory Health Services	Square, PA 19348	•	0	40%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	39,755	39,755
T 11 . TT 1.1	101 East State Street, Kennett	•	0			5 25/44		
Liberty Health Genesis Healthcare	Square, PA 19348 101 East State Street, Kennett				Insurance	Pg 27/14	275,978	275,978
Corporation	Square, PA 19348	•	0		Capital Interest	Pg 17 and Pg26-12a1	i	
1	1 , 1 = 1 = 1 = 1				Capital Interest	15 17 una 1520 12u1		
		0	•				•	

^{*} 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	License No.		Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a	2374		9/30/2019	5	37
If the facility is licensed as CDH and/or RCH or	r provides A	IDS or TB	services with special Medicai	d rates,	costs
must be allocated to CCNH and RHNS as follow	ws:		•		
Item			Method of Allocation		
Dietary]	Number of	meals served to residents		
Laundry]	Number of	pounds processed		
Housekeeping			square feet serviced		
-			hours of routine care provided	by EAG	CH
Nursing		employee c	elassification, i.e., Director (or	Charge	Nurse),
]	Registered	Nurses, Licensed Practical Nu	rses, Ai	des and
	1	Attendants			
Direct Resident Care Consultants	[]	Number of	hours of resident care provided	d by EA	.CH
	5	specialist (See listing page 13)		
Maintenance and operation of plant	S	Square feet			
Property costs (depreciation)	9	Square feet			
Employee health and welfare	(Gross salar	ies		
Management services	1	Appropriat	e cost center involved		
All other General Administrative expenses	ſ	Total of Di	rect and Allocated Costs		
The preparer of this report must answer the following	owing questi	ons applica	able to the cost information pro	vided.	
1. In the preparation of this Report, were all	0 V	0 N	If "No," explain fully why suc	h alloca	tion was
costs allocated as required?	• Yes	O No	not made.		
2. Explain the allocation of related company ex	penses and a	ttach copy	of appropriate supporting data	•	
	1	1.7	11 1 11 2		
3. Did the Facility appropriately allocate and se	elf-disallow o	lirect and in	ndirect costs to non-nursing ho	me cost	centers?
(e.g., Assisted Living, Home Health, Outpati			•		
			If "No," explain fully why suc	h allaga	tion was
	• Yes	O NO		II alloca	illoll 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			License No.	Report for Y	ear Ended		Page	of
1145 Poquonnock Road Operations LLC	,d/b/a Grot	on cent	2374	9/30/2019			6	37
	Relate Owi	ed * to ners,						
	Opera Offi			Date of	Term of	Annual Amount	Am	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease		med
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
Is a Mileage Log Book Maintained for A	ll Leased V	ehicles	? O Yes	•	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.

CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

· · · · · · · · · · · · · · · · · · ·	License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations	2374	9/30/2019		7	37
The records of this facility for the pe	eriod covered by this report v	were maintained on the following basis:			
Accrual O Cash O	Modified Cash				
Is the accounting basis for this					
1	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 KPMG Peat Marwick		1600 Market Street, Philadelphia, PA 191	103		
2					
3					
Services Provided by This Firm (<i>des</i>	scribe fully)				
Year end financial audit	<i>yy</i>		\$		
2			\$ \$		
3			\$		
4			\$		
			Charge for	Services Pı	rovided
			\$		
	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
O Yes O No					
Legal Services Information					
Name of Legal Firm or Independent			Telephone 1	Number	
1 State of Connecticut - Court of	Probate				
2 D1 & W/4			(17 45 (05	00	
3 Bloom & Witkin 4			617-456-05	00	
5					
Address (No. & Street, City, State, 2	Zip Code)				
1 45 Fort Hill Road Groton, CT 0					
2					
3 175 Federal Street Boston, MA	. 02110				
4					
5 Services Provided by This Firm (<i>des</i>	scribe fully)				
Conservatorship & Marshall fees			\$		
2			\$		
3 Real Estate Tax Abatement-reduced tl	he assessment values of Real Estate	e Tax	\$	11,817	
4			\$,,	
5			\$		
-			Charge for	Services Pr	rovided
			\$	11,817	1404
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	! <u>*</u>	,,	
⊙ Yes O No					

Schedule of Resident Statistics

Name of Facility			License No. Report for Year Ended					Page	of			
1145 Poquonnock Road Operations LLC ,d/b/a Groto	on center		2	374			9/30/2019	9			8	37
						Period 10	/1 Thru 6/	30		Period 7/	1 Thru 9/3	30
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
Certified Bed Capacity A. On last day of PREVIOUS report period	243	162		81	243	162		81	243	162		81
B. On last day of THIS report period	243	162		81	243	162		81	243	162		81
Number of Residents A. As of midnight of PREVIOUS report period	176	115		61	176	115		61	198	121		77
B. As of midnight of THIS report period	185	112		73	198	121		77	185	112		73
Total Number of Days Care Provided During Period A. Medicare	2.766	2.766			2.726	2.726			1.020	1.020		
	3,766	3,766			2,736	2,736			1,030	1,030		-
B. Medicaid (Conn.)	35,463	35,463			26,652	26,652			8,811	8,811		
C. Medicaid (other states) D. Private Pay	8,336	2,525		5,811	6,626	2,104		4,522	1,710	421		1,289
E. State SSI for RCH	20,069			20,069	14,815			14,815	5,254			5,254
F. Other (Specify)	1,808	1,808			1,368	1,368			440	440		
G. Total Care Days During Period (3A thru F)	69,442	43,562		25,880	52,197	32,860		19,337	17,245	10,702		6,543
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days	457	15		442	294	15		279	163			163
B. Other Bed Reserve Days	115	30		85	87	30		57	28			28
5. Total Resident Days (3G + 4A + 4B)	70,014	43,607		26,407	52,578	32,905		19,673	17,436	10,702		6,734

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Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	nse No.				Report	for Year	Ended		Page	of
1145 Poquoni	nock Ro	ad Oper	ations LLC ,d/b,	2	2374					9/30/201	9		9	37
	•	-	in the certified b		pacity du	ring t	he repo	rt yea	r?	0	Yes	•	No	
If "YES"	-		llowing information	tion:										
		Place of	Change		Cł	ange	in Bed	S		Ca	pacity Afte	er Change		
	~ ~~ ***		Residential		_			~ .						
Date of	CCNH	RHNS	Care Home		Lost		(Gaine	d			D 11 (11		
Change	(1)	(2)	(2)	(1)	(2)	(2)	(1)	(2)	(2)	CCNIII	DING	Residential	D	C1
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason 10	or Change
	•													
	-	_	in certified bed o 90 days followin	_		the r	eport y	ear (a	s repor	ted in iten	1 4 above)	provide the nui	mber of	
			Change in Re	esider	nt Days					CC	NH	RHNS	Residential	Care Home
1st chang														
2nd chan 3rd chan														
4th chan														
		lents and	d Rates on Septe	mber	30 of Co	st Ye	ar							
o. Transcer	or reesi		Medicare Medicare	111001	Medi					Se	lf-Pay		Other Stat	e Assisted
		ľ												
												Residential		
	Item		CCNH	C	CONH	RF	INS	CO	CNH	R F	INS	Care Home	R.C.H.	ICF-MR
No. of R		;	5		99				8				73	
Per Dien														
a. One b	ed rm.											122.00		
b. Two l	oed rms		503.15		206.79				342.45			115.00	94.00	
c. Three	or mor	e												
bed r	ms.													
														Residential
			al Therapy Treat	ment	S					TO	TAL	CCNH	RHNS	Care Home
		re - Part	usive of Part B)								2,551	2,551		
Б.			e Treatments											
			Treatments								795	795		
C.	Other	torutive	Treatments								9,756	9,756		
		Physical	Therapy Treatn	ients							13,102	13,102		
			Therapy Treatn											
		ire - Part									304	304		
B.			usive of Part B)											
			e Treatments											
		torative	Treatments								49	49		
	Other	,									860	860		
			herapy Treatme								1,213	1,213		
			tional Therapy	I'reatı	ments									
		re - Part									2,015	2,015		
В.			usive of Part B) Treatments											
			Treatments Treatments								638	638		
r	Other	wianve	1 reauments								8,559	8,559		
		Occupati	onal Therapy T	reatn	ients						11,212	11,212		
<u> </u>		··········	= мр ј 1							1	,	. 1,212		

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Sululli	Report for Yes		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton center			9/30/2019	ai Elided	10	37
			I .			31
Are time records maintained by all individuals receiving cor	npensation?	•	Yes		No	
			Total Cost	and Hours	1	
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*	COLLI	110 0115	THE	110 015		110 0115
Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	80,585	1,295			49,391	79:
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)	3,739	119			2,292	73
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	158,124	6,661			96,915	4,08
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	22.562	1 1 10			25.505	0.0
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	32,563 39,554	1,140 2,353			25,585 31,079	1,84
8. Laundry Service	39,334	2,333			31,079	1,84
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	158,755	3,286				
b. RN	100,700	2,200				
1. Direct Care	882,031	22,369		RN		
2. Administrative**	141,653	3,665		NUMD		
c. LPN						
1. Direct Care	990,740	31,955		LPN		
Administrative** d. Aides and Attendants	1,700,745	101,475		NLN1 PCA	417,334	24,58
e. Physical Therapists	1,700,743	101,473		ACN1	417,334	24,36
f. Speech Therapists				CNA	1	
g. Occupational Therapists						
h. Recreation Workers	86,634	4,424			53,099	2,712
i. Physicians						
1. Medical Director				1	1	
Utilization Review Resident Care***				+	+	
4. Other (Specify)						
ii oner (specify)						
j. Dentists						
k. Pharmacists						<u> </u>
1. Podiatrists	12			1	<u> </u>	
m. Social Workers/Case Management	127,255	4,383		1	77,995	2,68
n. Marketing o. Other (Specify)						
See Attached Schedule	51,827	2,577			31,765	1,579
A-13. Total Salary Expenditures	4,454,206	185,702		1	785,454	39,25
· •						

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	NS	F	Residential (Care Home
Position	\$	Hours	\$	Hours		\$	Hours
Ward Clerks	\$ -	ı	\$ -	-	\$	-	-
Nursing Unit Secretary	\$ 26,456	1,334	\$ -	-	\$	16,215	818
Central Supply	\$ 21,486	1,016	\$ -	-	\$	13,169	623
Medical Records	\$ 3,885	227	\$ -	-	\$	2,381	139
Nursing Unit Secretary							
Total	\$ 51,827	2,577	\$ -	-	\$	31,765	1,579

error

Schedule of Other Fees (Page 13)

	CC	NH	RHNS			Residential Care Hon		
Service	\$	Hours		\$	Hours		\$	Hours
0	\$	Hours	\$		Hours	\$		Hours
Consulting Fees	\$ 1,549	n/a	\$	-	-	\$	-	1
Purchased Services	\$ 60	n/a	\$	-	-	\$	-	-
Purchased Services	\$ 31,252	n/a	\$	-	-	\$	-	-
Total	\$ 32,861	-	\$	-	-	\$	-	-

CSP-11 Rev. 10/2005

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
1145 Poquonnock Road Operation	s LLC ,d/b/	a Groton ce	nter	2374		9/30/2019			11	37
		Salary Pai	Residential		Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	Care Home	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
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.

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
1145 Poquonnock Road Operation	s LLC ,d/b/	a Groton c	enter	2374		9/30/2019			12	37
		Salary Pai	d	Eningo Donofita						
Name	CCNH	RHNS	Residential Care Home	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
Section III - Administrators***										
Diane Thomas	80,585		49,391		Management of Center	2,088	2			
Section IV - Assistant Administrators										
Terelak,Monique Arents	3,739		2,292		Management of Center	192	3			

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

^{**} Include <u>all</u> other employment worked during the cost year.

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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of E	_	es - Proi			_	
Name of Facility	License No.		Report for Y	ear Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Grot	237	/4	9/30/2019		13	37
			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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	15,378	105				
3. Pharmacist	16,392	335				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	438,575	6,008				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	97,443	516				
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	11,415	146				
b. Other						
10. Occupational Therapist						
a. Resident Care	56,119	769				
b. Other	,					
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	11,610	256				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	32,861					
B-13 Total Fees Paid in Lieu of Salaries	679,793	8,134				

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

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

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

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

Name of Facility	License No.		Report for Y	Year Ended	Page of		
1145 Poquonnock Road Operations LLC ,d	l/b/a Groton c 2374	T=	9/30/2019	1	14 37		
N 0 4 11 CT 1' 1 1		Related** to Owners, Operators, Officers					
Name & Address of Individual	Full Explanation of Service	Yes	rs, Officers No	Explai	nation of Relationship		
Genesis Eldercare Hospitality Services, 101 East	Dietary Services			Common Own	ershin		
State Street, Kennett Square, PA 19348	Dietary Services	•	0	Common Own	cramp		
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	•	0	Common Own	ership		
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	•	0	Common Own	ership		
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	•	0	Common Own	ership		
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	•	0	Common Own	ership		
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.		Report for Y	ear Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a C 2374		9/30/2019		15	37
					Residential
Item		Total	CCNH	RHNS	Care Home
Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	233,136	198,166		34,970
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	64,706	55,000		9,706
4. Social Security (F.I.C.A.)	\$	382,339	324,988		57,351
5. Health Insurance	\$	544,501	462,826		81,675
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$				
(not-owners and not-operators)					
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>)	\$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$	205,149	127,192		77,957
d. Accounting and Auditing	\$				
e. Legal (Services should be fully described on Page 7)	\$	11,817	7,327		4,490
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	25,605	15,875		9,730
h. Telephone and Cellular Phones	J				
1. Telephone & Pagers	\$	28,157	17,457		10,700
2. Cellular Phones	\$	1,612	999		613
i. Appraisal (Specify purpose and	\$				
attach copy)*					
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)	J				
1. Income*	\$				
2. Other (<i>Specify</i>)	\$	1,978	1,226		752
See Attached Schedule					
3. Resident Day User Fee	\$	809,922	809,922		
Subtotal	\$	2,308,922	2,020,978		287,944

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

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	sidential re Home
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

			Residential
Description	CCNH	RHNS	Care Home
Sales Tax	1226.36	0	751.64
Sales Tax	0	0	0
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total	\$ 1,226	\$ -	\$ 752

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

Name of Facility License No.		Report for `	Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Grotor 2374		9/30/2019		16	37
					Residential
Item		Total	CCNH	RHNS	Care Home
Subtotals Brought F	orward:	2,308,922	2,020,978		287,944
1. Travel and Entertainment					
Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	183	113		70
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	2,521	1,563		958
5. Education Expenses Related to Seminars and Conventio	ns \$	270	167		103
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$	24	15		9
2. Advertising Telephone Directory (all such expenses)**	* \$				
3. Advertising Other (Specify)***	\$	13,477	8,355		5,121
See Attached Schedule					
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	\$	456	283		173
* 8. Dues and Membership Fees to Professional	\$	12,919	8,010		4,909
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org	;.*** \$				
9. Subscriptions	\$	105	65		40
10. Contributions***	\$	2,220	2,220		
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete	\$	5,263	3,263		2,000
Schedule C-2, Page 21 for each firm or individual)					
12. Administrative Management Services**	\$	614,356	380,901		233,455
13. Other (Specify)	\$	44,486	27,581		16,905
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,005,201	2,453,515		551,686

^{*} 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	sidential re Home
	0 5	-	\$ -	\$ -
	0 5	-	\$ -	\$ -
	0 5	-	\$ -	\$ -
	0 \$	· -	\$ -	\$ -
	0 5	-	\$ -	\$ -
	0 5	-	\$ -	\$ -
	0 5	-	\$ -	\$ -
Total Other Travel and Entertainment	\$	-	\$	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Advertising	1,173.86	-	719.46
Marketing Expense	5,659.42	-	3,468.68
Marketing Exp- Corporate Spend	1,522.17	-	932.94
Marketing Expense	-	-	-
Total Other Advertising	\$ 8,355	\$ -	\$ 5,121

Schedule of Dues

			Residential
Description	CCNH	RHNS	Care Home
Licenses and Certification	8,010.00	-	4,909.00
Licenses and Certification	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
Total Dues	\$ 8,010	\$ -	\$ 4,909

Schedule of Contributions

				Res	idential
C	CCNH		RHNS	Car	e Home
\$	2,145	\$	-	\$	-
\$	75	\$	-	\$	-
\$	-	\$	-	\$	-
\$	2,220	\$	-	\$	
	\$ \$ \$	\$ 75 \$ -	\$ 2,145 \$ \$ 75 \$ \$ - \$	\$ 2,145 \$ - \$ 75 \$ - \$ - \$ -	CCNH RHNS Car \$ 2,145 \$ - \$ \$ 75 \$ - \$ \$ - \$ - \$

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Bank Service Charges	4828.93	0	2959.67
Collection Fees	11087.57	0	6795.61
Education Expense	2.91	0	1.78
Employee Physicals	6651.74	0	4076.88
Employee Relations	596.04	0	365.31
Printing	88.76	0	54.4
Training Expense	288.46	0	176.8
Fines & Penalties	0	0	0
Miscellaneous	129	0	79.06
Rental Expense	4232.05	0	2593.84
Accrued Expense Estimation	-336.5	0	-206.24
State Tax Annual Report Filing	12.4	0	7.6
0	0	0	0
0	0	0	0
0	0	0	0
Total Other Administrative and General	\$ 27,581	\$ -	\$ 16,905

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
1145 Poquonnock Road Operations LLC	, 2374	9/30/2019	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	665,664	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348		Capital Interest	pg 26 12-A-1

^{*} 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)

N.T.	CD 114			I I age 3)	ID (C X/	Б 1 1	D C
•			License		Report for Y		Page of
114;	5 Poquonnock Road Operations LLC ,d/b/a Gr	oton		2374	9/30/2019	1	18 37
							Residential Care
	Item			Total	CCNH	RHNS	Home
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food		\$	327,165	202,842		124,323
	2. Non-Food Supplies		\$	42,040	26,065		15,975
	3. Other (<i>Specify</i>)		\$	(458)	(284)		(174)
	b. Purchased Services (by contract other		\$	844,969	523,881		321,088
	than through Management Services)						
	(Complete Schedule C-2 att. Page 21)						
	c. Other (Specify)		\$				
	(1						
2D.	Total Dietary Expenditures $(2a + b + c + d)$		\$	1,213,716	752,504		461,212
				, , ,	,		İ
2.				- I		DADAG	Residential Care
	Dietary Questionnaire			Total	CCNH	RHNS	Home
F.	Resident Meals: Total no. of meals served per	r day:	*				
G.	Is cost of employee meals included in 2D?	0 1	Yes	•	No		
				_		If yes, specify	
H.	Did you receive revenue from employees?	0 '	Yes	•	No	amt.	
I.	Where is the revenue received reported in the	Cost	Repor	? (Page/Line)	[tem)		
1.	Is cost of meals provided to persons other	Cost	перы	i. (Tuge/Ellie	item)		
J.	than employees or residents (i.e., Board	0 1	Vac		No	If yes, specify	
J.	Members, Guests) included in 2D?	0	1 68	•	NO	cost.	
	Members, Guests) included in 2D?					TC 'C	
K.	Is any revenue collected from these people?	0 1	Yes	•	No	If yes, specify	
	J 1 1					amt.	
L.	Where is the revenue received reported in the	Cost	Repor	t? (Page/Line	Item)		
	Is cost of food (other than meals, e.g.,						
M	snacks at monthly staff meetings, board	0 1	Vac		No	If yes, specify	
M.	meetings) provided to employees included		1 68	•	INU	cost.	
	in 2D?						
						If yes, specify	
N.	Is any revenue collected from employees?	0	Yes	•	No	amt.	
	Where is the revenue received reported in the	Cost	Damari	+2 (Daga/I :===1	[tam)		
O.	where is the revenue received reported in the	Cost	Repor	: (rage/Line)	110111)		

^{*} 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		Report for Y		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton c			2374	9/30/2019	1	19	37
	Item		Total	CCNH	RHNS		ntial Care ome
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.					
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	9,157	5,677			3,480
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
	processed.***	Amt. \$					
	3. Personal clothing of residents	Lbs.					
	washed, ironed, and/or processed.***	Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs.					
		Amt. \$	13,506	8,374			5,132
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	269,772	167,259			102,513
	c. Other (Specify)	\$					
3D.	Total Laundry Expenditures (3a + b + c)	\$	292,435	181,310			111,125
3E. F.	Laundry Questionnaire Is cost of employee laundry included in 3D? O	Yes	•	No	If yes,		
G.	1 3 3	Yes		No	specify cost. If yes,		
Н.	Where is the revenue received reported in the Cost	Report?		(Page/Line	specify amt.		
I.	Is Cost of laundry provided to persons other	Yes	•	No	If yes, specify cost.		
J.	Did you receive revenue from these people? O	Yes	•	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.

CSP-20 Rev. 9/2018

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
1145 Poquonnock Road Operations LLC ,d/b/a	2374		9/30/2019		20	37
						Residential
Item			Total	CCNH	RHNS	Care Home
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	28,960	16,218		12,742
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$	405,869	227,287		178,582
Page 21)						
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a +	b+c)	\$	434,829	243,505		191,324
5. Resident Care (Supplies)**						
a. Prescription Drugs***		_				
1. Own Pharmacy		\$				
2. Purchased from		\$	242,291	242,291		
		- 1				
b. Medicine Cabinet Drugs		\$	40,586	40,586		
c. Medical and Therapeutic Supplies		\$	127,401	127,401		
d. Ambulance/Limousine***		\$	7,613	7,613		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	1,523	1,523		
f. X-rays and Related Radiological		\$	8,870	8,870		
Procedures***		- 1				
g. Dental (Not dentists who should be inc	luded under	\$				
salaries or fees)						
h. Laboratory***		\$	30,365	30,365		
i. Recreation		\$	52,815	29,576		23,239
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
1. Other (Specify)****		\$	69,371	38,848		30,523
See Attached Schedule						
5M. Total Resident Care Expenditures (5a - 5	5j)	\$	580,835	527,073		53,762

^{*} 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	sidential re Home
Incontinency	\$ 33,104	\$ -	\$ 26,010
Incontinency - Rebates	\$ (2,125)	\$ -	\$ (1,669)
Advertising-Help Wanted	\$ 504	\$ -	\$ 396
Education Expense	\$ 883	\$ -	\$ 694
Supplies	\$ 542	\$ -	\$ 426
Supplies	\$ 9,745	\$ -	\$ 7,657
Supplies	\$ 472	\$ -	\$ 371
Rental Expense	\$ 335	\$ -	\$ 263
Supplies	\$ 2,431	\$ -	\$ 1,910
Consolidated Billing	\$ 750	\$ -	\$ 589
Training Expense	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ (8,359)	\$ -	\$ (6,568)
T&E-Lodging/Transportation	\$ 566	\$ -	\$ 444
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Resident Care	\$ 38,848	\$ -	\$ 30,523

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center				License No.	icense No. Report for Year Ended 2374 9/30/2019					
		Related ** to Operators,	-				Total Cost/Page Ref.**			37
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	0	•	Vendor Contracted	Laundry Purchased Services	167,259		102,513		3b
Healthcare Services Group	Drive, Bensalem, PA 19020 Drive, Bensalem, PA	0	•	Vendor Contracted	Housekeeping Purchased Services Dietary Purchased	227,287		178,582	20	4b
Healthcare Services Group	19020	0	•	Vendor Contracted	Services Services	520,770		319,181	18	2b
		0	•							_
		0	<u> </u>							
		0	• •							
		0	•							
		0	•							
		0	•							
		0	•							
		0	•							
		0	• •							

^{*} 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

· · · · · · · · · · · · · · · · · · ·		Report for Ye	Page of		
1145 Poquonnock Road Operations LLC ,d/b/ 2374	9/30/2019	22 37			
Item		Total	CCNH	RHNS	Residential Care Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	163,905	91,787		72,118
b. Heat	\$	39,609	22,181		17,428
c. Light & Power	\$	268,710	150,478		118,232
d. Water	\$	82,631	46,273		36,358
e. Equipment Lease (Provide detail on page 6)	\$				
f. Other (itemize)	\$				
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$	554,855	310,719		244,136
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$	209	117		92
b. Building & Building Improvements	\$	105,271	58,952		46,319
c. Non-Movable Equipment	\$	15,214	8,520		6,694
d. Movable Equipment	\$	88,374	49,489		38,885
*7e. Total Depreciation Costs $(7a + b + c + d)$	\$	209,068	117,078		91,990
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				
*8e. Total Amortization Costs $(8a + b + c + d)$	\$				
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$	1,400,349	784,195		616,154
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$	278,254	155,822		122,432
c. Personal property taxes	\$		·		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,887,671	1,057,095		830,576

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

Schedule of Other Repairs and Maintenance

Description		CCNH	RHNS	sidential re Home
0	\$	-	\$ -	\$ -
0	\$	-	\$ -	\$ -
0	\$	-	\$ -	\$ -
0	\$	-	\$ -	\$ -
0	\$	-	\$ -	\$ -
0		-	\$ -	\$ -
0		-	\$ -	\$ -
0		-	\$ -	\$ -
0		-	\$ -	\$ -
0	1	-	\$ -	\$ -
0		-	\$ -	\$ -
0	1	-	\$ -	\$ -
0	-	-	\$ -	\$ -
0	1	-	\$ -	\$ -
0	<u> </u>	-	\$ -	\$ -
0		-	\$ -	\$ -
0	\$	-	\$ -	\$ -
Total Other Repairs and Maintenance	\$	-	\$ -	\$ -

Annual Report of Long-Term Care Facility

CSP-23 Rev. 10/2006

Depreciation Schedule

D					License No.	iation St		- c			_	
Name of Facility								Report for Year E	Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/	b/a Gr	roton c	enter		237	'4		9/30/2019			23	37
					Historical			Accumulated				
					Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements												
Acquired prior to this report period					4,185		4,185	1,360	S/L	Various	209	
2. Disposals (attach schedule)												
	3. Acquired during this report period (attach schedule)											
A-4. Subtotal												209
B. Building and Building Improvements	e • •											
 Acquired prior to this report period 							16,960,734	6,074,465	S/L	Various	101,413	
2. Disposals (attach schedule)	(15,733,895)		(15,733,895)	(5,735,840)								
3. Acquired during this report period (atta	3. Acquired during this report period (attach schedule)						64,581				3,858	
B-4. Subtotal	Subtotal											105,271
C. Non-Movable Equipment												
Acquired prior to this report period					237,460		237,460	175,317	S/L	Various	14,176	
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				15,832		15,832				1,038		
C-4. Subtotal												15,214
	I	.:1										·
		nileage book	Б.		Historical			Accumulated				
	_	ained?		e of isition	Cost	Less		Depreciation to	Method of			
	mama	diffed.	riequ	isition	Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation		for This Year	Totals
D. Movable Equipment	1 68	NO	Month	y ear	Land	v alue	Depreciated	Tear's Operations	Depreciation	Life	101 THIS Tear	Totals
Motor Vehicles (Specify name, model												
and year of each vehicle)												
and year of each vehicle)												
b.	 											
c.												
d.	—							1				
Movable Equipment												
	a. Acquired prior to this report period						1,014,154	659,136	S/L	Various	84,866	
	b. Disposals (attach schedule)						,:,	227,200		1	2 1,2 2 0	
	c. Acquired during this report period											
	(attach schedule)				30,231		30,231				3,508	
D-3. Subtotal	<u> </u>				30,231		50,251				5,500	88,374
												209,068
L. Ioun Deprecunon		Total Depreciation										203,000

Attachment Page 23 Attachment Page 23 24

Schedule of Land Improvements Acquired during this report period

		Useful		
Description of Item	Cost	Life	Depreciat	ion
rovement:	S -		\$	-
rovement	S -		S	
	provenent	provement 5 .	provement S .	provement S · S

*Ties to Page 23, Line A3
**Ties to Page 23, Line A2

Cabadula of Building Improvements Assuring during this report posted

Acquisition Date	Description of Item		Cost	Usef Lif		Depreciation		
Additions:	Description of item		Cost	1.41		Бер	ectation	
	180 new red emergency outlets	s	10,100	18 02		s	461	
	Allocate GMA North Maintenance Labor	S	9,668	17 08		S	182	
	Upgraded Sprinkler System Accelerator P	S	2,645	17 06		Š	25	
	New Emergency Light & Extension of Exi	S	558	17 06		S	5	
10/31/2018	3 bathroom demolitions	S	14,916	10 00		S	1.367	
10/31/2018	Painting & Priming for 3 bathrooms	S	6,556	10 00		S	601	
12/31/2018	New carpet - Neyland Ashen Tan	S	6,313	10 00		S	473	
	New Natures Path Flooring in units 328,3	S	8,242	10 00		S	137	
	Paitning Walls 414,319,320	S	5,583		10	S	605	
1/0/1900	0	\$	-			S		
1/0/1900	0	\$	-			\$	-	
		1						
		⊢				-		
		-				-		
			64,581				3,858	
	Building Improvement:	\$	64,581			\$	3,858	
Deletions:								
10/1/2018	Est Building values 12/31/2011	\$	(15,720,450)					
7/31/2018	F Wing HVAC Replacement	\$	(4,310)			\$	-	
10/1/2018	September 2018 DSSI Accrual	S	(8,620)			S		
	Bob's Discount Furniture - Sep 2018 Accrual	S	(515)			s	-	
10/1/2010	100 y 1550 dan 1 daniele - Sep 2010 Acciden	,	(212)			-		
Total deletions for	Building Improvement: Line B3	\$	(15,733,895)			\$		

*Ties to Page 23, Line B3
**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Deprecia	ition
Additions:	•				
10/31/2018	F wing HVAC 2nd installment	5,265.00	10 00	48	2.63
8/31/2019	Replaced Hot Water Heater Heat Exchan	6,257.25	10 00		2.15
10/1/2018	F Wing HVAC Replacement 1st Installme	4,310.00	10 00	50	2.83
Total additions for	Non-Movable Equipmen	\$ 15,832		\$ 1	,038
Deletions:					
				-	
Total deletions for	Non-Movable Equipment	s -		S	
*Ties to Page 23.	Line C3	•	_		

*Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Denr	eciation
Additions:	DESCRIPTION OF ICE	Con	Lanc	Depa	cciation
10/31/2018	C&D Wing Nurse Stattion PTAC pmt 1 of	3,355.00	07 00		439.35
	3 Vital Signs monitors & 3 Stands	6.053.79	07 00		720.69
1/31/2019	C&D Wing Nurse Station A/C unit pmt 2 o	2,745.00	07 00		261.43
2/28/2019	TRSX5 18W x 16D 15.5 STF Desk Arms	297.00	10 00		17.33
2/28/2019	Refirgerator Two Sections with Full Doors	3,667.99	10 00		213.97
7/31/2019	10 Maxwell Thomas Kensington Arm Cha	3,148.49	10 00		52.48
11/30/2018	2 Promatt Mattress Plus Systems	4,266.06	03 00		1,185.02
11/30/2018	2 Mattresses	514.72	03 00		142.98
2/28/2019	10 Mattresses Gen Bulk Visco Select 2 36	2,414.25	03 00		469.44
9/30/2019	2 Promatt Plus Mattress Systems	3,622.98	03 00		-
5/31/2019	Logan Office Chair	145.54	10 00		4.85
Total additions for	Movable Equipment	\$ 30,231		S	3,508
Deletions:					
Total deletions for	Movable Equipment	s -		S	-

* Ties to Page 23, Line D2e
*Ties to Page 23, Line D2e
*Ties to Page 23, Line D2e
*The 25 Page 23, Line D2e
*The 25 Page 23, Line D2e

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for	Leasehold Improvemen	s -		s -
Deletions:				
Total deletions for	Leasehold Improvemen	s -		S -

*Ties to Page 24, Line C3
*Ties to Page 24, Line C2

1145 Poquonnock Road Operations LLC ,d/b/a Groton center Asset Deletions 10/1/2018

Locati	G/L Asset	Acct Desc	Sys	Ex	Descriptior In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable Basis
56002	150016	Financing Oblig La	ın:009602	000	Establish l: 10/1/2018	(1,750,000.00)	R	NoDep	00 00	(1,750,000.00)
56002	150046	Financing Oblig Bl	dչ 009603	000	Est Buildir 10/1/2018	(15,720,450.02)	R	SLMM	18 06	(15,720,450.02)
56002	150050	Bldg Imp			Reversal S 10/1/2018	(8,620.00)				
56002	150050	Bldg Imp			Reversal S 10/1/2018	(514.72)				

2,593,281.67 2,593,281.67

Sch 23 Total Deprn Sch 29 total Deprn Adj Total Deprn Expense

					2,593,281.67									
					2,593,281.67					2	,593,281.67	1,174,438.58	195,299.76	1,175,241.48
												Prior Accum Depreciation	Depreciation	Current Accum Depreciation
Locati	G/L Asset	Acct Desc Sys	Description In	n Svc Date	AcquiredValue	PT	. D	eprMeth	EstLif		preciable	9/30/2018	2019	9/30/2019
56002	150016	Financing 009602	Establish la	12/31/2011	1,750,000.00	R	N	loDep	00 0	Bas 00 1	sis ,750,000.00	_	2019	_
56002	150046	Financing 009603	Est Buildir		15,720,450.02			LMM	18 0		,720,450.02	5,735,839.91	-	5,735,839.91
56002	150070	Non Mova 009377	120-G-205		6.27	P		loDep	00 0		6.27	-	-	-
56002	150100	Movable E009379	(1) WOOE	12/31/2011	4.20	P	S	LMM	00 0	1	4.20	4.20	-	4.20
56002	150100	Movable E009380	(4) ATTEN	12/31/2011	2.98		S	LMM	00 0		2.98	2.98	-	2.98
56002	150085	Movable E009381	(1) INVAC		141.49			LMM	03 0		141.49	141.49	-	141.49
56002	150080	Movable E009382	USER TAX		1.15			LMM	00 0		1.15	1.15	-	1.15
56002	150080	Movable E009383	(3) DURA		11.67 3.34			LMM	00 0		11.67	11.67	-	11.67
56002 56002	150100 150085	Movable E009384 Movable E009385	(2) HGIH I MEDLINE		50.67			LMM LMM	00 0		3.34 50.67	3.34 50.67	-	3.34 50.67
56002	150085	Non Mova 009386	INSTALL		57.93			LMM	00 0		57.93	57.93	-	57.93
56002	150070	Non Mova 009387	INSTALL		72.36			LMM	00 0		72.36	72.36	_	72.36
56002	150085	Movable E009388	WHEELCI	12/31/2011	104.00	P		LMM	03 0)3	104.00	104.00	-	104.00
56002	150100	Movable E009389	(1) SHREI	12/31/2011	99.18	P	S	LMM	03 0)4	99.18	99.18	-	99.18
56002	150100	Movable E009390	(4) ATTEN		93.89			LMM	03 0		93.89	93.89	-	93.89
56002	150100	Movable E009391	USER TAX		4.84			LMM	03 0		4.84	4.84	-	4.84
56002	150085		USER TAX		9.33			LMM	03 0		9.33	9.33	-	9.33
56002 56002	150085 150085	Movable E009393	(2) BLIND		171.66 142.06			LMM LMM	03 0		171.66 142.06	171.66 142.06	-	171.66 142.06
56002	150085	Movable E009394 Non Mova 009395	(14) SHOV REC ROO		1,247.52			LMM	03 0		1,247.52	1,247.52	-	1,247.52
56002	150100	Movable E009396	ATTEND/		113.36			LMM	03 0		113.36	113.36	-	113.36
56002	150100	Movable E009397	SAFETY I		62.61			LMM	03 0		62.61	62.61	-	62.61
56002	150085	Movable E009398	WHEELCI		54.67	P		LMM	03 0		54.67	54.67	-	54.67
56002	150075	Non Mova 009399	PAINT RC		1,510.74	P	S	LMM	03 0)5	1,510.74	1,510.74	-	1,510.74
56002	150075	Non Mova 009400	REPLACE	12/31/2011	2,027.27		S	LMM	03 0)5	2,027.27	2,027.27	-	2,027.27
56002	150075	Non Mova 009401	SUPPLIES		585.65			LMM	03 0		585.65	585.65	-	585.65
56002	150085		PANACE/		27.36			LMM	03 0		27.36	27.36	-	27.36
56002	150100	Movable E009403 Movable E009404	DROP AR		38.43 115.97			LMM	03 0		38.43	38.43	-	38.43
56002 56002	150100 150085	Movable E009404	ATTENDI	12/31/2011	67.16			LMM LMM	03 0		115.97 67.16	115.97 67.16	-	115.97 67.16
56002	150085	Movable E009406		12/31/2011	56.00			LMM	03 0		56.00	56.00	-	56.00
56002	150085		PVC PATI		412.64			LMM	03 0		412.64	412.64	_	412.64
56002	150080	Movable E009408	ELECTRO		484.63	P		LMM	00 0		484.63	484.63	-	484.63
56002	150080	Movable E009409	PALMSA	12/31/2011	59.51	P	S	LMM	00 0	7	59.51	59.51	-	59.51
56002	150070	Non Mova 009410	FURNISH	12/31/2011	103.40		S	LMM	00 0		103.40	103.40	-	103.40
56002	150070	Non Mova 009411	FURNISH		94.56			LMM	00 0		94.56	94.56	-	94.56
56002	150085	Movable E009412	Vertical Fi		83.52			LMM	03 0		83.52	83.52	-	83.52
56002 56002	150085 150085	Movable E009413	Low Profil Wheelchai		732.07 58.67			LMM LMM	03 0		732.07 58.67	732.07 58.67	-	732.07 58.67
56002	150085	Movable E009414 Movable E009415	V-Riser El		23,945.89			LMM	03 0		23,945.89	23,945.89	-	23,945.89
56002	150085	Movable E009416	Single hear		4,282.05			LMM	03 0		4,282.05	4,282.05	-	4,282.05
56002	150080	Movable E009417	_	12/31/2011	3,790.36			LMM	00 0		3,790.36	3,790.36	-	3,790.36
56002	150080	Movable E009418	Kwalu Inc	12/31/2011	3,678.84	P		LMM	00 0	19	3,678.84	3,678.84	-	3,678.84
56002	150080	Movable E009419	Kwalu Inc	12/31/2011	880.62	P	S	LMM	00 0	19	880.62	880.62	-	880.62
56002	150075	Non Mova 009420	Installation		1,732.91			LMM	03 0		1,732.91	1,732.91	-	1,732.91
56002	150075	Non Mova 009421	Paint & W		641.08			LMM	03 0		641.08	641.08	-	641.08
56002	150085	Movable E009422	Refrigerate		198.37 255.22			LMM	03 1		198.37	198.37	-	198.37
56002 56002	150080 150080	Movable E009423 Movable E009424	Spot Vital Short Stay		5,292.64			LMM LMM	00 1 00 1		255.22 5,292.64	255.22 5,292.64	-	255.22 5,292.64
56002	150110	Movable E009425	Network C		3.55			loDep	00 0		3.55	5,272.04	_	5,272.04
56002	150070	Non Mova 009426	Furnish an		500.01			LMM	00 1		500.01	500.01	-	500.01
56002	150070	Non Mova 009427		12/31/2011	2,109.27	P	S	LMM	00 1		2,109.27	2,109.27	-	2,109.27
56002	150080	Movable E009428	Complete 1		4,084.77	P	S	LMM	01 0	00	4,084.77	4,084.77	-	4,084.77
56002	150080	Movable E009429	Sammons 1		216.83			LMM	01 0		216.83	216.83	-	216.83
56002	150080	Movable E009430	EDRO Coi		3,145.91			LMM	01 0		3,145.91	3,145.91	-	3,145.91
56002	150080	Movable E009431	Washer Ex		76.11 1,378.85			LMM	01 0		76.11	76.11	-	76.11
56002 56002	150070 150087	Non Mova 009432 Movable E009433	Tile Hand-Held	12/31/2011	1,376.63			LMM loDep	01 0 00 0		1,378.85 1.11	1,378.85	-	1,378.85
56002	150087	Movable E009434	Econ Servi		216.56			LMM	04 0		216.56	216.56	-	216.56
56002	150085	Movable E009435	Blixer, 7 Q		1,014.66			LMM	04 0		1,014.66	1,014.66	_	1,014.66
56002	150100	Movable E009436	Office Cha		82.94			LMM	04 0		82.94	82.94	-	82.94
56002	150100	Movable E009437	Office Cha	12/31/2011	82.92	P	S	LMM	04 0)3	82.92	82.92	-	82.92
56002	150085	Movable E009438	Genesis La	12/31/2011	617.51		S	LMM	04 0		617.51	617.51	-	617.51
56002	150080	Movable E009439	BVI 3000		2,153.75			LMM	01 0		2,153.75	2,153.75	-	2,153.75
56002	150075	Non Mova 009440	Construction		442.32			LMM	04 0		442.32	442.32	-	442.32
56002	150085	Movable E009441	Ground Fa		1,705.27 122.34			LMM	04 0		1,705.27	1,705.27	-	1,705.27
56002 56002	150085 150080	Movable E009442 Movable E009443	Swivel Till Vacuum, A		476.08			LMM LMM	04 0 01 0		122.34 476.08	122.34 476.08	-	122.34 476.08
56002	150080	Movable E009444	Table Lam		52.12			LMM	01 0		52.12	52.12	-	52.12
56002	150070	Non Mova 009445	Exterior Si		257.93			LMM	01 0		257.93	257.93	-	257.93
56002	150076	Movable E009446	Artwork	12/31/2011	1,809.56			LMM	04 1		1,809.56	1,809.56	-	1,809.56
56002	150085	Movable E009447	Window T		1,062.48			LMM	04 1		1,062.48	1,062.48	-	1,062.48
56002	150080	Movable E009448	Table Lam	12/31/2011	67.08	P	S	LMM	01 1	1	67.08	67.08	-	67.08

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Sch 23 Total Deprn Sch 29 total Deprn Adj Total Deprn Expense

					2,593,281.67								
					2,593,281.67					2,593,281.67	1,174,438.58	195,299.76	1,175,241.48
											Prior Accum Depreciation	Depreciation	Current Accum Depreciation
Locati	G/L Asset	Acct Desc Sys	Description In S	Svc Date	AcquiredValue	PT	De	eprMeth	EstLife		9/30/2018	2019	9/30/2019
56002	150100	Movable E009449	Direct Sup 12	2/31/2011	144.40	Р	SI	LMM	04 11	Basis 144.40	144.40	2019	144.40
56002	150085	Movable E009450	Food Hold 1		2,731.25			LMM	05 00		2,731.25	-	2,731.25
56002	150080	Movable E009451	Carpet clea 12	2/31/2011	3,604.94	P	SI	LMM	02 00	3,604.94	3,604.94	-	3,604.94
56002	150080	Movable E009452	Countertor 12		893.04			LMM	02 00		893.04	-	893.04
56002	150080	Movable E009453	Furniture (1:		9,313.62			LMM	02 01		9,313.62	-	9,313.62
56002 56002	150070 150080	Non Mova 009454 Movable E009455	Sales Tax 1 12 Sales Tax 1 12		23.17 299.26			LMM LMM	02 01		23.17 299.26	-	23.17 299.26
56002	150080	Movable E009456	Sales Tax 1 1		42.17			LMM	02 01		42.17	-	42.17
56002	150080	Movable E009457	Spot Vital 1		2,931.60			LMM	02 01		2,931.60	-	2,931.60
56002	150115	Movable E009458	Corporate 1	2/31/2011	23.22	P	SI	LMM	00 02	2 23.22	23.22	-	23.22
56002	150100	Movable E009459		2/31/2011	1,173.32			LMM	05 02		1,173.32	-	1,173.32
56002	150085	Movable E009460	Wheelchai 1		678.72			LMM	05 02		678.72	-	678.72
56002 56002	150085 150085	Movable E009461 Movable E009462	Steam Tab 12 Window T 12		1,759.46 2,337.84			LMM LMM	05 02 05 02		1,759.46 2,337.84	-	1,759.46 2,337.84
56002	150085	Movable E009463	Wheelchai 1		840.00			LMM	05 02		840.00	-	840.00
56002	150087	Movable E009464	Sitter Alan 1		61.61			LMM	00 03		61.61	-	61.61
56002	150080	Movable E009465	Carpet spo 12	2/31/2011	209.68	P	SI	LMM	02 04	209.68	209.68	-	209.68
56002	150087	Movable E009466	ALARM S 12		123.22			LMM	00 00		123.22	-	123.22
56002	150080	Movable E009467	PLASMA 1		633.35			LMM	02 06		633.35	-	633.35
56002	150085	Movable E009468	Portable H 1		2,104.55 7,991.28			LMM	05 06		2,104.55	-	2,104.55
56002 56002	150085 150080	Movable E009469 Movable E009470	106 HEAE 11 DINING R 11		971.76			LMM LMM	05 07 02 07		7,991.28 971.76	-	7,991.28 971.76
56002	150085	Movable E009470	COMMER 1		221.90			LMM	05 08		221.90	-	221.90
56002	150115	Movable E009472	RELOCAT 1		322.37			LMM	00 09		322.37	-	322.37
56002	150087	Movable E009473	(15) ALAF 12		184.84	P		LMM	00 09		184.84	-	184.84
56002	150080	Movable E009474	VITAL ST 1	2/31/2011	491.14	P	SI	LMM	02 09	491.14	491.14	-	491.14
56002	150075	Non Mova 009475	REPLACE 1		4,078.15			LMM	05 09		4,078.15	-	4,078.15
56002	150085	Movable E009476	(53) RISEI 11		78,127.77	-		LMM	05 10		78,127.77	-	78,127.77
56002	150085		HYDROC 1		460.67			LMM	05 10		460.67	-	460.67
56002 56002	150075 150080	Non Mova 009478 Movable E 009479	REPLACE 12 Commercia 12		2,068.32 154.28			LMM LMM	05 10		2,068.32 154.28	-	2,068.32 154.28
56002	150080	Movable E009479 Movable E009480	BOBS DIS 12		1,124.33			LMM	03 00		1,124.33	-	1,124.33
56002	150075	Non Mova 009482	SEWER E. 12		8,420.56			LMM	06 01		8,420.56	-	8,420.56
56002	150110	Movable E009487	(1) ADAP 11		15.53			oDep	00 00		-	-	-
56002	150075	Non Mova 009488	FIRST INS 12	2/31/2011	14,073.32	P	SI	LMM	06 05	14,073.32	14,073.32	-	14,073.32
56002	150075	Non Mova 009489	(1) JERON 1:	2/31/2011	41,381.34		SI	LMM	06 05	5 41,381.34	41,381.34	-	41,381.34
56002	150085	Movable E009490	(2) 6 PAN 1:		7,367.79			LMM	06 06		7,367.79	-	7,367.79
56002	150117	Movable E009491	(1) CISCO 1		411.10			LMM	03 07		411.10	-	411.10
56002 56002	150110 150085	Movable E009493 Movable E009494	INSTALL 12 (1) ELECT 12		4.67 6,115.67			oDep LMM	00 00		6,115.67	-	6,115.67
56002	150085	Movable E009494	(3) DRESS 12		2,283.31			LMM	06 07		2,283.31	-	2,283.31
56002	150080	Movable E009496	(1) D900-F 12		258.00			LMM	03 07		258.00	_	258.00
56002	150117	Movable E009497	RUN NEW 12		162.47	P		LMM	03 08		162.47	-	162.47
56002	150085	Movable E009498	(1) 27i CO 12	2/31/2011	267.76	P	SI	LMM	06 08	3 267.76	267.76	-	267.76
56002	150085	Movable E009499	(1) 29i CO 1:	2/31/2011	258.75		SI	LMM	06 08		258.75	-	258.75
56002	150087	Movable E009500	(15) ALAF 1:		434.07			LMM	01 09		434.07	-	434.07
56002	150075		FINAL PN 1		14,987.17 350.96			LMM	06 10		14,804.39	182.78	14,804.39
56002 56002	150100 150085	Movable E009503 Movable E009504	(1) FEL34 12 (2) 94598-1 12		388.77			LMM LMM	06 11 07 00		342.49 374.89	8.47 13.88	342.49 374.89
56002	150110	Movable E009505	(1) HP DC 1:		53.70			LMM	00 03		53.70	-	53.70
56002	150110	Movable E009506	VERIZON 1		37.98			LMM	00 03		37.98	-	37.98
56002	150085	Movable E009507	(10) WHE 1:		1,160.00	P		LMM	07 03		1,080.00	80.00	1,080.00
56002	150087	Movable E009508	(15) ALAF 1	2/31/2011	558.09			LMM	02 03	558.09	558.09	-	558.09
56002	150110	Movable E009509	(1) HP 17" 1:		18.89			LMM	00 05		18.89	-	18.89
56002	150085	Movable E009510	(1) Reclinr 1:		278.61			LMM	07 05		253.60	25.01	253.60
56002	150085	Movable E009511	(1) GE 17 12		544.60 497.80			LMM	07 05		495.65	48.95	495.65
56002 56002	150085 150100	Movable E009512 Movable E009513	(1) Key Ct 12 (1) FAX M 12		227.36			LMM LMM	07 05 07 06		453.06 204.66	44.74 22.70	453.06 204.66
56002	150100	Movable E009514	(1) VERTI 1:		227.74			LMM	07 06		204.99	22.75	204.99
56002	150088	Movable E009515	(5) PLEXU 12		1,764.70			LMM	00 00		1,764.70	-	1,764.70
56002	150080	Movable E009516	8000 BTU 1:		955.18			LMM	04 09		955.18	-	955.18
56002	150085	Movable E009517	Manitowoo 12		2,834.17			LMM	07 09		2,468.48	365.69	2,468.48
56002	150087	Movable E009518	Oversized 12		170.52			LMM	02 10		170.52	-	170.52
56002	150100	Movable E009519	Swivel Tilt 1		280.21			LMM	07 11		238.95	35.40	238.95
56002 56002	150110	Movable E009520	HP SB L11 11		44.96 15,233.52			LMM	01 00		44.96	1 004 10	44.96
56002 56002	150085 150100	Movable E009521 Movable E009522	sales tax ac 12 Swivel Tilt 12		15,233.52			LMM LMM	08 00		12,853.28 124.81	1,904.19 18.49	12,853.28 124.81
56002	150085	Movable E009523	ACCECAI 1		5,093.87			LMM	08 01		4,253.65	630.17	4,253.65
56002	150087	Movable E009524	Genesis on 12		662.33			LMM	03 03		662.33	-	662.33
56002	150085	Movable E009525	Countertor 12		2,406.15			LMM	08 03		1,968.71	291.66	1,968.71
56002	150085	Movable E009526	TOP-FREI 1	2/31/2011	609.52		SI	LMM	08 03	609.52	498.69	73.88	498.69
56002	150085	Movable E009527	Refrigerate 1		3,171.98			LMM	08 03		2,595.24	384.48	2,595.24
56002	150110	Movable E009528	Cell phone 12	2/31/2011	25.03	Р	SI	LMM	01 05	5 25.03	25.03	-	25.03

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Sch 23 Total Deprn Sch 29 total Deprn Adj Total Deprn Expense

					2,593,281.67							
					2,593,281.67				2,593,281.67	1,174,438.58	195,299.76	1,175,241.48
										Prior Accum		Current Accum
Locati	G/L Asset	Acct Desc Sys	Description In Svc	Date	AcquiredValue	РТ	DeprMeth	EstLife	Depreciable	Depreciation 9/30/2018		Depreciation 9/30/2019
20041.	0,2,1,0001	7.001.2000 0,0	2000p		•		200		Basis	0,00,2010	2019	0.00.2010
56002	150085	Movable E009529	Excel 16" (12/31		706.68		SLMM	08 05	706.68	566.73	83.96	566.73
56002	150080	Movable E009530	Reliant 600 12/31		6,377.28		SLMM	05 05	6,377.28	6,377.28	-	6,377.28
56002	150080	Movable E009531	LG 9,800 I 12/31		1,118.16		SLMM	05 06	1,118.16	1,118.16	-	1,118.16
56002	150110	Movable E009532	1 HP 6000 12/31		341.87		SLMM	01 08	341.87	341.87	-	341.87
56002	150080	Movable E009533	Thru-Wall 12/31		1,757.35		SLMM	05 08	1,757.35	1,757.35	-	1,757.35
56002	150110	Movable E009534	1 HP 6000 12/31		358.63		SLMM	01 09	358.63	358.63	-	358.63
56002	150110	Movable E009535	1 HP 19" N 12/31		100.84	-	SLMM	01 09	100.84	100.84	-	100.84
56002	150080	Movable E009536	F203 DRY 12/31		1,510.43		SLMM	05 09	1,510.43	1,510.43	-	1,510.43
56002	150080	Movable E009537	oxygen coi 12/31		3,835.00		SLMM	04 11	3,835.00	3,835.00	-	3,835.00
56002	150117	Movable E009538	Sales tax a 12/31		1,362.86		SLMM	06 00	1,362.86	1,362.86	-	1,362.86
56002	150080	Movable E009539	Reliant 600 12/31		5,442.17		SLMM	06 01	5,442.17	5,442.17	-	5,442.17
56002	150080	Movable E009540	4 Digital L 12/31		2,410.42		SLMM	06 01	2,410.42	2,410.42	-	2,410.42
56002	150117	Movable E009541	Tax added 12/31		1,634.17 50.53		SLMM	06 02 02 02	1,634.17	1,634.17	-	1,634.17
56002	150110	Movable E009542	1 3yr think 12/31		461.51		SLMM	02 02	50.53	50.53	50.25	50.53
56002 56002	150100 150085	Movable E009543	BROTHEF 12/31 2 Excel 22 12/31		1,747.42		SLMM SLMM	09 02	461.51 1,747.42	339.86 1,286.75	50.35 190.63	339.86 1,286.75
56002	150085	Movable E009544 Movable E009545	1 WHEEL 12/31		636.53		SLMM	09 02	636.53	468.72	69.44	468.72
56002	150085	Movable E009546	Tax added 12/31		2,285.71	-	SLMM	06 03	2,285.71	2,285.71	-	2,285.71
56002	150088	Movable E009547	30 MATTI 12/31		6,439.50		SLMM	02 03	6,439.50	6,439.50	-	6,439.50
56002	150080	Movable E009548	5 drawer ei 12/31		1,994.92		SLMM	06 03	1,994.92	1,994.92	_	1,994.92
56002	150110	Movable E009549	HP P2035, 12/31		169.74		SLMM	02 04	169.74	169.74	_	169.74
56002	150088	Movable E009550	MATTRE: 12/31		408.16		SLMM	02 05	408.16	408.16	_	408.16
56002	150085	Movable E009551	Bariatric el 12/31		1,443.41	-	SLMM	09 05	1,443.41	1,034.64	153.28	1,034.64
56002	150087	Movable E009552	20i Burnisl 12/31		1,324.51		SLMM	04 05	1,324.51	1,324.51	-	1,324.51
56002	150085	Movable E009554	Tax added 12/31		2,520.81	P	SLMM	09 06	2,520.81	1,791.11	265.35	1,791.11
56002	150085	Movable E009558	3 section re 12/31		3,808.68		SLMM	09 07	3,808.68	2,682.65	397.43	2,682.65
56002	150080	Movable E009559	4 Thru the 12/31		1,584.23	P	SLMM	06 07	1,584.23	1,584.23	-	1,584.23
56002	150110	Movable E009563	HP LJ P20 12/31		234.71	P	SLMM	02 08	234.71	234.71	-	234.71
56002	150075	Non Mova 009564	Stage one (12/31		3,828.00	P	SLMM	09 08	3,828.00	2,673.00	396.00	2,673.00
56002	150075	Non Mova 009565	1st installn 12/31	1/2011	2,450.50	P	SLMM	09 08	2,450.50	1,711.13	253.50	1,711.13
56002	150110	Movable E009566	Wireless p: 12/31	1/2011	6,291.08	P	SLMM	02 09	6,291.08	6,291.08	-	6,291.08
56002	150117	Movable E009569	Tax added 12/31	1/2011	519.33	P	SLMM	06 10	519.33	513.00	6.33	513.00
56002	150085	Movable E009570	8 Excel & 12/31	1/2011	1,790.94	P	SLMM	09 10	1,790.94	1,229.38	182.13	1,229.38
56002	150085	Movable E009571	29i Comm 12/31	1/2011	433.00	P	SLMM	09 10	433.00	297.20	44.03	297.20
56002	150075	Non Mova 009572	Final Payn 12/31	1/2011	3,741.58	P	SLMM	09 10	3,741.58	2,568.38	380.50	2,568.38
56002	150085	Movable E009581	Electric rai 1/31	1/2012	1,967.45	P	SLMM	10 00	1,967.45	1,311.66	196.75	1,311.66
56002	150117	Movable E009586	(3) Cat 5E 2/29	9/2012	1,000.00	P	SLMM	07 00	1,000.00	940.50	59.50	940.50
56002	150110	Movable E009587	Tax added 2/29	9/2012	2,996.26		SLMM	03 00	2,996.26	2,996.26	-	2,996.26
56002	150087	Movable E009588	2 Simplicit 2/29	9/2012	5,934.33		SLMM	05 00	5,934.33	5,934.33	-	5,934.33
56002	150050	Bldg Imp 009589		9/2012	5,329.70		SLMM	20 00	5,329.70	1,754.39	266.49	1,754.39
56002	150050	Bldg Imp 009590		9/2012	1,540.00		SLMM	20 00	1,540.00	506.92	77.00	506.92
56002	150050	Bldg Imp 009591		9/2012	11,820.00		SLMM	20 00	11,820.00	3,890.75	591.00	3,890.75
56002	150110	Movable E009593		1/2012	479.05	-	SLMM	03 00	479.05	479.05	-	479.05
56002	150085	Movable E009594		1/2012	637.03		SLMM	10 00	637.03	414.06	63.70	414.06
56002	150085	Movable E009595		1/2012	633.72		SLMM	10 00	633.72	411.91	63.37	411.91
56002	150020	Land Imp 009596		1/2012	4,184.87		SLMM	20 00	4,184.87	1,360.06	209.24	1,360.06
56002	150088	Movable E009597		0/2012	2,093.00	-	SLMM	00 08	2,093.00	2,093.00	-	2,093.00
56002	150085	Movable E009598		0/2012	3,380.96		SLMM	10 00	3,380.96	2,169.48	338.10	2,169.48
56002	150055	Bldg Imp 009599		0/2012	7,900.00		SLMM	15 00	7,900.00	3,379.46	526.67	3,379.46
56002	150055	Bldg Imp 009600		0/2012	7,900.00 74,870.40		SLMM	15 00	7,900.00	3,379.46	526.67	3,379.46
56002	150050	Bldg Imp 009601		1/2012	499.00		SLMM	20 00	74,870.40	23,708.96	3,743.52	23,708.96
56002 56002	150100	Movable E009604 Movable E009605		0/2012	2,036.58		SLMM SLMM	02 06 07 00	499.00 2,036.58	499.00 1,818.38	218.20	499.00 1,818.38
56002	150080 150075	Non Mova 009606	1	0/2012	6,300.00		SLMM	10 00	6,300.00	3,937.50	630.00	3,937.50
56002	150075	Bldg Imp 009607	•	0/2012	3,080.96		SLMM	10 00	3,080.96	1,925.63	308.10	1,925.63
56002	150037	Movable E009608		1/2012	6,487.36		SLMM	10 00	6,487.36	4,000.57	648.74	4,000.57
56002	150085	Movable E009609		1/2012	3,796.00		SLMM	10 00	3,796.00	2,340.87	379.60	2,340.87
56002	150005	Non Mova 009610		1/2012	43,015.00		SLMM	10 00	43,015.00	26,525.92	4,301.50	26,525.92
56002	150075	Non Mova 009611		1/2012	7,695.00		SLMM	10 00	7,695.00	4,745.26	769.50	4,745.26
56002	150057	Bldg Imp 009612		1/2012	1,424.87		SLMM	10 00	1,424.87	878.69	142.49	878.69
56002	150075	Non Mova 009613		0/2012	43,015.00		SLMM	10 00	43,015.00	25,809.01	4,301.50	25,809.01
56002	150050	Bldg Imp 009614		0/2012	1,807.95		SLMM	20 00	1,807.95	542.40	90.40	542.40
56002	150110	Movable E009615		1/2012	663.61		SLMM	03 00	663.61	663.61	-	663.61
56002	150087	Movable E009616		1/2013	1,445.54		SLMM	05 00	1,445.54	1,445.54	-	1,445.54
56002	150085	Movable E009617		1/2013	466.26		SLMM	10 00	466.26	256.46	46.63	256.46
56002	150085	Movable E009618		1/2013	2,862.43		SLMM	10 00	2,862.43	1,574.32	286.24	1,574.32
56002	150080	Movable E009619		1/2013	3,241.38		SLMM	07 00	3,241.38	2,469.66	463.06	2,469.66
56002	150080	Movable E009620		1/2013	558.33	P	SLMM	07 00	558.33	425.39	79.76	425.39
56002	150050	Bldg Imp 009621		0/2013	12,755.40	R	SLMM	20 00	12,755.40	3,348.30	637.77	3,348.30
56002	150050	Bldg Imp 009622	Architectul 6/30	0/2013	597.50	R	SLMM	20 00	597.50	156.87	29.88	156.87
56002	150050	Bldg Imp 009623	Architectul 6/30	0/2013	2,902.00		SLMM	20 00	2,902.00	761.78	145.10	761.78
56002	150050	Bldg Imp 009624		0/2013	870.18		SLMM	20 00	870.18	228.43	43.51	228.43
56002	150050	Bldg Imp 009625	Architectul 6/30	0/2013	3,820.45	R	SLMM	20 00	3,820.45	1,002.86	191.02	1,002.86

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					2,593,281.67				2,593,281.67	1,174,438.58	195,299.76	1,175,241.48
										Prior Accum Depreciation	Current YTD Depreciation	Current Accum Depreciation
Locati	G/L Asset	Acct Desc Sys	Description In	Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable	9/30/2018		9/30/2019
56002	150050	Bldg Imp 009626	Project Ma	6/30/2013	1,880.29	R	SLMM	20 00	Basis 1,880.29	493.61	2019 94.02	493.61
56002	150050	Bldg Imp 009627	Architectu	6/30/2013	8,332.20		SLMM	20 00	8,332.20	2,187.21	416.61	2,187.21
56002	150050	Bldg Imp 009628	Gen condit	6/30/2013	18,020.55	R	SLMM	20 00	18,020.55	4,730.40	901.03	4,730.40
56002	150057	Bldg Imp 009629	Painting	6/30/2013	97,776.85		SLMM	10 00	97,776.85	51,332.87	9,777.69	51,332.87
56002	150050	Bldg Imp 009630	Project Ma	6/30/2013	2,428.87		SLMM	20 00	2,428.87	637.56	121.44	637.56
56002	150050	Bldg Imp 009631	Interior sta	6/30/2013	2,020.65 17,036.31		SLMM	20 00	2,020.65	530.41	101.03	530.41
56002 56002	150080 150050	Movable E009632 Bldg Imp 009633	30 RCA 26 Gen condit	6/30/2013 6/30/2013	80,709.86		SLMM SLMM	07 00 20 00	17,036.31 80,709.86	12,777.24 21,186.33	2,433.76 4,035.49	12,777.24 21,186.33
56002	150057	Bldg Imp 009634	Painting	6/30/2013	2,058.84		SLMM	10 00	2,058.84	1,080.87	205.88	1,080.87
56002	150050	Bldg Imp 009635	Architectu	6/30/2013	4,012.80		SLMM	20 00	4,012.80	1,053.36	200.64	1,053.36
56002	150050	Bldg Imp 009636	Project Ma	6/30/2013	174.40		SLMM	20 00	174.40	45.78	8.72	45.78
56002	150050	Bldg Imp 009637	Electrical (6/30/2013	910.00		SLMM	20 00	910.00	238.88	45.50	238.88
56002	150050	Bldg Imp 009638	Project Ma	6/30/2013	1,424.87 50,250.60		SLMM	20 00	1,424.87	374.01	71.24	374.01
56002 56002	150050 150057	Bldg Imp 009639 Bldg Imp 009640	Gen condit Painting	6/30/2013 6/30/2013	14,650.20		SLMM SLMM	20 00 10 00	50,250.60 14,650.20	13,190.79 7,691.36	2,512.53 1,465.02	13,190.79 7,691.36
56002	150037	Movable E009641	30 framed	6/30/2013	2,993.90		SLMM	10 00	2,993.90	1,571.80	299.39	1,571.80
56002	150050	Bldg Imp 009642	Remove ar	6/30/2013	6,018.35		SLMM	20 00	6,018.35	1,579.83	300.92	1,579.83
56002	150050	Bldg Imp 009643	Architectu	6/30/2013	765.00		SLMM	20 00	765.00	200.82	38.25	200.82
56002	150085	Movable E009644	Window tr	6/30/2013	114,953.74		SLMM	10 00	114,953.74	60,350.70	11,495.37	60,350.70
56002	150085	Movable E009645	Various pi	6/30/2013	49,902.06	-	SLMM	10 00	49,902.06	26,198.60	4,990.21	26,198.60
56002	150085	Movable E009646	Various pi	6/30/2013	48,601.35 51,752.63		SLMM	10 00 10 00	48,601.35	25,515.74	4,860.14	25,515.74
56002 56002	150085 150085	Movable E009647 Movable E009648	Various pic	6/30/2013 6/30/2013	56,293.52	-	SLMM SLMM	10 00	51,752.63 56,293.52	27,170.12 29,554.09	5,175.26 5,629.35	27,170.12 29,554.09
56002	150050	Bldg Imp 009649	Project Ma	6/30/2013	4,736.74		SLMM	20 00	4,736.74	1,243.41	236.84	1,243.41
56002	150050	Bldg Imp 009650	Project Ma	6/30/2013	818.92	R	SLMM	20 00	818.92	214.98	40.95	214.98
56002	150050	Bldg Imp 009651	Gen condit	6/30/2013	34,057.80		SLMM	20 00	34,057.80	8,940.18	1,702.89	8,940.18
56002	150057	Bldg Imp 009652	Painting flo	6/30/2013	18,482.40		SLMM	10 00	18,482.40	9,703.26	1,848.24	9,703.26
56002 56002	150085 150085	Movable E009653	Various pi	6/30/2013 6/30/2013	1,921.45 159.53		SLMM SLMM	10 00 10 00	1,921.45 159.53	1,008.78 83.74	192.15 15.95	1,008.78 83.74
56002	150085	Movable E009654 Movable E009655	Various pio Cubicle cu	6/30/2013	109,968.79		SLMM	10 00	109,968.79	57,733.62	10,996.88	57,733.62
56002	150085	Movable E009656	Various pi	6/30/2013	1,921.45		SLMM	10 00	1,921.45	1,008.78	192.15	1,008.78
56002	150085	Movable E009657	Various pi	6/30/2013	3,842.89	P	SLMM	10 00	3,842.89	2,017.53	384.29	2,017.53
56002	150050	Bldg Imp 009658	Gen condit	6/30/2013	55,817.10		SLMM	20 00	55,817.10	14,652.02	2,790.86	14,652.02
56002	150057	Bldg Imp 009659	Painting ar	6/30/2013	63,948.60		SLMM	10 00	63,948.60	33,573.02	6,394.86	33,573.02
56002	150080	Movable E009660	17 26 in H	6/30/2013	10,579.89 807.50		SLMM	07 00	10,579.89	7,934.91	1,511.41	7,934.91
56002 56002	150050 150050	Bldg Imp 009661 Bldg Imp 009662	Architectua Project Ma	6/30/2013 6/30/2013	3,255.06		SLMM SLMM	20 00 20 00	807.50 3,255.06	212.00 854.44	40.38 162.75	212.00 854.44
56002	150050	Bldg Imp 009663	Gen condit	6/30/2013	75,686.40		SLMM	20 00	75,686.40	19,867.68	3,784.32	19,867.68
56002	150057	Bldg Imp 009664	Painting ar	6/30/2013	9,656.10		SLMM	10 00	9,656.10	5,069.46	965.61	5,069.46
56002	150050	Bldg Imp 009665	Project Ma	6/30/2013	2,589.45	R	SLMM	20 00	2,589.45	679.72	129.47	679.72
56002	150050	Bldg Imp 009666	Project Ma	6/30/2013	3,165.54		SLMM	20 00	3,165.54	830.97	158.28	830.97
56002	150050	Bldg Imp 009667	General co	6/30/2013	3,695.40		SLMM	20 00	3,695.40	970.05	184.77	970.05
56002 56002	150050 150050	Bldg Imp 009668 Bldg Imp 009669	5% retaina Project Ma	6/30/2013 6/30/2013	58,312.30 1,892.89		SLMM SLMM	20 00 20 00	58,312.30 1,892.89	15,307.01 496.91	2,915.62 94.65	15,307.01 496.91
56002	150050	Bldg Imp 009670	Architectu	6/30/2013	212.50		SLMM	20 00	212.50	55.80	10.63	55.80
56002	150088	Movable E009671	18 MATTI	7/31/2013	5,789.61		SLMM	03 00	5,789.61	5,789.61	-	5,789.61
56002	150075	Non Mova 009672	Trane 410z	7/31/2013	3,255.00	P	SLMM	10 00	3,255.00	1,681.76	325.50	1,681.76
56002	150055	Bldg Imp 009673	3 exterior s	7/31/2013	21,181.20		SLMM	15 00	21,181.20	7,295.75	1,412.08	7,295.75
56002	150075	Non Mova 009674	Trane A/C	8/31/2013	3,975.00		SLMM	10 00	3,975.00	2,020.63	397.50	2,020.63
56002 56002	150055 150085	Bldg Imp 009675 Movable E009676	Door moni	8/31/2013	7,010.59 15,633.45		SLMM SLMM	15 00 10 00	7,010.59 15,633.45	2,375.80	467.37	2,375.80 7,816.75
56002	150085	Movable E009677	OmniCycle Hot water	9/30/2013 9/30/2013	5,005.89		SLMM	10 00	5,005.89	7,816.75 2,502.95	1,563.35 500.59	2,502.95
56002	150050	Bldg Imp 009678	New roofii	9/30/2013	19,652.50		SLMM	20 00	19,652.50	4,913.15	982.63	4,913.15
56002	150050	Bldg Imp 009679	Deposit for	9/30/2013	7,192.50		SLMM	20 00	7,192.50	1,798.15	359.63	1,798.15
56002	150110	Movable E009680	1 Lenovo 7		1,064.13		SLMM	03 00	1,064.13	1,064.13	-	1,064.13
56002	150057	Bldg Imp 014045	Carpet and		1,637.68		SLMM	10 00	1,637.68	791.56	163.77	791.56
56002	150050	Bldg Imp 014046	Motherboa		4,251.87		SLMM	20 00	4,251.87	1,027.52	212.59	1,027.52
56002 56002	150050 150110	Bldg Imp 014140 Movable E014333	PUMP OZ (26) 2 WA	1/31/2013	2,100.41 5,705.62		SLMM SLMM	20 00 03 00	2,100.41 5,705.62	498.85 5,705.62	105.02	498.85 5,705.62
56002	150050	Bldg Imp 014334	1st installn	1/31/2014	2,275.00		SLMM	20 00	2,275.00	530.83	113.75	530.83
56002	150057	Bldg Imp 014405	Commercia	2/28/2014	808.15		SLMM	10 00	808.15	370.43	80.82	370.43
56002	150057	Bldg Imp 014406	Commercia	2/28/2014	675.26	R	SLMM	10 00	675.26	309.51	67.53	309.51
56002	150050	Bldg Imp 014407	Final instal	2/28/2014	2,785.00		SLMM	20 00	2,785.00	638.23	139.25	638.23
56002	150085	Movable E014485	5 new well	3/31/2014	4,870.84		SLMM	10 00	4,870.84	2,191.86	487.08	2,191.86
56002 56002	150055 150080	Bldg Imp 014486 Movable E014604	Installation Attendant	3/31/2014 4/30/2014	21,181.20 2,322.95		SLMM SLMM	15 00 07 00	21,181.20 2,322.95	6,354.36 1,465.67	1,412.08 331.85	6,354.36 1,465.67
56002	150080	Movable E014605	7.0 Cu Ft I	4/30/2014	535.99		SLMM	07 00	535.99	338.19	76.57	338.19
56002	150085	Movable E014606	3 armed 22	4/30/2014	1,272.44		SLMM	10 00	1,272.44	561.98	127.24	561.98
56002	150075	Non Mova 014607	Copeland (4/30/2014	4,610.22		SLMM	10 00	4,610.22	2,036.18	461.02	2,036.18
56002	150055	Bldg Imp 014608	Stanley del	4/30/2014	5,271.98		SLMM	15 00	5,271.98	1,552.32	351.47	1,552.32
56002	150050	Bldg Imp 014725	STANLEY	5/31/2014	2,191.02		SLMM	20 00	2,191.02	474.72	109.55	474.72
56002 56002	150088	Movable E014726	10 MATTI	5/31/2014	3,208.54 75.07		SLMM SLMM	03 00	3,208.54	3,208.54	- 7.51	3,208.54
56002	150100	Movable E014885	Credit Car	6/30/2014	75.07	r	SLMM	10 00	75.07	31.91	7.51	31.91

2,593,281.67 2,593,281.67

 Sch 23 Total Deprn
 1,136

 Sch 29 total Deprn Adj
 0

 Total Deprn Expense
 1,136

2,593,281.67 1,174,438.58 195,299.76 1,175,241.48

					2,593,281.67				2,593,281.67	1,1/4,438.58	195,299.76	1,175,241.48
										Prior Accum Depreciation	Depreciation	Current Accum
Locati	G/L Asset	Acct Desc Sys	Description I	n Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable	9/30/2018		9/30/2019
							-		Basis		2019	
56002	150080	Movable E014886	3 RCA 26i	6/30/2014	1,030.54		SLMM	07 00	1,030.54	625.69	147.22	625.69
56002	150085	Movable E015438	(4) 1.6 cu f		2,051.00		SLMM	10 00	2,051.00	769.13	205.10	769.13
56002	150088	Movable E015760	5 MATTR	3/31/2015	1,568.66		SLMM	03 00	1,568.66	1,568.66	-	1,568.66
56002	150085	Movable E015761		3/31/2015	800.00	-	SLMM	10 00	800.00	280.00	80.00	280.00
56002	150085	Movable E015762	MAXI RE	3/31/2015	2,897.63		SLMM	10 00	2,897.63	1,014.16	289.76	1,014.16
56002	150085	Movable E015763	30 Maxwe	3/31/2015	7,496.87		SLMM	10 00	7,496.87	2,623.92	749.69	2,623.92
56002	150100	Movable E016125		4/30/2015	319.04		SLMM	10 00	319.04	109.00	31.90	109.00
56002	150100	Movable E016126	IntelliFAX	4/30/2015	319.04		SLMM	10 00	319.04	109.00	31.90	109.00
56002	150088	Movable E016127	5 MATTR	4/30/2015	1,568.66		SLMM	03 00	1,568.66	1,568.66	-	1,568.66
56002	150075	Non Mova 016185	1st install (5/31/2015	1,100.00		SLMM	10 00	1,100.00	366.67	110.00	366.67
56002	150085	Movable E016374	MAXI RE	6/30/2015	2,876.36		SLMM	10 00	2,876.36	934.83	287.64	934.83
56002	150085	Movable E016375	Propane G	6/30/2015	3,251.98	-	SLMM	10 00	3,251.98	1,056.90	325.20	1,056.90
56002	150087	Movable E016376	Direct Cho	6/30/2015	625.10		SLMM	05 00	625.10	406.32	125.02	406.32
56002	150057	Bldg Imp 016499	New floori	7/31/2015	17,717.92		SLMM	10 00	17,717.92	5,610.67	1,771.79	5,610.67
56002	150075	Non Mova 016500	Compresso	7/31/2015	1,100.00		SLMM	10 00	1,100.00	348.33	110.00	348.33
56002	150088	Movable E016662	10 MATTI	8/31/2015	3,137.33		SLMM	03 00	3,137.33	3,137.33	-	3,137.33
56002	150057	Bldg Imp 016663	Vinyl flooi	8/31/2015	5,450.44		SLMM	10 00	5,450.44	1,680.54	545.04	1,680.54
56002	150087	Movable E016745	Attendant 1	9/30/2015	7,640.97	P	SLMM	05 00	7,640.97	4,584.57	1,528.19	4,584.57
56002	150087	Movable E016746	CHAIR,SF	9/30/2015	940.37	P	SLMM	05 00	940.37	564.21	188.07	564.21
56002	150080	Movable E016747	Amana 3.4	9/30/2015	519.82	P	SLMM	07 00	519.82	222.79	74.26	222.79
56002	150085	Movable E016748	Double De	9/30/2015	11,335.80		SLMM	10 00	11,335.80	3,400.75	1,133.58	3,400.75
56002	150080	Movable E016749	Digital Lif	9/30/2015	751.87	P	SLMM	07 00	751.87	322.22	107.41	322.22
56002	150085	Movable E016750	Counter Cı	9/30/2015	3,586.10	P	SLMM	10 00	3,586.10	1,075.83	358.61	1,075.83
56002	150085	Movable E016751	6 SIMPLE	9/30/2015	874.13	P	SLMM	10 00	874.13	262.23	87.41	262.23
56002	150080	Movable E017037	Attendant 1	10/31/2015	584.91	P	SLMM	07 00	584.91	243.72	83.56	243.72
56002	150085	Movable E017038	Maxi Rest	10/31/2015	3,286.80	P	SLMM	10 00	3,286.80	958.65	328.68	958.65
56002	150085	Movable E017039	Box pleate	10/31/2015	2,782.83	P	SLMM	10 00	2,782.83	811.65	278.28	811.65
56002	150057	Bldg Imp 017040	Manningto	10/31/2015	13,921.22	R	SLMM	10 00	13,921.22	4,060.35	1,392.12	4,060.35
56002	150050	Bldg Imp 017321	4 in Vikins	12/31/2015	5,959.19	R	SLMM	20 00	5,959.19	819.39	297.96	819.39
56002	150088	Movable E017733	10 MATTI	3/31/2016	3,137.33	P	SLMM	03 00	3,137.33	2,614.45	522.88	2,614.45
56002	150085	Movable E017734	Detecto Fo	3/31/2016	2,004.20	P	SLMM	10 00	2,004.20	501.06	200.42	501.06
56002	150080	Movable E017735	Digital Lif	3/31/2016	1,483.54	P	SLMM	07 00	1,483.54	529.85	211.94	529.85
56002	150085	Movable E017736	_	3/31/2016	2,505.56	P	SLMM	10 00	2,505.56	626.40	250.56	626.40
56002	150057	Bldg Imp 017737	2 New awr	3/31/2016	2,977.80	R	SLMM	10 00	2,977.80	744.46	297.78	744.46
56002	150057	Bldg Imp 017892	4 in coveba	4/30/2016	510.48	R	SLMM	10 00	510.48	123.37	51.05	123.37
56002	150088	Movable E017893	MATTRES	4/30/2016	364.41	P	SLMM	03 00	364.41	293.55	70.86	293.55
56002	150057	Bldg Imp 018005	Reno 4 shc	5/31/2016	13,500.00	R	SLMM	10 00	13,500.00	3,150.00	1,350.00	3,150.00
56002	150115	Movable E018085	1 Cisco net	6/30/2016	1,304.06	P	SLMM	05 00	1,304.06	586.83	260.81	586.83
56002	150115		1 Cisco Ca	6/30/2016	1,306.20	P	SLMM	05 00	1,306.20	587.79	261.24	587.79
56002	150057	Bldg Imp 018087	2nd install	6/30/2016	13,500.00	R	SLMM	10 00	13,500.00	3,037.50	1,350.00	3,037.50
56002	150075	Non Mova 018088	First paym	6/30/2016	1,345.00		SLMM	10 00	1,345.00	302.63	134.50	302.63
56002	150075	Non Mova 018089	Final payn	6/30/2016	1,345.00	Р	SLMM	10 00	1,345.00	302.63	134.50	302.63
56002	150080	Movable E018244	Sales and U	7/31/2016	9.00		SLMM	07 00	9.00	2.80	1.29	2.80
56002	150080	Movable E018245	Attendant '	7/31/2016	4,237.63	P	SLMM	07 00	4,237.63	1,311.66	605.38	1,311.66
56002	150075	Non Mova 018246	1st install 1	7/31/2016	4,160.00	P	SLMM	10 00	4,160.00	901.33	416.00	901.33
56002	150057	Bldg Imp 018345	Final payn	8/31/2016	19,155.90		SLMM	10 00	19,155.90	3,990.81	1,915.59	3,990.81
56002	150075		First instal	8/31/2016	1,822.00		SLMM	10 00	1,822.00	379.58	182.20	379.58
56002	150075	Non Mova 018347	Final instal	8/31/2016	1,822.50	P	SLMM	10 00	1,822.50	379.69	182.25	379.69
56002	150075	Non Mova 018458		9/30/2016	5,080.00		SLMM	10 00	5,080.00	1,016.00	508.00	1,016.00
56002	150085	Movable E018826		1/31/2017	6,397.94		SLMM	10 00	6,397.94	1,066.32	639.79	1,066.32
56002	150080	Movable E018827		1/31/2017	484.42		SLMM	07 00	484.42	115.34	69.20	115.34
56002	150055	Bldg Imp 018828	Stanley De	1/31/2017	1,462.06		SLMM	15 00	1,462.06	162.45	97.47	162.45
56002	150085	Movable E018963	2 Direct Cl	2/28/2017	148.85		SLMM	10 00	148.85	23.58	14.89	23.58
56002	150088	Movable E018964		2/28/2017	7,843.31		SLMM	03 00	7,843.31	4,139.53	2,614.44	4,139.53
56002	150088	Movable E019087		3/31/2017	8,080.69		SLMM	03 00	8,080.69	4,040.34	2,693.56	4,040.34
56002	150085	Movable E019088		3/31/2017	940.98		SLMM	10 00	940.98	141.15	94.10	141.15
56002	150085	Movable E019089	40 RCA H	3/31/2017	418.08		SLMM	07 00	418.08	89.60	59.73	89.60
56002	150057	Bldg Imp 019090	Carpet vin	3/31/2017	22,194.47		SLMM	10 00	22,194.47	3,329.18	2,219.45	3,329.18
56002	150057	Bldg Imp 019091	Demo prer	3/31/2017	9,113.25		SLMM	10 00	9,113.25	1,366.99	911.33	1,366.99
56002	150057	Bldg Imp 019092	Carpet and	3/31/2017	4,471.24		SLMM	10 00	4,471.24	670.68	447.12	670.68
56002	150057	Bldg Imp 019092	Manningto	3/31/2017	18,759.87		SLMM	10 00	18,759.87	2,813.98	1,875.99	2,813.98
		Bldg Imp 019093	_		839.93				839.93	125.99		125.99
56002 56002	150057 150088	Movable E019199	25 MATTI	3/31/2017 4/30/2017	7,843.31		SLMM SLMM	10 00 03 00		3,703.79	83.99 2,614.44	3,703.79
56002	150088	Movable E019199 Movable E019200		4/30/2017	2,101.44		SLMM	03 00	7,843.31 2,101.44	425.30		3,703.79 425.30
					15,304.89						300.21 765.25	
56002	150050	Bldg Imp 019321	Property N	5/31/2017			SLMM	20 00	15,304.89	1,020.33	765.25	1,020.33
56002	150050	Bldg Imp 019408		6/30/2017	1,936.78		SLMM	20 00	1,936.78	121.05	96.84	121.05
56002	150050	Bldg Imp 019409	(25) C	6/30/2017	12,001.94		SLMM	20 00	12,001.94	750.13	600.10	750.13
56002	150088	Movable E019410	(25) Genes	6/30/2017	7,843.31		SLMM	03 00	7,843.31	3,268.05	2,614.44	3,268.05
56002	150080	Movable E019411	Vital Signs	6/30/2017	2,134.74		SLMM	07 00	2,134.74	381.20	304.96	381.20
56002	150057	Bldg Imp 019412	Carpet and	6/30/2017	4,556.62		SLMM	10 00	4,556.62	569.58	455.66	569.58 270.45
56002	150057	Bldg Imp 019413	Carpet Inst	6/30/2017	2,235.63		SLMM	10 00	2,235.63	279.45	223.56	279.45
56002	150057	Bldg Imp 019414	•	6/30/2017	912.50		SLMM	10 00	912.50	114.07	91.25	114.07
56002	150057	Bldg Imp 019415	Carpet and	6/30/2017	11,097.24	K	SLMM	10 00	11,097.24	1,387.15	1,109.72	1,387.15

2,593,281.67 2,593,281.67

Sch 23 Total Deprn Sch 29 total Deprn Adj Total Deprn Expense

					2,593,281.67							
					2,593,281.67				2,593,281.67	1,174,438.58	195,299.76	1,175,241.48
										Prior Accum	Current YTD	Current Accum
										Depreciation		Depreciation
Locati	G/L Asset	Acct Desc Sys	Description I	n Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable	9/30/2018	2019	9/30/2019
56002	150057	Bldg Imp 019416	Vinyl Plan	6/30/2017	9,379.94	D	SLMM	10 00	9,379.94	1,172.49	937.99	1,172.49
		~ .	•									
56002	150050	Bldg Imp 019487	GMA Crev	7/31/2017	11,401.05		SLMM	20 00	11,401.05	665.06	570.05	665.06
56002	150085	Movable E019488	22iW Prod	7/31/2017	2,207.80		SLMM	10 00	2,207.80	257.58	220.78	257.58
56002	150057	Bldg Imp 019489	Exhaust Fa	7/31/2017	912.50		SLMM	10 00	912.50	106.46	91.25	106.46
56002	150050	Bldg Imp 019560	Blower Mo	8/31/2017	952.85	R	SLMM	20 00	952.85	51.61	47.64	51.61
56002	150085	Movable E019587	Resident ro	9/30/2017	594.83	P	SLMM	10 00	594.83	59.48	59.48	59.48
56002	150050	Bldg Imp 019817	Property N	10/31/2017	898.72	R	SLMM	20	898.72	41.19	44.94	41.20
56002	150057	Bldg Imp 019818	remodel 2	10/31/2017	10,411.67	R	SLMM	10	10,411.67	954.40	1,041.17	954.41
56002	150057	Bldg Imp 019819	remodel 2	10/31/2017	10,411.67		SLMM	10	10,411.67	954.40	1,041.17	954.41
					7,990.00			10				
56002	150057	Bldg Imp 019820	•	10/31/2017			SLMM		7,990.00	732.42	799.00	732.42
56002	150057	Bldg Imp 019821	Demo and	10/31/2017	6,753.55		SLMM	10		619.08	675.36	619.08
56002	150057	Bldg Imp 019822	Flooring co		3,280.77		SLMM	10		300.74	328.08	300.74
56002	150057	Bldg Imp 019823	Carpet and	10/31/2017	1,609.64		SLMM	10		147.55	160.96	147.55
56002	150088	Movable E019881	Panacea O	11/30/2017	444.75	P	SLMM	3	444.75	123.54	148.25	123.55
56002	150085	Movable E019882	Maxi Rest	11/30/2017	2,847.22	P	SLMM	10	2,847.22	237.27	284.72	237.27
56002	150050	Bldg Imp 019965	remodel 2	12/31/2017	10,411.67	R	SLMM	20	10,411.67	390.44	520.58	390.44
56002	150085	Movable E019966	Namco 110	12/31/2017	870.04	Р	SLMM	10	870.04	65.25	87.00	65.25
56002	150057	Bldg Imp 020062	Carpet and	1/31/2018	3,332.42		SLMM	10		222.16	333.24	222.16
56002	150057	Bldg Imp 020063	Carpet and	1/31/2018	1,600.26		SLMM	10		106.68	160.03	106.68
		~ .	-		2,922.37			7				
56002	150080	Movable E020064	Invacare P	1/31/2018			SLMM			278.32	417.48	278.32
56002	150080	Movable E020065	Speed Que	1/31/2018	614.69		SLMM	7		58.54	87.81	58.55
56002	150085	Movable E020164	3 WHEEL	2/28/2018	465.00	-	SLMM	10	465.00	27.13	46.50	27.13
56002	150080	Movable E020227	6 Thru-Wa	3/31/2018	2,896.85		SLMM	7	2,896.85	206.92	413.84	206.92
56002	150057	Bldg Imp 020228	remodel 2	3/31/2018	10,411.67	R	SLMM	10	10,411.67	520.58	1,041.17	520.59
56002	150050	Bldg Imp 020322	American !	4/30/2018	304.86	R	SLMM	20	304.86	6.35	15.24	6.35
56002	150088	Movable E020323	DermaFloa	4/30/2018	1,063.69	P	SLMM	3	1,063.69	147.73	354.56	147.74
56002	150085	Movable E020324	41 Maxwe	4/30/2018	12,608.82	P	SLMM	10		525.37	1,260.88	525.37
56002	150085	Movable E020325	Bariatric T	4/30/2018	1,069.94		SLMM	10		44.58	106.99	44.58
56002	150057	Bldg Imp 020326	remodel 2	4/30/2018	10,411.67		SLMM	10		433.82	1,041.17	433.82
		<i>U</i> 1			1,960.58							
56002	150085	Movable E020452	(24) Overb	5/31/2018			SLMM	10	1,960.58	65.35	196.06	65.35
56002	150057	Bldg Imp 020453	Acroyvn II	5/31/2018	9,996.90		SLMM	10		333.23	999.69	333.23
56002	150057	Bldg Imp 020454	Install Hali	5/31/2018	23,397.00		SLMM	10	23,397.00	779.90	2,339.70	779.90
56002	150057	Bldg Imp 020481	Install Hali	5/31/2018	1,207.07		SLMM	10		40.24	120.71	40.23
56002	150080	Movable E020543	Blader Sca	6/30/2018	1,922.60		SLMM	7	1,922.60	68.66	274.66	68.67
56002	150057	Bldg Imp 020544	(180) Red	6/30/2018	10,022.60	R	SLMM	10	10,022.60	250.57	1,002.26	250.57
56002	150085	Movable E020592	(2) Excel V	7/31/2018	561.48	P	SLMM	10	561.48	9.36	56.15	9.36
56002	150057	Bldg Imp 020593	Mag Lock	7/31/2018	3,518.53	R	SLMM	10	3,518.53	58.64	351.85	58.64
56002	150057	Bldg Imp 020594	F Wing HV	7/31/2018	4,310.00	R	SLMM	10		71.83	431.00	71.83
56002	150057	Bldg Imp 020595	Wall Chan	7/31/2018	6,912.75		SLMM	10		115.21	691.28	115.21
56002	150057	Bldg Imp 020716	Wall Hung	8/31/2018	304.86		SLMM	20	304.86	1.27	15.24	1.27
		~ .	_		4,586.91							
56002	150085	Movable E020717	Master Bil	8/31/2018			SLMM	10		38.22	458.69	38.23
56002	150100	Movable E020765	Office Cha	9/30/2018	187.07		SLMM	10	187.07	-	18.71	-
56002	150050	Bldg Imp 020766	Install 180	9/30/2018	10,022.56	R	SLMM	20	10,022.56	-	501.13	-
56002	150050	Bldg Imp	Sept Accru	9/30/2018	8,620.00							
56002	150050	Bldg Imp	Sept Accru	9/30/2018	514.72							
56002	150016	Financing 009602	Establish la	10/1/2018	(1,750,000.00)) R	NoDep	00 00	(1,750,000.00)	-		
56002	150046	Financing 009603	Est Buildir	10/1/2018	(15,720,450.02)) R	SLMM	18 06	###############	(5,735,839.91)	-	(5,735,839.91)
56002	150057	Bldg Imp 020827	Paitning W	10/1/2018	5,583.38	R	SLMM	10	5,583.38	-	511.81	-
56002	150050	Bldg Imp	Reversal S	10/1/2018	(8,620.00)				- ,			
56002	150050	Bldg Imp	Reversal S	10/1/2018	(514.72)							
56002	150050	Bldg Imp 020866	3 bathroon		14,915.59		SLMM	10	14,915.59	_	1,367.26	38.23
										-		
56002	150057	Bldg Imp 020867	_	10/31/2018	6,556.48		SLMM	10		-	601.01	38.23
56002	150075	Non Mova 020865	F wing HV		5,265.00		SLMM	10		-	482.63	38.23
56002	150080	Movable E020868		10/31/2018	3,355.00		SLMM	7		-	439.35	38.23
56002	150050	Bldg Imp 020964		11/30/2018	10,099.50	R	RV-FM	20	10,099.50	-	420.81	38.23
56002	150080	Movable E020962	3 Vital Sig	11/30/2018	6,053.79	P	SLMM	7	6,053.79	-	720.69	38.23
56002	150088	Movable E020961	2 Promatt 1	11/30/2018	4,266.06	P	SLMM	3	4,266.06	-	1,185.02	38.23
56002	150088	Movable E020963	2 Mattress	11/30/2018	514.72	P	SLMM	3	514.72	-	142.98	38.23
56002	150057	Bldg Imp 021092	New carpe		6,312.59		SLMM	10		_	473.44	38.23
56002	150080	Movable E021204	C&D Wins	1/31/2019	2,745.00		SLMM	7		_	261.43	38.23
56002	150080	Movable E021204 Movable E021291	TRSX5 18	2/28/2019	297.00		SLMM	10		-		38.23
										-	17.33	
56002	150085	Movable E021292	_	2/28/2019	3,667.99		SLMM	10		-	213.97	38.23
56002	150088	Movable E021290	10 Mattres	2/28/2019	2,414.25		SLMM	3		-	469.44	38.23
56002	150050	Bldg Imp 021606	Allocate G	5/31/2019	9,668.06		SLMM	20		-	161.13	38.23
56002	150100	Movable E021607	Logan Offi	5/31/2019	145.54	P	SLMM	10	145.54	-	4.85	38.23
56002	150050	Bldg Imp 021948	Upgraded !	7/31/2019	2,644.66	R	SLMM	20	2,644.66	-	22.04	38.23
56002	150050	Bldg Imp 021949	New Emer	7/31/2019	558.34	R	SLMM	20	558.34	-	4.65	38.23
56002	150057	Bldg Imp 021809	New Natur	7/31/2019	8,242.12		SLMM	10		-	137.37	38.23
56002	150085	Movable E021808	10 Maxwe	7/31/2019	3,148.49		SLMM	10		_	52.47	38.23
56002	150075	Non Mova 021928	Replaced F	8/31/2019	6,257.25		SLMM	10		_	52.14	38.23
56002	150075	Movable E022039	2 Promatt 1	9/30/2019	3,622.98		SLMM	3		_	-	38.23
20002	10000		= 1.0man l	J. 50/2019	5,522.76	•	SEIVIIVI	3	5,022.76	-	=	50.25

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Nam	e of Facility			License No.		Report for Yea	ır Ended		Page	of
	Poquonnock Road Operations LLC ,d/b/	a Grotor	n center		74	9/30/2019			24	37
	1					Accumulated				
	Date of					Amort. to				
	Acquisition					Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
B.	Mortgage Expense									
	1.									
	2.									
	3.									
	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)									
	Subtotal									
D.	Total Amortization									

^{*} Straight-line method must be 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.

^{**} Specify which of the following bases were used:

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

Name of Facility License 1 1145 Poquonnock Road Operations LI	No. 2374	Report for Year Er 9/30/2019	nded		Page 25	of 37
11. Property Questionnaire						
Part A						
Is the property either owned by the Facility or leased from a Related Party?*	0	Yes	•	No	If "Yes," complet	
*If any owner or operator of this facility is rela	ted by family, 1	marriage, ownership, ab	ility to control or			
business association to any person or organizat	ion from whom	buildings are leased, th	en it is considered			
a related party transaction. Description		Total				
Date Land Purchased		n/a	-			
Date Structure Completed		II/ d	1			
3. If NOT Original Owner, Date of Purch	ase					
4. Date of Initial Licensure			-			
5. Total Licensed Bed Capacity		243				
6. Square Footage						
7. Acquisition Cost						
a. Land						
b. Building				1	1	
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	gage
1. Financing	11 \					
a. Type of Financing (e.g., fixed, varia	ıble)					
b. Date Mortgage Obtained c. Interest Rate for the Cost Year						
d. Term of Mortgage (number of years	.)					
e. Amount of Principal Borrowed	5)					
f. Principal balance outstanding as of						
Complete if Mortgage was Refinance	d					
During Current Cost Year	u					
g. Type of Financing (e.g., fixed, varia	ıble)					
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (number of years	s)					
k. Amount of Principal Borrowed						
 Principal Outstanding on Note Paid 	-Off					
Part C - Arms-Length Leases for Rea	al Property 1	Improvements Onl	y			
Name and Address of Lessor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amoun	t of Lease
Well Tower / Healthcare REIT,	Building a	nd Equipments	04/01/11	20		1,400,349
Address: One Seagate Suite 1500, Toledo, OH						
43603-1475						

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 Y		Page of	
1145 Poquonnock Road Operations L 2374		9/30/2019			26 37
					Residential Care
Item		Total	CCNH	RHNS	Home
12. Interest	1				
A. Building, Land Improvement & Non-Moval Equipment	ole				
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	5) \$				

(Carry Subtotals forward to next page)

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

Name of Facility License N 1145 Poquonnock Road Operations 23		Report for Y 9/30/2019		Page of 27 37		
Item			Total	CCNH	RHNS	Residential Care Home
	otals Bro	ught Forward:	Total	CCIVII	MIND	Care Home
12. C. Movable Equipment	ouis Bro	agni i oi wara.				
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
Address of Lender						
2. Other (<i>Specify</i>)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Inter-	est					
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (Specify)		\$				
13. Total All Interest Expense (12B7 + 120	C3 + 12D) \$				
14. Insurance						
a. Insurance on Property (buildings of	nly)	\$		23,680		18,605
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as s	pecified a	lbove) \$				
1. Umbrella (Blanket Coverage)		130,869		102,825		
2. Fire and Extended Coverage						
3. Other (<i>Specify</i>)		\$				
14d. Total Insurance Expenditures (14a + l		\$		154,549		121,430
15. Total All Expenditures (A-13 thru C-1	4)	\$	14,164,974	10,814,269		3,350,706

D. Adjustments to Statement of Expenditures

	of Fa	-		Lic	cense No.	Report for Yea	r Ended	Page of
1145	Poquo	nnoc	k Road Operations LLC ,d/b/a Groton center		2374	9/30/2019		28 37
	Page				Total Amount of	GGM	PIPIG	Residential Care
	No.		Item Description		Decrease	CCNH	RHNS	Home
Page	10 - S	alarie	es and Wages	Φ.				
l.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$	19,407	12,032		7,375
			sional Fees					
5.	13	8-c	Resident Care Physicians **	\$				
6.			Occupational Therapy	\$				
7.			Other - See attached Schedule	\$	537,421	537,421		
Ĭ	s 15 &	16 -	Administrative and General					
8.			Discriminatory Benefits	\$				
9.	15	1-c	Bad Debts	\$	205,149	127,192		77,957
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 *	\$	13,477	8,355		5,121
19.			Income Tax / Corporate Business Tax	\$				
20.			Fund Raising / Contributions	\$	2,220	2,220		
21.			Unallowable Management Fees	\$	(51,308)	(31,811)		(19,497)
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$	82,439	66,085		16,354
Page	18 - L	Dietary	y Expenditures					
24.			Meals to employees, guests and others					
			who are not residents	\$				
Page	19 - L	aund	ry Expenditures					
25.			Laundry services to employees, guests					
			and others who are not residents	\$				
Page	20 - I	Iouse	keeping Expenditures					
26.			Housekeeping services to employees, guests					
			and others who are not residents	\$				
			Subtotal (Items 1 - 26)		808,804	721,494		87,310

^{*} 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

						Res	sidential
Page Ref	Line Ref	Description		CCNH	RHNS	Car	re Home
10	2	Administrator's salary disallowed	\$	12,032	\$ -	\$	7,375
0	0	Assistant Administrator's salary disallowed	\$	-	\$ -	\$	-
0	0	0	\$	-	\$ -	\$	-
0	0	0	\$	-	\$ -	\$	-
Total Othe	tal Other Salaries Adjustment				\$ -	\$	7,375

Schedule of Fees Adjustments

						Resi	dential
Page Ref	Line Ref	Description	(CCNH	RHNS	Care Home	
13	5	Rehabilitation Services	\$	56,505	\$ •	\$	-
13	5	Rehabilitation Services	\$	382,070	\$ •	\$	-
13	9	Speech Therapist	\$	11,415	\$ •	\$	-
13	10	Occupational Therapist	\$	56,119	\$ •	\$	-
13	12	Other	\$	60	\$ •	\$	-
13	12	Other	\$	-	\$ •	\$	-
13	12	Respiratory Purchased Servies	\$	31,252	\$ •	\$	-
Total Othe	al Other Fees Adjustments			537,421	\$ -	\$	-

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS		esidential are Home
16	m-8a	Chamber of Commerce	\$	-	\$ -	\$	-
16	m-13	Collection Fees	\$	11,087.57	\$ -	\$	6,795.61
16	m-13	Estimated Accrual	\$	(336.50)	\$ -	\$	(206.24)
16	m-13	Non-recurring charges	\$		\$ -	\$	-
16	m-13	Penalty and Fines	\$		\$ -	\$	-
16	m-12	0	\$		\$ -	\$	-
		adj workers comp	\$	55,333.67	\$ -	\$	9,764.76
						·	
Total Othe	al Other A&G Adjustments			66,085	\$ -	\$	16,354

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

Name	e of Fa	acility	D. Aujustments to Statemen		ense No.	Report for Y		Page	of
		-	k Road Operations LLC ,d/b/a Groton center	J10	2374	9/30/2019	car Enaca	29	37
1173	1 oqu		R Road Operations ELEC 34/0/4 Groton center	Ī	Total	7/30/2017		2)	37
Item	Page	Line			Amount of			Residen	itial Care
	No.		Item Description		Decrease	CCNH	RHNS		ome
NO.	INO.	NO.	Subtotals Brought Forward	\$	808,804	721,494	MINS	110	87,310
Dago	20 1	2 osida	nt Care Supplies***	Φ	808,804	721,494			87,310
27.			Prescription Drugs	\$	242,291	242,291			
28.			Ambulance/Limousine	\$	7,613	7,613			
29.			X-rays, etc	\$	8,870	8,870			
30.			Laboratory	\$	30,365	30,365			
31.	20		Medical Supplies	\$	30,363	30,363			
32.	20		11	_	1 522	1.522			
33.	20	3-e-2	Oxygen (non emergency)	\$	1,523	1,523			
34.			Occupational Therapy Other - See Attached Schedule		22.002	22.002			
	22 1	T ·		\$	23,082	23,082			
_	<i>ZZ - I</i> I		enance and Property	4					
35.			Excess Movable Equipment Depreciation	_					
2.6			See Attached Schedule	\$					
36.			Depreciation on Unallowable	_					
27			Motor Vehicles	\$					
37.			Unallowable Property and Real	_					
-			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
	27 - I	nsura		_					
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
	r - Mis	scellai		_					
42.			Other - Indirect	\$	42,789	23,962			18,827
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$	103,719	58,083			45,636
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$					
	or Pr	ofit P	roviders Only	Ц					
48.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -	1					
			See Attached Schedule	\$					
49.	Total	Amou	unt of Decrease (Items 1 - 48)	\$	1,269,056	1,117,283			151,773

^{***} 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.

Attachment Page 29 Attachment Page 29

Schedule of Other Ancillary Costs

						Residenti	
Page Ref	Line Ref	Description		CCNH	RHNS	Care Hor	ne
20	5-j	Consolidated Billing	\$	1,339	3010610300	\$	-
20	5-j	Respiratory Supplies	S	17,402	3155630530	\$	-
20	5-j	Respiratory Rental	s	4,342	3155660080	\$	-
0	0	0	S	-	S -	\$	-
0	0	0	\$	-	S -	\$	
0	0	0	s	-	S -	\$	-
0	0	0	S	-	S -	\$	١
0	0	0	S	-	S -	\$	
Total Other	tal Other Ancillary Costs			23,082	S -	\$	-

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
T-1-1 F		Equipment Depreciation	6	6	6
1 otal Exce	ss Movable	Equipment Depreciation	2 -	3 -	3 -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other	r Property	Adjustments	S -	s -	s -

Schedule of Other - Indirect Adjustments

					Residential
Page Ref		Description	CCNH	RHNS	Care Home
20	5-i	Cable TV	23,961.68	3005660130	18,827.04
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Othe	r Adjustme	nts	\$ 23,962	S -	\$ 18,827

Schedule of Other - Miscellaneous Administrative Adjustments

							Res	idential
Page Ref	Line Ref	Description		CCNH		RHNS	Car	e Home
27	14,c1	General liability Insurance Adjust	S	58,083	S	-	\$	45,636
Total Othe	r Adjustme	nts	S	58,083	S	-	\$	45,636

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other	r Adjustme	nts	S -	S -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unal	lowable Bui	lding Interest	S -	S -	S -

Annual Report of Long-Term Care Facility

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F. Statement of Revenue

Name of Facility License No. 1145 Poquonnock Road Operations LLC ,2374	, 011	Report for Y 9/30/2019	Page of 30 37		
To the state of th		T 4 1	CCNIII	DIDIG	Residential Care
I. Resident Room, Board & Routine Care Revenue		Total	CCNH	RHNS	Home
	¢.	(11 022 670)	(0.529.042)		(2.294.726)
a. Medicaid Residents (CT only) b. Medicaid Room and Board Contractual Allowance **	<u>\$</u>		(9,538,943)		(2,384,736)
2. a. Medicaid (<i>All other states</i>)	\$	4,417,241	3,533,793		883,448
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	<u> </u>	(1.477.060)	(1.477.262)		
b. Medicare Room and Board Contractual Allowance **	<u> </u>	(1,477,262)	(1,477,262)		
Wedicare Room and Board Contractual Allowance A. a. Private-Pay Residents and Other	\$	369,692 (4,523,373)	369,692		(1 211 779)
			(3,211,595)		(1,311,778)
b. Private-Pay Room and Board Contractual Allowance ** II. Other Resident Revenue	\$	436,739	310,085		126,654
	•	(1.50.110)	(1 = 0 1 1 0)		
1. a. Prescription Drugs - Medicare	\$	(158,448)	(158,448)		
b. Prescription Drugs - Medicare Contractual Allowance **	\$	39,652	39,652		
c. Prescription Drugs - Non-Medicare	\$	(98,562)	(61,108)		(37,454)
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	13,416	8,318		5,098
2. <u>a. Medical Supplies - Medicare</u>	\$	(596)	(596)		
b. Medical Supplies - Medicare Contractual Allowance **	\$	149	149		
c. Medical Supplies - Non-Medicare	\$	(105)	(65)		(40)
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	36	22		14
3. <u>a. Physical Therapy - Medicare</u>	\$	(425,576)	(425,576)		
b. Physical Therapy - Medicare Contractual Allowance **	\$	106,503	106,503		
c. Physical Therapy - Non-Medicare	\$	(210,818)	(130,707)		(80,111)
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	26,376	16,353		10,023
4. <u>a. Speech Therapy - Medicare</u>	\$	(55,357)	(55,357)		
b. Speech Therapy - Medicare Contractual Allowance **	\$	13,853	13,853		
c. Speech Therapy - Non-Medicare	\$	(14,932)	(9,258)		(5,674)
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	1,693	1,050		643
5. a. Occupational Therapy - Medicare	\$	(435,809)	(435,809)		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	109,063	109,063		
c. Occupational Therapy - Non-Medicare	\$	(210,519)	(130,522)		(79,997)
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	25,399	15,747		9,652
6. a. Other (Specify) - Medicare	\$	(53,357)	(33,081)		(20,276)
b. Other (Specify) - Non-Medicare	\$	(157,486)	(97,641)		(59,845)
III. Total Resident Revenue (Section I. thru Section II.)	\$	(14,186,067)	(11,241,689)		(2,944,378)
IV. Other Revenue*					
Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$	(1,509)	(1,509)		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$	(3,492)	(3,492)		
V. Total Other Revenue (1 thru 8)	\$	(5,001)	(5,001)		
VI. Total All Revenue (III +V)	\$				(2 2
11. Ioun An Revenue (III + V)	Ф	(14,191,068)	(11,246,690)		(2,944,378)

^{*} 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

							sidential
Page Ref	Description		CCNH	RE	INS	Ca	re Home
II-6-a	Medicare	X-Ray	\$ (2,994)	\$	-	\$	(1,835)
II-6-a	Medicare	Laboratory	\$ (9,042)	\$	-	\$	(5,542)
II-6-a	Medicare	Respiratory Therap	\$ (14,188)	\$	-	\$	(8,696)
II-6-a	Medicare	Nursing Treatment	S -	\$	-	\$	-
II-6-a	Medicare	Audiology	\$ -	\$	-	\$	-
II-6-a	Medicare	Incontinency	S -	\$	-	\$	-
II-6-a	Medicare	Oxygen & Supplies	S -	\$	-	\$	-
II-6-a	Medicare	Physician Visit	\$ -	\$	-	\$	-
II-6-a	Medicare	Ambulance	S -	\$	-	\$	-
II-6-a	Medicare	Flu Shot	\$ (17,899)	\$	-	\$	(10,971)
II-6-a	Contractuals-Medicare	X-Ray	\$ 749	\$	-	\$	459
II-6-a	Contractuals-Medicare	Laboratory	\$ 2,263	\$	-	\$	1,387
II-6-a	Contractuals-Medicare	Respiratory Therap	\$ 3,551	\$	-	\$	2,176
II-6-a	Contractuals-Medicare	Nursing Treatment	S -	\$	-	\$	-
II-6-a	Contractuals-Medicare	Audiology	S -	\$	-	\$	-
II-6-a	Contractuals-Medicare	Incontinency	\$ -	\$	-	\$	-
II-6-a	Contractuals-Medicare	Oxygen & Supplie	s -	\$	-	\$	-
II-6-a	Contractuals-Medicare	Physician Visit	S -	\$	-	\$	-
II-6-a	Contractuals-Medicare	Ambulance	S -	\$	-	\$	-
II-6-a	Contractuals-Medicare	Flu Shot	\$ 4,479	\$	-	\$	2,745
Total Other	r Resident Revenue - Medicare		\$ (33,081)	\$	-	\$	(20,276)

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	Residential Care Home
II-6-b	Medicaid	X-Ray	0	0	(
II-6-b	Medicaid	Laboratory	-338.6378	0	-207.5522
II-6-b	Medicaid	Respiratory Therap	-6484.1522	0	-3974.1578
II-6-b	Medicaid	Nursing Treatment	0	0	(
Related Ex	Medicaid	Respiratory Therap	0	0	(
Related Ex	Medicaid	Nursing Treatment	0	0	(
Related Ex	Medicaid	Audiology	0	0	(
Related Ex	Medicaid	Incontinency	0	0	
Related Ex	Medicaid	Oxygen & Supplies	0	0	(
Related Ex	Medicaid	Physician Visit	0	0	(
Related Ex	Medicaid	Ambulance	0	0	(
Related Ex	Medicaid	Flu Shot	125.4516324	0	76.88971019
Related Ex	Contractuals-Medicaid	X-Ray	2402.116593	0	1472.265008
Related Ex	Contractuals-Medicaid	Laboratory	0	0	(
Related Ex	Contractuals-Medicaid	Respiratory Therap	0	0	0
Related Ex	Contractuals-Medicaid	Nursing Treatment	0	0	(
Related Ex	Contractuals-Medicaid	Audiology	0	0	0
Related Ex	Contractuals-Medicaid	Incontinency	0	0	
Related Ex	Contractuals-Medicaid	Oxygen & Supplier	0	0	(
Related Ex	Contractuals-Medicaid	Physician Visit	0	0	0
Related Ex	Contractuals-Medicaid	Ambulance	-1309.192	0	-802.408
Related Ex	Contractuals-Medicaid	Flu Shot	-4203.3644	0	-2576,2556
Related Ex	Private,insurance, other	X-Ray	-7370.25	0	-4517.25
Related Ex	Private,insurance, other	Laboratory	0	0	0
Related Ex	Private insurance, other	Respiratory Therap	0	0	
Related Ex	Private,insurance, other	Nursing Treatment	0	0	0
Related Ex	Private,insurance, other	Audiology	0	0	0
Related Ex	Private insurance, other	Incontinency	0	0	(
Related Ex	Private,insurance, other	Oxygen & Supplier	0	0	0
Related Ex	Private,insurance, other	Physician Visit	0	0	0
Related Ex	Private,insurance, other	Ambulance	-90439.4	0	-55430.€
Related Ex	Private,insurance, other	Flu Shot	126.4047654	0	77.47388844
Related Ex	Private insurance, other	Capitation Contrac	405.8421459	0	248.7419604
Related Ex	Contractuals-Non-Medicaid	X-Rav	711.6104604	0	436,1483467
Related Ex	Contractuals-Non-Medicaid	Laboratory	0	0	(
Related Ex	Contractuals-Non-Medicaid	Respiratory Theran	0	0	
Related Ex	Contractuals-Non-Medicaid	Nursing Treatment	0	0	(
	Contractuals-Non-Medicaid	Audiology	0	0	(
Related Ex	Contractuals-Non-Medicaid	Incontinency	0	0	(
	Contractuals-Non-Medicaid	Oxygen & Supplie	0	0	(
	Contractuals-Non-Medicaid	Physician Visit	0	0	
	Contractuals-Non-Medicaid	Ambulance	8732.081418	0	5351.920869
	er Resident Revenue	pattitice	\$ (97,641)	-	\$ (59,845)

Interest Income

Account

					Residential
Page Ref	Account	Balance	CCNH	RHNS	Care Home
IV-5	Interest on Overdue Acets	Interest	(1,509.41)	0	0
0	0		0	0	0
Interest Inc	0		0	0	0
			0	0	0
Total Inter	est Income		\$ (1,509)	S -	S -

Schedule of Other Revenue

					Residential
Page Ref	Description		CCNH	RHNS	Care Home
IV-8	HAIRDRESSER - RINEHART	0	(1,100.00)	0	0
IV-8	Bundled Payments for Care Improvement	0	-	0	0
IV-8	RECLASS TO GL 610200-3070	0	(34.70)	0	0
IV-8	REHABCARE SETTLEMENT	0	(0.50)	0	0
IV-8	HUMANA TEST DEPOSIT	0	(0.02)	0	0
IV-8	reclass to 56002-630610-3080	0	(29.40)	0	0
IV-8	reclass to 56002-630610-3080	0	(1,099.00)		
IV-8	RECLASS TO G/L630460-1020 PITNEY BOWES	0	(998.63)		
IV-8	hairdresser fee march and april	0	(200.00)		
IV-8	reclass: 610200-3070	0	(29.40)		
Total Othe	er Revenue		\$ (3,492)	S -	\$ -

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G. Balance Sheet

Name of Facility	License No.		t for Year Ended	P	age of
1145 Poquonnock Road Operations	LLQ 2374	9/30/2	019	3	31 37
	Account				Amount
Assets					
A. Current Assets					
1. Cash (on hand and in bank				\$	7,793
2. Resident Accounts Receiv				\$	1,310,825
3. Other Accounts Receivable	e (Excluding Owners	or Related	Parties)	\$	(67,216)
4 Inventories				\$	43,721
5. Prepaid Expenses				\$	97,523
a				_	
b				_	
c				_	
d. See Schedule			97,523		
6. Interest Receivable				\$	
7. Medicare Final Settlement				\$	
8. Other Current Assets (<i>iten</i>	ıize)			\$	
-				_	
See Schedule					
A-9. Total Current Assets (Lines A	A1 thru 8)			\$	1,392,646
B. Fixed Assets				Φ.	
1. Land	wiii' ' 1 G		4.105	\$	2.616
2. Land Improvements	*Historical Cost		4,185	\$	2,616
2 P '11'	Accum. Deprecia		1,569 Net	Φ.	0.47.522
3. Buildings	*Historical Cost		,291,420	\$	847,523
4 I 1 - 1 1 I	Accum. Deprecia	ation	443,897 Net	0	
4. Leasehold Improvements	*Historical Cost		N-4	\$	
5 Non Manal 1 - Farrian and	Accum. Deprecia *Historical Cost	auon	Net	¢.	(2.7(1
5. Non-Movable Equipment			253,292	\$	62,761
6. Movable Equipment	Accum. Depreciation *Historical Cost		190,531 Net	¢	206 974
6. Movable Equipment			,044,385	2	296,874
7 M-4 X/-1:-1	Accum. Deprecia *Historical Cost	ation	747,511 Net	¢.	
7. Motor Vehicles			Not	\$	
0 Min E i N - 4 D -	Accum. Deprecia	auon	Net	¢.	
8. Minor Equipment-Not Dep	preciable			\$	
9. Other Fixed Assets (itemiz	ze)			\$	
PPE CIP					
See Schedule					
B-10. Total Fixed Assets (Lines	B1 thru 9)			\$	1,209,774

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description

31	a5d	Prepaid Expenses	\$	-
31	a5d	Prepaid Property Tax	\$	89,240
31	a5d	Prepaid Escrow Real Estate	\$	-
31	a5d	Prepaid Personal Property Tax	\$	8,283
Total Prep	Total Prepaid Expenses			
			_	

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

Page Ref	Line Ref	Description	
31	a8d	0	5
31	a8d	0	5
31	a8d	0	9
31	a8d	0	ı
			Γ
			Γ
			Г

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

Page Ref	Line Ref	Description

Total Othe	otal Other Other Fixed Assets (Itemize)					

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

Page Ref	Line Ref	Description		
32	7	ROU Bldg Asset-Oper Lease	\$	6,063,236
32	7	AccumAmort-ROU Bldg OprLease	\$	(55,110)
Total Other Assets				

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	

Page Kei	Line Kei	Description	
Total Note	s Payable		\$ -

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

Page Ref Line Ref Description

33	a12d	Accr Sales and Use Tax - FY18	\$ 9
33	a12d	Acer Exp Water and Sewer	\$ 9,664
33	a12d	Acer Exp Gas	\$ 2,260
33	a12d	Acer Exp Electricity	\$ 8,360
33	a12d	Accr Exp Suspense	\$ -
33	a12d	Deferred Revenue	\$ 50,948
33	a12d	A/R Credit Gross Up Liability	\$ 107,710
33	a12d	Accrued Provider/Bed Tax	\$ 196,810
Total Othe	r Current I	Liabilities (Itemize)	\$ 375,761

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

Page Ref Line Ref Description

rage Kei	Line Kei	Description	
Total Othe	r Current I	iabilities (Itemize)	\$

G. Balance Sheet (cont'd)

Name of Fac	cility	License No.	Report for Year Ended		Page		of
1145 Poquoi	nnock Road Operations LLO	2374	9/30/2019		32		37
		Account			Ar	nount	
			Total Brought Forward:	\$		2,60	2,420
C. Leaseh	old or like property records	ed for Equity Purposes	S.				
1. Lai	nd			\$			
2. Lai	nd Improvements	*Historical Cost					
		Accum. Depreciation	Net	\$			
3. Bu	ildings	*Historical Cost					
		Accum. Depreciation	Net	\$			
4. No	n-Movable Equipment	*Historical Cost					
		Accum. Depreciation	Net	\$			
5. Mo	ovable Equipment	*Historical Cost					
		Accum. Depreciation	Net	\$			
6. Mo	otor Vehicles	*Historical Cost					
		Accum. Depreciation	Net	\$			
	nor Equipment-Not Deprec			\$			
	Leasehold or Like Properti	es (C1 thru 7)		\$			
	ment and Other Assets						
	ferred Deposits			\$			
	crow Deposits			\$			
3. Org	ganization Expense	*Historical Cost					
		Accum. Depreciation	Net	\$			
	odwill (Purchased Only)			\$			
5. Inv	vestments Related to Reside	ent Care (itemize)		\$			
				4			
			T	Ļ			
6. Los	ans to Owners or Related P	- /		\$			
	Name and Address	Amount	Loan Date	4			
7 041	her Assets (itemize)			\$		5 71	8,977
	I/C Due to/Due From Own	ad	(259,150)	Φ		3,74	0,9//
	1/C Due to/Due Floiii Owiii	cu	(239,130)	1			
	See Schedule 6,008,127						
	Investments and Other Ass	ets (Lines D1 thru 7)	0,000,127	\$		5 7/	8,977
	All Assets (Lines A9 + B10	,		\$			1,397
D-7. 100001	(20 20)		Ψ		0,55	1,571

^{*} 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		License No.	Report for Year	Ended		Page	of	
1145 Poquoni	nock	Road Operations LLC ,d/b/	2374	9/30/2019			33	37
		A	Account				Amo	ount
Liabilities								
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable				\$		673,707
	2.	Notes Payable (itemize)				\$		
		See Schedule						
	2		ant (Commont a anti-a	·) (itamina)		\$		
	3.	Loans Payable for Equipme Name of Lender		Amount	Date Due	Þ	_	
		Name of Lender	Purpose	Amount	Date Due			
	4.	Accrued Payroll (Exclusive	of Owners and/or	Stockholders only)	•	\$		214,758
	5.	Accrued Payroll (Owners a	nd/or Stockholders	only)		\$		
	6.	Accrued Payroll Taxes Pay	able			\$		280
	7.	Medicare Final Settlement	Payable			\$		
	8.	Medicare Current Financin	g Payable			\$		
	9.	Mortgage Payable (Current	Portion)			\$		
	10.	Interest Payable (Exclusive	of Owner and/or R	elated Parties)		\$		
	11.	Accrued Income Taxes*				\$		
	12.	Other Current Liabilities (in	temize)			\$		375,761
				See Schedule	375,761			
A-13.	To	tal Current Liabilities (Line	es A1 thru 12)			\$		1,264,506

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d	2374	9/30/2019		34	37
A	Account			Am	ount
		Total Broug	ht Forward:		1,264,506
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment (itemize)					
Name of Lender	Purpose	Amount	Date Due		
2 M (P 11			\$		
3. Loans from Owners or Rela	`	<u> </u>	\$	_	
Name and Address of Lender	Amount	Loan Date			
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
4. Other Long-Term Liabilitie			\$		6,701,112
LT Debt-Financing Obligation 6,701,112					
See Schedule					
			\$		6,701,112
C. Total All Liabilities (Lines A-13 + B-5)					7,965,618

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

	ne of Facility License No. Report for Year Er	ided	Page	of
114	5 Poquonnock Road Operations LI 2374 9/30/2019 Account	<u> </u>	35	ount 37
Α.				ount
	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 bas	sed \$	}	
	5. Reserve for funds set aside as donor restricted	\$	<u> </u>	
	6. Total Reserves	\$	}	
В.	Net Worth			
	1. Owner's Capital	\$,	
	2. Capital Stock	\$	}	
	3. Paid-in Surplus	\$		(4,490,840)
	4. Treasury Stock	\$	}	
	5. Cumulated Earnings	\$	}	4,850,523
	6. Gain or Loss for Period 10/1/2018 thru 9/3	0/2019 \$	<u> </u>	26,096
	7. Total Net Worth	\$	}	385,779
C.	Total Reserves and Net Worth	\$	}	385,779
D.	Total Liabilities, Reserves, and Net Worth	\$	1	8,351,397

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H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	r Ended	Page	of
1145	Poquonnock Road Operations LLC	2374	9/30/2019		36	37
		Account			A ₁	nount
A.	Balance at End of Prior Period as s	shown on Report of 0	9/30/2018		\$	359,686
B.	Total Revenue (From Statement of	Revenue Page 30)			\$	14,191,068
C.	Total Expenditures (From Stateme	nt of Expenditures Pa	age 27)		\$	14,164,975
D.	Net Income or Deficit				\$	26,093
E.	Balance				\$	385,779
F.	Additions					
	1. Additional Capital Contributed	(itemize)				
	2 01 (1 1)					
	2. Other (<i>itemize</i>)					
F-3.	Total Additions				\$	
G.	Deductions Deductions				ψ	
G.	Drawings of Owners/Operators	s/Partners (Snacify)			\$	
	Name and Address (<i>No., City,</i>	\ 1 00/	Title	Amount)	
	Trume and Fiduless (170., City,	State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)				\$	
	Purpose Amount			φ		
	T utpose Amount					
	2 Tatal Dadwatiana				¢	
TT	3. Total Deductions Ralance at End of Pariod	00/20/10	<u> </u>		\$	205 770
Н.	Balance at End of Period	09/30/19	9		\$	385,779

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of			
1145 Poquonnock Road Operations LLC	2374	9/30/2019	37 37			
Check appropriate category						
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home				
Preparer/Reviewer Certification						
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.						
Signature of Preparer	Title	Date Signed				
Printed Name of Preparer						
Thomas Farnan						
Addres Address	Phone Number					
200 Brickstone Square, Andover, MA 0181	978-247-5029					
Contacted Person Regarding Additional Info	Phone Number					
Thomas Farnan	978-247-5029	978-247-5029				
Contact Email Address						
Thomas Farnan@genesishcc.com						