

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North	
Address (No. & Street, City, State, Zip Code) One Emerson Drive, Windsor, CT 06095	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2376	RHNS	(Specify)	Medicare Provider 07-5279
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Medicaid Provider Numbers:	CCNH 000010769	RHNS	ICF-IID
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**For Department Use Only**

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

### General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberl	2376	9/30/2019	1	37

#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North [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) Courtney Wood			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility One Emerson Drive, Windsor, CT 06095				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/28/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$	22,303	22,303	
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	4,372,791	4,372,791	
5. All other wages paid	\$	589,331	589,331	
6. <b>Total Wages Paid</b>	\$	4,984,425	4,984,425	
7. Total salaries paid	\$	211,209	211,209	
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$	5,195,635	5,195,635	

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility 860-688-6443	Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall		Address (No. & Street, City, State, Zip) One Emerson Drive, Windsor, CT 06095		
License Numbers:	CCNH 2376	RHNS (Specify)	Medicare Provider No. 07-5279	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No                   If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Courtney Wood		Nursing Home Administrator's License No.:	02097	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		









**1 Emerson Drive North Operations LLC**  
**OWNERSHIP DISCLOSURE**

**LICENSEE**

**1 Emerson Drive North Operations LLC**

c/o Corporation Service Company, 50 Weston Street, Hartford CT 06120

FEIN: 26-0842012

Provider Location: Kimberly Hall North, 1 Emerson Drive, Windsor CT 06095

Ownership: Genesis CT Holdings LLC (100%)

**MEMBER OF LICENSEE**

**Genesis CT Holdings LLC**

c/o Corporation Service Company, 50 Weston Street, Hartford CT 06120

FEIN: 26-0787896

Ownership: Genesis Operations LLC (100%)

**UBSIDIARIES HAVING INDIRECT BENEFICIAL OWNERSHIP**

**Genesis Operations LLC**

c/o Corporation Service Company, 2711 Centerville Road , Suite 400, Wilmington, DE, 19808

FEIN: 26-0787826

Ownership: GHC Holdings LLC (100% membership interest)

**GHC Holdings LLC**

c/o Corporation Service Company, 2711 Centerville Road , Suite 400, Wilmington, DE, 19808

FEIN: 26-0740682

Ownership: Genesis HealthCare LLC (100% membership interest)

**Genesis HealthCare LLC (Parent Company)**

c/o CT Corporation System, 100 Pine Street, Suite 325, Harrisburg, PA, 17101

EIN: 27-3237296

Ownership: GEN Operations II, LLC. (100% membership interest)

**STMENT ENTITIES HAVING BENEFICIAL OWNERSHIP**

**GEN Operations II, LLC**

EIN: 27-3237225

101 East State Street

Kennett Square, PA 19348

**Ownership**

GEN Operations I, LLC (100%)

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**GEN Operations I, LLC**

EIN: 27-3237090

101 East State Street

Kennett Square, PA 19348

*Ownership*

FC-GEN Operations Investment, LLC (100%)

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**FC-GEN Operations Investment, LLC**

EIN: 27-3237005

101 East State Street

Kennett Square, PA 19348

*Ownership*

Sun Healthcare Group, Inc. (approximately 59.2957%)

Sundance Rehabilitation Holdco, Inc. (5.5444%)

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

Other members that do not trigger 5% ownership test

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**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%)

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**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

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**HCCF Management Group XI, LLC**

EIN: 20-8751674

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

*Ownership*

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

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

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**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

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**Welltower Inc.**

EIN: 34-1096634

4500 Dorr Street

Toledo, OH 43615

*Ownership*

(publicly traded company on the New York Stock Exchange)

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**Senior Care Genesis, LLC**

EIN: 20-8282470

234 Church Street, Suite 901

New Haven, CT 06510

Ownership

David Reis<sup>[3]</sup>

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

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

<sup>3</sup> 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 1 Emerson Drive North Operations LLC,d/b/a Kimberly	License No. 2376	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	543,994	543,994
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	332,992	332,992
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	37,391	37,391
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	84%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	4,413	4,413
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	253,358	253,358
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A		
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a	License No. 2376	Report for Year Ended 9/30/2019	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain fully why such allocation was not made.				

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

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

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Ha			License No. 2376		Report for Year Ended 9/30/2019		Page of 6   37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Total ***</b>								

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

\*\* Attach copies of newly acquired leases.

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility 1 Emerson Drive North Operations	License No. 2376	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
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Services Provided by This Firm (*describe fully*)

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

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

**Legal Services Information**

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

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

Services Provided by This Firm (*describe fully*)

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

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



### Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North		2376			9/30/2019				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	150	150			150	150			150	150			
B. On last day of THIS report period	150	150			150	150			150	150			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	137	137			137	137			134	134			
B. As of midnight of THIS report period	142	142			134	134			142	142			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,224	1,224			836	836			388	388			
B. Medicaid (Conn.)	41,699	41,699			31,217	31,217			10,482	10,482			
C. Medicaid (other states)													
D. Private Pay	6,108	6,108			4,411	4,411			1,697	1,697			
E. State SSI for RCH													
F. Other (Specify)	660	660			549	549			111	111			
G. Total Care Days During Period (3A thru F)	49,691	49,691			37,013	37,013			12,678	12,678			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	15	15			12	12			3	3			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	49,706	49,706			37,025	37,025			12,681	12,681			

### Schedule of Resident Statistics (Cont'd)

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a			License No. 2376			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5		114		23								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	486.63		213.10		400.76								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,920	1,920			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									116	116			
C. Other									5,023	5,023			
D. <b>Total Physical Therapy Treatments</b>									7,059	7,059			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									222	222			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									23	23			
C. Other									589	589			
D. <b>Total Speech Therapy Treatments</b>									834	834			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,581	2,581			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									114	114			
C. Other									6,089	6,089			
D. <b>Total Occupational Therapy Treatments</b>									8,784	8,784			

### Report of Expenditures - Salaries & Wages

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall	License No. 2376	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	102,737	2,064				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	177,713	8,226				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	58,541	2,250				
b. Other Maintenance Workers	48,041	2,263				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	22,303	1,284				
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	108,472	2,009				
b. RN						
1. Direct Care	1,254,495	31,724				
2. Administrative**	85,073	2,171				
c. LPN						
1. Direct Care	786,752	24,612				
2. Administrative**						
d. Aides and Attendants	2,172,421	121,847				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	146,998	8,568				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	158,039	6,144				
n. Marketing						
o. Other (Specify) See Attached Schedule	74,050	4,028				
<i>A-13. Total Salary Expenditures</i>	5,195,635	217,192				

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

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

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



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

Name of Facility				License No.	Report for Year Ended			Page	of	
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North				2376	9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North				2376	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Courtney Wood	71,380				Management of Center	1,496	2			
Narvaez,Molly Elizabeth 10/1/2018-1/8/2019	31,358				Management of Center	568	2			
					Management of Center		2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
1 Emerson Drive North Operations LLC,d/b/a Kimb	2376	9/30/2019	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	13,895	95				
3. Pharmacist	15,286	312				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	167,937	2,301				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	30,293	160				
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	32,381	415				
b. Other						
10. Occupational Therapist						
a. Resident Care	146,992	2,014				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	4,172	99				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	393					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>411,349</b>	<b>5,395</b>				

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

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

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





**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Ki	2376	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 242,916	242,916		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 45,304	45,304		
4. Social Security (F.I.C.A.)	\$ 380,262	380,262		
5. Health Insurance	\$ 564,591	564,591		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 192,823	192,823		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 38,107	38,107		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 113,317	113,317		
d. Accounting and Auditing	\$			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 13,712	13,712		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 41,761	41,761		
2. Cellular Phones	\$ 698	698		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 413	413		
3. Resident Day User Fee	\$ 1,004,209	1,004,209		
<b>Subtotal</b>	\$ 2,638,114	2,638,114		

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Union Health & Welfare	\$ 7	\$ -	\$ -
Union Health & Welfare	\$ 921	\$ -	\$ -
Union Health & Welfare	\$ 217	\$ -	\$ -
Union Health & Welfare	\$ 445	\$ -	\$ -
Union Health & Welfare	\$ 28	\$ -	\$ -
Union Health & Welfare	\$ 19	\$ -	\$ -
Union Health & Welfare	\$ 20,977	\$ -	\$ -
Union Health & Welfare	\$ 444		
Employee Benefits-Other	\$ 2,000		
Employee Benefits-Other	\$ 4,000		
Employee Benefits-Other	\$ 9,047		
Union Health & Welfare	\$ 4		
<b>Total</b>	\$ 38,107	\$ -	\$ -

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Sales Tax	\$ 413	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
<b>Total</b>	\$ 413	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimber	2376	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	2,638,114	2,638,114		
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 70	70		
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 3,097	3,097		
5. Education Expenses Related to Seminars and Conventions	\$ 359	359		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 9,207	9,207		
4. Fund-Raising***	\$			
5. Medical Records	\$ (0)	(0)		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 3,476	3,476		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 11,468	11,468		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 105	105		
10. Contributions*** See Attached Schedule	\$ 1,898	1,898		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 4,920	4,920		
12. Administrative Management Services**	\$ 550,472	550,472		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 57,287	57,287		
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$ 3,280,473</b>	<b>3,280,473</b>		

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

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

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

## Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 2,712	\$ -	\$ -
Marketing Expense	\$ 5,114	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 1,390	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ (9)	\$ -	\$ -
<b>Total Other Advertising</b>	\$ 9,207	\$ -	\$ -

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 11,468	\$ -	\$ -
Dues to Chamber of Commerce	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
<b>Total Dues</b>	\$ 11,468	\$ -	\$ -

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 75	\$ -	\$ -
Political Contributions	\$ 1,823	\$ -	\$ -
	0 \$ -	\$ -	\$ -
<b>Total Contributions</b>	\$ 1,898	\$ -	\$ -

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 9,498	\$ -	\$ -
Collection Fees	\$ 43,813	self-disallowed	\$ -
Education Expense	\$ 5	\$ -	\$ -
Employee Physicals	\$ 6,593	\$ -	\$ -
Employee Relations	\$ 2,129	\$ -	\$ -
Printing	\$ 201	\$ -	\$ -
Training Expense	\$ 553	\$ -	\$ -
Fines & Penalties	\$ -	self-disallowed	\$ -
Miscellaneous	\$ (92)	\$ -	\$ -
Rental Expense	\$ 2,770	\$ -	\$ -
Accrued Expense Estimation	\$ 3,112	self-disallowed	\$ -
Landlord Operating Taxes	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ 20	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ (11,314)	\$ -	\$ -
<b>Total Other Administrative and General</b>	\$ 57,287	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility 1 Emerson Drive North Operations LLC,c	License No. 2376	Report for Year Ended 9/30/2019	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	543,994	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)**

Name of Facility		License No.	Report for Year Ended		Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberl		2376	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 230,747	230,747			
2.	Non-Food Supplies	\$ 34,225	34,225			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 692,412	692,412			
c. Other (Specify) _____		\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 957,383</b>	<b>957,383</b>			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly		License No. 2376	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	6,287	6,287	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	8,574	8,574	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	215,012	215,012	
c. Other (Specify)		\$			
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>229,872</b>	<b>229,872</b>	
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
1 Emerson Drive North Operations LLC,d/b/a H		2376	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	28,096	28,096		
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$	331,242	331,242		
	C. Other ( <i>Specify</i> )		\$			
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>			\$ 359,338	359,338		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	45,280	45,280		
	b. Medicine Cabinet Drugs	\$	26,843	26,843		
	c. Medical and Therapeutic Supplies	\$	101,328	101,328		
	d. Ambulance/Limousine***	\$	4,110	4,110		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	4,442	4,442		
	f. X-rays and Related Radiological Procedures***	\$	3,756	3,756		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	2,888	2,888		
	i. Recreation	\$	44,951	44,951		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	59,623	59,623		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>			\$ 293,221	293,221		

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

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

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

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



## Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 61,430	\$ -	\$ -
Advertising-Help Wanted	\$ (11,820)	\$ -	\$ -
Advertising-Help Wanted	\$ 903	\$ -	\$ -
Books, Dues & Subscriptions	\$ 120	\$ -	\$ -
Education Expense	\$ 1,803	\$ -	\$ -
Supplies	\$ 987	\$ -	\$ -
Supplies	\$ 5,010	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ 75	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 568	\$ -	\$ -
Rental Expense	\$ 904	\$ -	\$ -
Consolidated Billing	\$ (407)	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Supplies	\$ 50	\$ -	\$ -
	0	\$ -	\$ -
<b>Total Other Resident Care</b>	\$ 59,623	\$ -	\$ -

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

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North			License No. 2376		Report for Year Ended 9/30/2019			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	215,012			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	331,242			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	688,720			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
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		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
1 Emerson Drive North Operations LLC,d/b/a	2376	9/30/2019			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	106,039	106,039			
b. Heat	\$	17,681	17,681			
c. Light & Power	\$	227,181	227,181			
d. Water	\$	105,181	105,181			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$					
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$</b>	<b>456,082</b>	<b>456,082</b>			
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	106	106			
c. Non-Movable Equipment	\$	227	227			
d. Movable Equipment	\$	310	310			
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$</b>	<b>642</b>	<b>642</b>			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	794,674	794,674			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	110,228	110,228			
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$</b>	<b>905,544</b>	<b>905,544</b>			

\* 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	0	CCNH	RHNS	(Specify)
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
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	0	\$ -	\$ -	\$ -
<b>Total Other Repairs and Maintenance</b>		\$ -	\$ -	\$ -

### Depreciation Schedule

Name of Facility			License No.			Report for Year Ended			Page	of				
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North			2376			9/30/2019			23	37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
<b>A. Land Improvements</b>														
1. Acquired prior to this report period							S/L	Various						
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
A-4. Subtotal														
<b>B. Building and Building Improvements</b>														
1. Acquired prior to this report period			38,814		38,814	165	S/L	Various	4					
2. Disposals (attach schedule)			(38,814)		(38,814)	(165)								
3. Acquired during this report period (attach schedule)			52,429		52,429				102					
B-4. Subtotal										106				
<b>C. Non-Movable Equipment</b>														
1. Acquired prior to this report period							S/L	Various						
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)			13,613		13,613				227					
C-4. Subtotal										227				
			Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
			Yes	No	Month	Year								
<b>D. Movable Equipment</b>														
1. Motor Vehicles (Specify name, model and year of each vehicle)														
a.														
b.														
c.														
d.														
2. Movable Equipment														
a. Acquired prior to this report period							541,024		541,024	397,728	S/L	Various	0	
b. Disposals (attach schedule)							(541,024)		(541,024)	(397,728)				
c. Acquired during this report period (attach schedule)							7,922		7,922				310	
D-3. Subtotal														310
<b>E. Total Depreciation</b>														642



Kimberly Hall North  
Asset Deletions

Locati	G/L Asset	Sys	Ex	Description	In Svc Date	(579,837.33)		PT	DeprMeth	EstLife	(397,892.50)		Center Name	State
						AcquiredValue	Depreciation				Current	Accum		
55006	150050	Bldg Imp	019769	000	Property Management Time All	10/31/2017	\$ (3,595)	R	SLMM	20	00	(164.77)	Kim North	
55006	150050	Bldg Imp			Sep 2018 Accruals- Raintech Sc	9/30/2018	\$ (31,885)					-	Kim North	
55006	150057	Bldg Imp	020796	000	Epoxy Kitchen Floor	9/30/2018	\$ (3,334)	R	SLMM	10	00	-	Kim North	
55006	150080	Movable E.	001905	000	oxygen concentrators from Resq	12/31/2011	(1,095.71)	P	SLMM	04	11	(1,095.71)	Kim North	CT
55006	150080	Movable E.	001906	000	5 PTACs 7000 BTU	12/31/2011	(2,400.93)	P	SLMM	05	11	(2,400.93)	Kim North	CT
55006	150080	Movable E.	001908	000	Digital Lift Scale, 600 lb. Ca	12/31/2011	(620.11)	P	SLMM	06	01	(620.11)	Kim North	CT
55006	150080	Movable E.	001915	000	PRESS, HEAT SEAL. STAND	12/31/2011	(759.75)	P	SLMM	06	05	(759.75)	Kim North	CT
55006	150080	Movable E.	001935	000	Tax added - OLS laundry system	12/31/2011	(14,531.92)	P	SLMM	06	11	(14,181.75)	Kim North	CT
55006	150080	Movable E.	001947	000	Reliant 450 Series Floor Lift,	2/29/2012	(3,991.68)	P	SLMM	07	00	(3,754.08)	Kim North	CT
55006	150080	Movable E.	001966	000	lb commercial washing machine	7/31/2012	(7,200.96)	P	SLMM	07	00	(6,343.71)	Kim North	CT
55006	150080	Movable E.	002050	000	PTAC Resistance Heat, 9,000 B	2/28/2013	(3,035.51)	P	SLMM	07	00	(2,421.21)	Kim North	CT
55006	150080	Movable E.	014545	000	3 PTAC Resistance Heat, 9,700	4/30/2014	(2,013.08)	P	SLMM	07	00	(1,270.15)	Kim North	CT
55006	150080	Movable E.	015462	000	Sales and Use Tax 12/2014	12/31/2014	(202.00)	P	SLMM	07	00		Kim North	CT
55006	150080	Movable E.	015648	000	2 Spot Vital Signs Monitor, NIE	3/31/2015	(4,658.09)	P	SLMM	07	00	(2,329.04)	Kim North	CT
55006	150080	Movable E.	017120	000	GE Zoneline PTAC	11/30/2015	(2,684.10)	P	SLMM	07	00	(1,086.41)	Kim North	CT
55006	150080	Movable E.	017484	000	Rice Lake Fold-Up Portable Wt	2/29/2016	(1,919.15)	P	SLMM	07	00	(708.27)	Kim North	CT
55006	150080	Movable E.	017934	000	Invacare Perfecto2 V 5-Liter O	5/31/2016	(1,942.93)	P	SLMM	07	00	(647.64)	Kim North	CT
55006	150080	Movable E.	019140	000	PTAC Resistance Heat, 9,000 B	4/30/2017	(2,241.77)	P	SLMM	07	00	(453.69)	Kim North	CT
55006	150080	Movable E.	019510	000	Floor Lift with Slings	8/31/2017	(6,160.11)	P	SLMM	07	00	(953.36)	Kim North	CT
55006	150080	Movable E.	020254	000	4 PTAC, Resistance Heat, 9,00	3/31/2018	(2,067.36)	P	SLMM	07	00	(147.67)	Kim North	CT
55006	150080	Movable E.	020353	000	Cabinet for over the counter dru	4/30/2018	(324.53)	P	SLMM	07	00	(19.32)	Kim North	CT
55006	150080	Movable E.	020485	000	TV and Mount	6/30/2018	(244.54)	P	SLMM	07	00	(8.74)	Kim North	CT
55006	150085	Movable E.	001840	000	CONVECTION DOUBLE DEC	12/31/2011	(3,698.98)	P	SLMM	03	06	(3,698.98)	Kim North	CT
55006	150085	Movable E.	001841	000	INSTALLATION OF KITCHEN	12/31/2011	(427.00)	P	SLMM	03	06	(427.00)	Kim North	CT
55006	150085	Movable E.	001845	000	Wheel Chairs	12/31/2011	(1,427.74)	P	SLMM	03	10	(1,427.74)	Kim North	CT
55006	150085	Movable E.	001846	000	Sirius II-6 stellar gas conv	12/31/2011	(3,150.37)	P	SLMM	04	02	(3,150.37)	Kim North	CT
55006	150085	Movable E.	001849	000	Vertical Cutter Mixer	12/31/2011	(1,955.72)	P	SLMM	04	07	(1,955.72)	Kim North	CT
55006	150085	Movable E.	001850	000	Refrigerator	12/31/2011	(1,149.88)	P	SLMM	04	08	(1,149.88)	Kim North	CT
55006	150085	Movable E.	001852	000	Wheelchair	12/31/2011	(88.59)	P	SLMM	04	09	(88.59)	Kim North	CT
55006	150085	Movable E.	001853	000	Chairs	12/31/2011	(9,284.23)	P	SLMM	05	00	(9,284.23)	Kim North	CT
55006	150085	Movable E.	001855	000	Headboard/Foodboard for NOA	12/31/2011	(3,700.72)	P	SLMM	05	03	(3,700.72)	Kim North	CT
55006	150085	Movable E.	001856	000	Twin Gallon Coffee URN	12/31/2011	(1,095.69)	P	SLMM	05	03	(1,095.69)	Kim North	CT
55006	150085	Movable E.	001857	000	Colpac Chilling Unit	12/31/2011	(752.93)	P	SLMM	05	03	(752.93)	Kim North	CT
55006	150085	Movable E.	001858	000	Food processor	12/31/2011	(1,383.08)	P	SLMM	05	03	(1,383.08)	Kim North	CT
55006	150085	Movable E.	001860	000	Hot Water Heater	12/31/2011	(4,635.73)	P	SLMM	05	04	(4,635.73)	Kim North	CT
55006	150085	Movable E.	001861	000	Install Hot water Heater	12/31/2011	(469.85)	P	SLMM	05	04	(469.85)	Kim North	CT
55006	150085	Movable E.	001862	000	Rehab Equipment Hoggan UBE	12/31/2011	(1,671.35)	P	SLMM	05	05	(1,671.35)	Kim North	CT
55006	150085	Movable E.	001863	000	Rehab Equipment Parallel Bars-	12/31/2011	(2,259.27)	P	SLMM	05	05	(2,259.27)	Kim North	CT
55006	150085	Movable E.	001864	000	Rehab Equipment Wall Mount I	12/31/2011	(1,219.25)	P	SLMM	05	05	(1,219.25)	Kim North	CT
55006	150085	Movable E.	001865	000	Elec Hi-Lo Stand-in Table, freig	12/31/2011	(1,296.18)	P	SLMM	05	06	(1,296.18)	Kim North	CT
55006	150085	Movable E.	001866	000	Bed Headboard/Footboard	12/31/2011	(6,773.93)	P	SLMM	05	07	(6,773.93)	Kim North	CT
55006	150085	Movable E.	001867	000	New Garbage disposer for kitch	12/31/2011	(843.56)	P	SLMM	05	09	(843.56)	Kim North	CT
55006	150085	Movable E.	001868	000	Riser bed, electric bed, side rail:	12/31/2011	(64,116.48)	P	SLMM	05	09	(64,116.48)	Kim North	CT
55006	150085	Movable E.	001869	000	Installation of Electric bed, bed	12/31/2011	(37,954.46)	P	SLMM	05	09	(37,954.46)	Kim North	CT
55006	150085	Movable E.	001872	000	conveyor toaster	12/31/2011	(513.32)	P	SLMM	05	11	(513.32)	Kim North	CT
55006	150085	Movable E.	001873	000	wheelchairs (4)	12/31/2011	(619.90)	P	SLMM	06	00	(619.90)	Kim North	CT
55006	150085	Movable E.	001874	000	Ser. Heat/cool, 7000/6900 BTU	12/31/2011	(1,130.03)	P	SLMM	06	01	(1,130.03)	Kim North	CT
55006	150085	Movable E.	001875	000	Ser. Heat/Cool	12/31/2011	(274.35)	P	SLMM	06	02	(274.35)	Kim North	CT
55006	150085	Movable E.	001885	000	(10) Wheelchairs	12/31/2011	(1,676.72)	P	SLMM	06	10	(1,656.27)	Kim North	CT
55006	150085	Movable E.	001891	000	(2) Wheelchair, excerl 16", REM	12/31/2011	(216.29)	P	SLMM	07	03	(201.35)	Kim North	CT
55006	150085	Movable E.	001895	000	(1) 6 Pan Steam N Hold, Dir Su	12/31/2011	(4,468.18)	P	SLMM	07	06	(4,021.38)	Kim North	CT
55006	150085	Movable E.	001898	000	Beds, Queens Pride package	12/31/2011	(2,376.31)	P	SLMM	08	00	(2,005.02)	Kim North	CT
55006	150085	Movable E.	001899	000	Conveyor/Radiant Toaster Vari:	12/31/2011	(469.20)	P	SLMM	08	01	(391.84)	Kim North	CT
55006	150085	Movable E.	001901	000	sales tax added - 35 Carlton w/a	12/31/2011	(10,618.20)	P	SLMM	08	06	(8,432.10)	Kim North	CT
55006	150085	Movable E.	001904	000	Sales tax added - 18 42" square	12/31/2011	(3,177.70)	P	SLMM	08	09	(2,451.40)	Kim North	CT
55006	150085	Movable E.	001907	000	Hubbell booster heater for dieta	12/31/2011	(5,242.50)	P	SLMM	09	00	(3,931.88)	Kim North	CT
55006	150085	Movable E.	001919	000	1 modular cuber & 1 ice dispens	12/31/2011	(4,867.82)	P	SLMM	09	06	(3,458.70)	Kim North	CT
55006	150085	Movable E.	001921	000	Various pieces of furniture	12/31/2011	(572.74)	P	SLMM	09	08	(399.94)	Kim North	CT
55006	150085	Movable E.	001922	000	Various pieces of furniture	12/31/2011	(1,157.15)	P	SLMM	09	08	(808.04)	Kim North	CT
55006	150085	Movable E.	001927	000	(3) KIT,SUPER HEMI,F/WHEEL	12/31/2011	(520.09)	P	SLMM	09	09	(360.05)	Kim North	CT
55006	150085	Movable E.	001960	000	Fabricate & install dishwasher t	5/31/2012	(818.90)	P	SLMM	10	00	(518.64)	Kim North	CT
55006	150085	Movable E.	001963	000	SUPER HEMI,F/WHEELCHAIR	6/30/2012	(631.86)	P	SLMM	10	00	(394.93)	Kim North	CT
55006	150085	Movable E.	001995	000	Entrée XL head end corner	7/31/2012	(11,318.62)	P	SLMM	10	00	(6,979.81)	Kim North	CT
55006	150085	Movable E.	002026	000	Various pieces of furniture	7/31/2012	(3,758.73)	P	SLMM	10	00	(2,317.86)	Kim North	CT
55006	150085	Movable E.	002029	000	Various pieces of furniture	9/30/2012	(23,284.51)	P	SLMM	10	00	(13,970.70)	Kim North	CT
55006	150085	Movable E.	002030	000	Various pieces of furniture	9/30/2012	(55,690.09)	P	SLMM	10	00	(33,414.06)	Kim North	CT
55006	150085	Movable E.	002031	000	Various window treatments	9/30/2012	(34,348.06)	P	SLMM	10	00	(20,608.86)	Kim North	CT
55006	150085	Movable E.	002048	000	Various pieces of kitchen equip:	12/31/2012	(16,531.71)	P	SLMM	10	00	(9,505.73)	Kim North	CT

Kimberly Hall North  
Asset Deletions

Locati	G/L Asset	Sys	Ex	Description	In Svc Date	(579,837.33)		DeprMeth	EstLife	(397,892.50)		Center Name	State
						AcquiredValue	PT			Current Accum	Depreciation		
55006	150085	Movable E.002051	000	2 loveseats	1/31/2013	(3,590.37)	P	SLMM	10 00	(2,034.56)	Kim North	CT	
55006	150085	Movable E.002079	000	Integrity tub and console scale	6/30/2013	(19,965.19)	P	SLMM	10 00	(10,481.73)	Kim North	CT	
55006	150085	Movable E.002084	000	OmniCycle Elite Rehab System	9/30/2013	(18,708.03)	P	SLMM	10 00	(9,354.00)	Kim North	CT	
55006	150085	Movable E.002091	000	Space Saver Advantage Bathing	10/31/2013	(15,791.00)	P	SLMM	10 00	(7,763.91)	Kim North	CT	
55006	150085	Movable E.013982	000	Food Processor, 7 Qt.,	11/30/2013	(3,481.20)	P	SLMM	10 00	(1,682.58)	Kim North	CT	
55006	150085	Movable E.014093	000	Sneeze guard	12/31/2013	(1,259.49)	P	SLMM	10 00	(598.26)	Kim North	CT	
55006	150085	Movable E.014544	000	Freezer, Undercounter Reach-in	4/30/2014	(2,893.76)	P	SLMM	10 00	(1,278.10)	Kim North	CT	
55006	150085	Movable E.016054	000	Backflow preventor for dishwas	4/30/2015	(800.82)	P	SLMM	10 00	(273.61)	Kim North	CT	
55006	150085	Movable E.016289	000	Hotel Cuber	4/30/2015	(5,104.80)	P	SLMM	10 00	(1,659.06)	Kim North	CT	
55006	150085	Movable E.017121	000	4.5 QT MIXER	11/30/2015	(348.09)	P	SLMM	10 00	(98.63)	Kim North	CT	
55006	150085	Movable E.017244	000	Medical grade refrigerator	12/31/2015	(527.54)	P	SLMM	10 00	(145.06)	Kim North	CT	
55006	150085	Movable E.019276	000	Booster for North dishwasher	5/31/2017	(5,205.00)	P	SLMM	10 00	(694.01)	Kim North	CT	
55006	150085	Movable E.020344	000	Drive Bariatric Free-Standing T	4/30/2018	(741.70)	P	SLMM	10 00	(30.91)	Kim North	CT	
55006	150087	Movable E.001876	000	32i Automatic Disk Speed Scrul	12/31/2011	(2,140.47)	P	SLMM	01 03	(2,140.47)	Kim North	CT	
55006	150087	Movable E.001886	000	(1) 20i Burnisher 2000 RPM- S	12/31/2011	(492.53)	P	SLMM	01 10	(492.53)	Kim North	CT	
55006	150087	Movable E.001900	000	Genesis only defib, aed, semi, n	12/31/2011	(662.33)	P	SLMM	03 03	(662.33)	Kim North	CT	
55006	150087	Movable E.001910	000	ALARM,PRESSURE SENSIN	12/31/2011	(721.33)	P	SLMM	04 02	(721.33)	Kim North	CT	
55006	150087	Movable E.001911	000	3 ALARM,SENSOR,BED,180-	12/31/2011	(791.67)	P	SLMM	04 02	(791.67)	Kim North	CT	
55006	150087	Movable E.001954	000	32" electric firebox	3/31/2012	(1,095.83)	P	SLMM	05 00	(1,095.83)	Kim North	CT	
55006	150087	Movable E.001955	000	(2) 22" extractors, 26" vacuum,	3/31/2012	(6,383.72)	P	SLMM	05 00	(6,383.72)	Kim North	CT	
55006	150087	Movable E.002044	000	Carpet cleaner and vacuum	10/31/2012	(9,502.74)	P	SLMM	05 00	(9,502.74)	Kim North	CT	
55006	150088	Movable E.001851	000	Automatic floor scrubber	12/31/2011	(18.10)	P	NoDep	00 00	-	Kim North	CT	
55006	150088	Movable E.001890	000	(8) Wheelchair, excel, REM D-I	12/31/2011	(106.66)	P	SLMM	00 03	(106.66)	Kim North	CT	
55006	150088	Movable E.001897	000	Mattress	12/31/2011	(121.07)	P	SLMM	01 00	(121.07)	Kim North	CT	
55006	150088	Movable E.001902	000	2 Genesis Visco Select Mattress	12/31/2011	(333.99)	P	SLMM	01 09	(333.99)	Kim North	CT	
55006	150088	Movable E.001909	000	19 MATTRESS,GENESIS VIS	12/31/2011	(3,927.30)	P	SLMM	02 02	(3,927.30)	Kim North	CT	
55006	150088	Movable E.001914	000	MATTRESS GENESIS SLCT I	12/31/2011	(292.58)	P	SLMM	02 05	(292.58)	Kim North	CT	
55006	150088	Movable E.001959	000	Misc assets acquired from Sou	4/30/2012	(1,335.00)	P	SLMM	00 08	(1,335.00)	Kim North	CT	
55006	150088	Movable E.020253	000	Prevamatt Defend Mattress, Str	3/31/2018	(363.17)	P	SLMM	03 00	(60.53)	Kim North	CT	
55006	150088	Movable E.020486	000	ProMatt Mattress	6/30/2018	(4,149.01)	P	SLMM	03 00	(345.75)	Kim North	CT	
55006	150088	Movable E.020795	000	30 - Mattress Visco	9/30/2018	(7,425.46)	P	SLMM	03 00	-	Kim North	CT	
55006	150100	Movable E.001859	000	High Back Swivel Tilt Chair Gr	12/31/2011	(1,980.84)	P	SLMM	05 04	(1,980.84)	Kim North	CT	
55006	150100	Movable E.001893	000	(1) Fax machine, Laser, 33.6K P	12/31/2011	(185.79)	P	SLMM	07 04	(171.05)	Kim North	CT	
55006	150100	Movable E.001903	000	Free standing file cabinet	12/31/2011	(406.13)	P	SLMM	08 09	(313.34)	Kim North	CT	
55006	150100	Movable E.001964	000	Credit Card Machine	6/30/2012	(499.00)	P	SLMM	02 06	(499.00)	Kim North	CT	
55006	150100	Movable E.002080	000	Office chairs for nursing station	8/31/2013	(7,104.86)	P	SLMM	10 00	(3,611.66)	Kim North	CT	
55006	150100	Movable E.014772	000	Credit Card Machine	6/30/2014	(75.07)	P	SLMM	10 00	(31.91)	Kim North	CT	
55006	150110	Movable E.001888	000	(1)LVO R500 2717 P8400 160g	12/31/2011	(30.30)	P	SLMM	00 01	(30.30)	Kim North	CT	
55006	150110	Movable E.001889	000	Microsoft CoreCal and Office P	12/31/2011	(23.12)	P	SLMM	00 02	(23.12)	Kim North	CT	
55006	150110	Movable E.001894	000	(1) HP 17" Flat Panel Monitor I	12/31/2011	(22.66)	P	SLMM	00 06	(22.66)	Kim North	CT	
55006	150110	Movable E.001896	000	Install(2) Quad Receptacles and	12/31/2011	(200.53)	P	SLMM	00 06	(200.53)	Kim North	CT	
55006	150110	Movable E.001926	000	Wireless paging system	12/31/2011	(5,064.58)	P	SLMM	02 09	(5,064.58)	Kim North	CT	
55006	150110	Movable E.001965	000	1 Asus 19 in LCD	7/31/2012	(118.05)	P	SLMM	03 00	(118.05)	Kim North	CT	
55006	150110	Movable E.002070	000	1 HP LaserJet P2035	5/31/2013	(251.97)	P	SLMM	03 00	(251.97)	Kim North	CT	
55006	150110	Movable E.002085	000	HP LJ P2035 & asset tag	9/30/2013	(238.97)	P	SLMM	03 00	(238.97)	Kim North	CT	
55006	150110	Movable E.014092	000	1 HP LaserJet PRO 400	12/31/2013	(320.03)	P	SLMM	03 00	(320.03)	Kim North	CT	
55006	150110	Movable E.014543	000	1 Asus 19" LED	4/30/2014	(111.42)	P	SLMM	03 00	(111.42)	Kim North	CT	
55006	150110	Movable E.016991	000	1 HP LaserJet P2035	10/31/2015	(218.00)	P	SLMM	03 00	(211.94)	Kim North	CT	
55006	150115	Movable E.001871	000	HP Laser Jet P2015 and Cable	12/31/2011	(60.57)	P	SLMM	00 10	(60.57)	Kim North	CT	
55006	150115	Movable E.001880	000	(1) HP LJ P3005N 35PPM	12/31/2011	(238.65)	P	SLMM	01 07	(238.65)	Kim North	CT	
55006	150115	Movable E.001881	000	(1) HP LJ P2015 27PPM	12/31/2011	(112.19)	P	SLMM	01 07	(112.19)	Kim North	CT	
55006	150115	Movable E.001884	000	See notes (1) HP LJ P4015N Pr	12/31/2011	(198.77)	P	SLMM	01 08	(198.77)	Kim North	CT	
55006	150117	Movable E.001842	000	URGE	12/31/2011	(3,309.47)	P	SLMM	00 09	(3,309.47)	Kim North	CT	
55006	150117	Movable E.001843	000	URGE	12/31/2011	(128.43)	P	SLMM	00 09	(128.43)	Kim North	CT	
55006	150117	Movable E.001844	000	New Phone System	12/31/2011	(2,556.59)	P	SLMM	00 10	(2,556.59)	Kim North	CT	
55006	150117	Movable E.001847	000	Phone System	12/31/2011	(4,242.82)	P	SLMM	01 03	(4,242.82)	Kim North	CT	
55006	150117	Movable E.001870	000	Repair phone system	12/31/2011	(320.07)	P	SLMM	02 10	(320.07)	Kim North	CT	
55006	150117	Movable E.001877	000	Install Cat5 cable fromDmarc tc	12/31/2011	(115.12)	P	SLMM	03 05	(115.12)	Kim North	CT	
55006	150117	Movable E.001878	000	Run cable and install jack	12/31/2011	(105.06)	P	SLMM	03 05	(105.06)	Kim North	CT	
55006	150117	Movable E.001887	000	Tech Rate: First hour moves, ad	12/31/2011	(401.03)	P	SLMM	04 01	(401.03)	Kim North	CT	
55006	150117	Movable E.001892	000	Sales tax on asset #840	12/31/2011	(25.37)	P	SLMM	04 04	(25.37)	Kim North	CT	
55006	150117	Movable E.001949	000	Cabling (cambridge south)	2/29/2012	(1,193.50)	P	SLMM	07 00	(1,122.46)	Kim North	CT	
55006	150117	Movable E.019770	000	Voice and data materials	10/31/2017	(1,152.47)	P	SLMM	07 00	(150.92)	Kim North	CT	



1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North  
 Depreciation Expense Report  
 As of September 30, 2019

Sch 23 Total Depm	642
Sch 29 total Depm Adj	42,899
<b>Total Depm Expense</b>	<b>43,541</b>

Locati	G/L Asset	Acct Desc	Sys	Description In Svc Date	AcquiredValue	DeprMeth	EstLife	Depreciable Basis	Prior Accum	YTD	Accum
									Depreciation	Depreciation	Depreciation
								9/30/2018	2019	9/30/2019	
55006	150016	Financing Oblig L	001962	Establish l	12/31/2011	940,000.00	NoDep	00 00	940,000.00	-	-
55006	150016	Financing Oblig L	019659	9/30/17 Lo	12/31/2011	(20,121.14)	NoDep	00 00	(20,121.14)	-	-
55006	150080	Movable Equip	001905	oxygen cor	12/31/2011	1,095.71	SLMM	04 11	1,095.71	1,095.71	1,095.71
55006	150080	Movable Equip	001906	5 PTACs 7	12/31/2011	2,400.93	SLMM	05 11	2,400.93	2,400.93	67.63 2,468.56
55006	150080	Movable Equip	001908	Digital Lif	12/31/2011	620.11	SLMM	06 01	620.11	620.11	33.95 654.06
55006	150080	Movable Equip	001915	PRESS, HI	12/31/2011	759.75	SLMM	06 05	759.75	759.75	78.95 838.70
55006	150080	Movable Equip	001935	Tax added	12/31/2011	14,531.92	SLMM	06 11	14,531.92	14,181.75	2,101.00 16,282.75
55006	150085	Movable Equip	001840	CONVEC	12/31/2011	3,698.98	SLMM	03 06	3,698.98	3,698.98	- 3,698.98
55006	150085	Movable Equip	001841	INSTALL.	12/31/2011	427.00	SLMM	03 06	427.00	427.00	- 427.00
55006	150085	Movable Equip	001845	Wheel Cha	12/31/2011	1,427.74	SLMM	03 10	1,427.74	1,427.74	- 1,427.74
55006	150085	Movable Equip	001846	Sirius II-6	12/31/2011	3,150.37	SLMM	04 02	3,150.37	3,150.37	- 3,150.37
55006	150085	Movable Equip	001849	Vertical Ct	12/31/2011	1,955.72	SLMM	04 07	1,955.72	1,955.72	- 1,955.72
55006	150085	Movable Equip	001850	Refrigerat	12/31/2011	1,149.88	SLMM	04 08	1,149.88	1,149.88	- 1,149.88
55006	150085	Movable Equip	001852	Wheelchai	12/31/2011	88.59	SLMM	04 09	88.59	88.59	- 88.59
55006	150085	Movable Equip	001853	Chairs	12/31/2011	9,284.23	SLMM	05 00	9,284.23	9,284.23	- 9,284.23
55006	150085	Movable Equip	001855	Headboard	12/31/2011	3,700.72	SLMM	05 03	3,700.72	3,700.72	- 3,700.72
55006	150085	Movable Equip	001856	Twin Gall	12/31/2011	1,095.69	SLMM	05 03	1,095.69	1,095.69	- 1,095.69
55006	150085	Movable Equip	001857	Colpac Ch	12/31/2011	752.93	SLMM	05 03	752.93	752.93	- 752.93
55006	150085	Movable Equip	001858	Food proc	12/31/2011	1,383.08	SLMM	05 03	1,383.08	1,383.08	- 1,383.08
55006	150085	Movable Equip	001860	Hot Water	12/31/2011	4,635.73	SLMM	05 04	4,635.73	4,635.73	- 4,635.73
55006	150085	Movable Equip	001861	Install Hot	12/31/2011	469.85	SLMM	05 04	469.85	469.85	- 469.85
55006	150085	Movable Equip	001862	Rehab Equ	12/31/2011	1,671.35	SLMM	05 05	1,671.35	1,671.35	- 1,671.35
55006	150085	Movable Equip	001863	Rehab Equ	12/31/2011	2,259.27	SLMM	05 05	2,259.27	2,259.27	- 2,259.27
55006	150085	Movable Equip	001864	Rehab Equ	12/31/2011	1,219.25	SLMM	05 05	1,219.25	1,219.25	- 1,219.25
55006	150085	Movable Equip	001865	Elec Hi-Lc	12/31/2011	1,296.18	SLMM	05 06	1,296.18	1,296.18	- 1,296.18
55006	150085	Movable Equip	001866	Bed Head	12/31/2011	6,773.93	SLMM	05 07	6,773.93	6,773.93	- 6,773.93
55006	150085	Movable Equip	001867	New Garb	12/31/2011	843.56	SLMM	05 09	843.56	843.56	- 843.56
55006	150085	Movable Equip	001868	Riser bed,	12/31/2011	64,116.48	SLMM	05 09	64,116.48	64,116.48	- 64,116.48
55006	150085	Movable Equip	001869	Installation	12/31/2011	37,954.46	SLMM	05 09	37,954.46	37,954.46	- 37,954.46
55006	150085	Movable Equip	001872	conveyor t	12/31/2011	513.32	SLMM	05 11	513.32	513.32	14.46 527.78
55006	150085	Movable Equip	001873	wheelchair	12/31/2011	619.90	SLMM	06 00	619.90	619.90	25.86 645.76
55006	150085	Movable Equip	001874	Ser. Heat/c	12/31/2011	1,130.03	SLMM	06 01	1,130.03	1,130.03	61.91 1,191.94
55006	150085	Movable Equip	001875	Ser. Heat/C	12/31/2011	274.35	SLMM	06 02	274.35	274.35	18.53 292.88
55006	150085	Movable Equip	001885	(10) Whee	12/31/2011	1,676.72	SLMM	06 10	1,676.72	1,656.27	245.39 1,901.66
55006	150085	Movable Equip	001891	(2) Wheelc	12/31/2011	216.29	SLMM	07 03	216.29	201.35	29.83 231.18
55006	150085	Movable Equip	001895	(1) 6 Pan S	12/31/2011	4,468.18	SLMM	07 06	4,468.18	4,021.38	595.76 4,617.14
55006	150085	Movable Equip	001898	Beds, Que	12/31/2011	2,376.31	SLMM	08 00	2,376.31	2,005.02	297.04 2,302.06
55006	150085	Movable Equip	001899	Conveyor/	12/31/2011	469.20	SLMM	08 01	469.20	391.84	58.05 449.89
55006	150085	Movable Equip	001901	sales tax ac	12/31/2011	10,618.20	SLMM	08 06	10,618.20	8,432.10	1,249.20 9,681.30
55006	150085	Movable Equip	001904	Sales tax a	12/31/2011	3,177.70	SLMM	08 09	3,177.70	2,451.40	363.17 2,814.57
55006	150085	Movable Equip	001907	Hubbell bc	12/31/2011	5,242.50	SLMM	09 00	5,242.50	3,931.88	582.50 4,514.38
55006	150085	Movable Equip	001919	1 modular	12/31/2011	4,867.82	SLMM	09 06	4,867.82	3,458.70	512.40 3,971.10
55006	150085	Movable Equip	001921	Various pi	12/31/2011	572.74	SLMM	09 08	572.74	399.94	59.25 459.19
55006	150085	Movable Equip	001922	Various pi	12/31/2011	1,157.15	SLMM	09 08	1,157.15	808.04	119.71 927.75
55006	150085	Movable Equip	001927	(3) KIT,SU	12/31/2011	520.09	SLMM	09 09	520.09	360.05	53.34 413.39
55006	150087	Movable Equip	001876	32i Autom	12/31/2011	2,140.47	SLMM	01 03	2,140.47	2,140.47	- 2,140.47
55006	150087	Movable Equip	001886	(1) 20i Bur	12/31/2011	492.53	SLMM	01 10	492.53	492.53	- 492.53
55006	150087	Movable Equip	001900	Genesis on	12/31/2011	662.33	SLMM	03 03	662.33	662.33	- 662.33
55006	150087	Movable Equip	001910	ALARM,P	12/31/2011	721.33	SLMM	04 02	721.33	721.33	- 721.33
55006	150087	Movable Equip	001911	3 ALARM	12/31/2011	791.67	SLMM	04 02	791.67	791.67	- 791.67
55006	150088	Movable Equip	001851	Automatic	12/31/2011	18.10	NoDep	00 00	18.10	-	-
55006	150088	Movable Equip	001890	(8) Wheelc	12/31/2011	106.66	SLMM	00 03	106.66	106.66	- 106.66
55006	150088	Movable Equip	001897	Mattress	12/31/2011	121.07	SLMM	01 00	121.07	121.07	- 121.07
55006	150088	Movable Equip	001902	2 Genesis	12/31/2011	333.99	SLMM	01 09	333.99	333.99	- 333.99
55006	150088	Movable Equip	001909	19 MATTI	12/31/2011	3,927.30	SLMM	02 02	3,927.30	3,927.30	- 3,927.30
55006	150088	Movable Equip	001914	MATTRE:	12/31/2011	292.58	SLMM	02 05	292.58	292.58	- 292.58
55006	150100	Movable Equip	001859	High Back	12/31/2011	1,980.84	SLMM	05 04	1,980.84	1,980.84	- 1,980.84
55006	150100	Movable Equip	001893	(1) Fax ma	12/31/2011	185.79	SLMM	07 04	185.79	171.05	25.34 196.39
55006	150100	Movable Equip	001903	Free standi	12/31/2011	406.13	SLMM	08 09	406.13	313.34	46.42 359.76
55006	150110	Movable Equip	001888	(1)LVO R:	12/31/2011	30.30	SLMM	00 01	30.30	30.30	- 30.30
55006	150110	Movable Equip	001889	Microsoft t	12/31/2011	23.12	SLMM	00 02	23.12	23.12	- 23.12
55006	150110	Movable Equip	001894	(1) HP 17"	12/31/2011	22.66	SLMM	00 06	22.66	22.66	- 22.66
55006	150110	Movable Equip	001896	Install(2) C	12/31/2011	200.53	SLMM	00 06	200.53	200.53	- 200.53
55006	150110	Movable Equip	001926	Wireless p:	12/31/2011	5,064.58	SLMM	02 09	5,064.58	5,064.58	- 5,064.58
55006	150115	Movable Equip	001871	HP Laser J	12/31/2011	60.57	SLMM	00 10	60.57	60.57	- 60.57
55006	150115	Movable Equip	001880	(1) HP LJ J	12/31/2011	238.65	SLMM	01 07	238.65	238.65	- 238.65
55006	150115	Movable Equip	001881	(1) HP LJ J	12/31/2011	112.19	SLMM	01 07	112.19	112.19	- 112.19
55006	150115	Movable Equip	001884	See notes (	12/31/2011	198.77	SLMM	01 08	198.77	198.77	- 198.77

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Sch 23 Total Depm	642
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Locati	G/L Asset	Acct Desc	Sys	Descriptor In Svc Date	AcquiredValue	DeprMeth	EstLife	Depreciable Basis	Prior Accum	YTD	Accum
									Depreciation	Depreciation	Depreciation
								9/30/2018	2019	9/30/2019	
55006	150117	Movable Equip	001842	URGE 12/31/2011	3,309.47	SLMM	00 09	3,309.47	3,309.47	-	3,309.47
55006	150117	Movable Equip	001843	URGE 12/31/2011	128.43	SLMM	00 09	128.43	128.43	-	128.43
55006	150117	Movable Equip	001844	New Phone 12/31/2011	2,556.59	SLMM	00 10	2,556.59	2,556.59	-	2,556.59
55006	150117	Movable Equip	001847	Phone Syst 12/31/2011	4,242.82	SLMM	01 03	4,242.82	4,242.82	-	4,242.82
55006	150117	Movable Equip	001870	Repair pho 12/31/2011	320.07	SLMM	02 10	320.07	320.07	-	320.07
55006	150117	Movable Equip	001877	Install Cat' 12/31/2011	115.12	SLMM	03 05	115.12	115.12	-	115.12
55006	150117	Movable Equip	001878	Run cable 12/31/2011	105.06	SLMM	03 05	105.06	105.06	-	105.06
55006	150117	Movable Equip	001887	Tech Rate: 12/31/2011	401.03	SLMM	04 01	401.03	401.03	-	401.03
55006	150117	Movable Equip	001892	Sales tax o 12/31/2011	25.37	SLMM	04 04	25.37	25.37	-	25.37
55006	150080	Movable Equip	001947	Reliant 45( 2/29/2012	3,991.68	SLMM	07 00	3,991.68	3,754.08	570.24	4,324.32
55006	150117	Movable Equip	001949	Cabling (c 2/29/2012	1,193.50	SLMM	07 00	1,193.50	1,122.46	170.50	1,292.96
55006	150087	Movable Equip	001954	32" electric 3/31/2012	1,095.83	SLMM	05 00	1,095.83	1,095.83	-	1,095.83
55006	150087	Movable Equip	001955	(2) 22" ext 3/31/2012	6,383.72	SLMM	05 00	6,383.72	6,383.72	-	6,383.72
55006	150088	Movable Equip	001959	Misc asset: 4/30/2012	1,335.00	SLMM	00 08	1,335.00	1,335.00	-	1,335.00
55006	150085	Movable Equip	001960	Fabricate d 5/31/2012	818.90	SLMM	10 00	818.90	518.64	81.89	600.53
55006	150085	Movable Equip	001963	SUPER HI 6/30/2012	631.86	SLMM	10 00	631.86	394.93	63.19	458.12
55006	150100	Movable Equip	001964	Credit Car 6/30/2012	499.00	SLMM	02 06	499.00	499.00	-	499.00
55006	150080	Movable Equip	001966	lb commer 7/31/2012	7,200.96	SLMM	07 00	7,200.96	6,343.71	1,028.71	7,372.42
55006	150085	Movable Equip	001995	Entrée XL 7/31/2012	11,318.62	SLMM	10 00	11,318.62	6,979.81	1,131.86	8,111.67
55006	150085	Movable Equip	002026	Various pi 7/31/2012	3,758.73	SLMM	10 00	3,758.73	2,317.86	375.87	2,693.73
55006	150110	Movable Equip	001965	1 Asus 19 7/31/2012	118.05	SLMM	03 00	118.05	118.05	-	118.05
55006	150085	Movable Equip	002029	Various pi 9/30/2012	23,284.51	SLMM	10 00	23,284.51	13,970.70	2,328.45	16,299.15
55006	150085	Movable Equip	002030	Various pi 9/30/2012	55,690.09	SLMM	10 00	55,690.09	33,414.06	5,569.01	38,983.07
55006	150085	Movable Equip	002031	Various wi 9/30/2012	34,348.06	SLMM	10 00	34,348.06	20,608.86	3,434.81	24,043.67
55006	150087	Movable Equip	002044	Carpet clea 10/31/2012	9,502.74	SLMM	05 00	9,502.74	9,502.74	158.38	9,661.12
55006	150085	Movable Equip	002048	Various pi 12/31/2012	16,531.71	SLMM	10 00	16,531.71	9,505.73	1,653.17	11,158.90
55006	150085	Movable Equip	002051	2 loveseats 1/31/2013	3,590.37	SLMM	10 00	3,590.37	2,034.56	359.04	2,393.60
55006	150080	Movable Equip	002050	PTAC Res 2/28/2013	3,035.51	SLMM	07 00	3,035.51	2,421.21	433.65	2,854.86
55006	150110	Movable Equip	002070	1 HP Laser 5/31/2013	251.97	SLMM	03 00	251.97	251.97	-	251.97
55006	150085	Movable Equip	002079	Integrity t 6/30/2013	19,965.19	SLMM	10 00	19,965.19	10,481.73	1,996.52	12,478.25
55006	150100	Movable Equip	002080	Office chai 8/31/2013	7,104.86	SLMM	10 00	7,104.86	3,611.66	710.49	4,322.15
55006	150085	Movable Equip	002084	OmniCycl 9/30/2013	18,708.03	SLMM	10 00	18,708.03	9,354.00	1,870.80	11,224.80
55006	150110	Movable Equip	002085	HP LJ P20 9/30/2013	238.97	SLMM	03 00	238.97	238.97	-	238.97
55006	150085	Movable Equip	002091	Space Savc 10/31/2013	15,791.00	SLMM	10 00	15,791.00	7,763.91	1,579.10	9,343.01
55006	150085	Movable Equip	013982	Food Procc 11/30/2013	3,481.20	SLMM	10 00	3,481.20	1,682.58	348.12	2,030.70
55006	150085	Movable Equip	014093	Sneeze gua 12/31/2013	1,259.49	SLMM	10 00	1,259.49	598.26	125.95	724.21
55006	150110	Movable Equip	014092	1 HP Laser 12/31/2013	320.03	SLMM	03 00	320.03	320.03	-	320.03
55006	150080	Movable Equip	014545	3 PTAC R 4/30/2014	2,013.08	SLMM	07 00	2,013.08	1,270.15	287.58	1,557.73
55006	150085	Movable Equip	014544	Freezer, U 4/30/2014	2,893.76	SLMM	10 00	2,893.76	1,278.10	289.38	1,567.48
55006	150110	Movable Equip	014543	1 Asus 19" 4/30/2014	111.42	SLMM	03 00	111.42	111.42	-	111.42
55006	150100	Movable Equip	014772	Credit Car 6/30/2014	75.07	SLMM	10 00	75.07	31.91	7.51	39.42
55006	150080	Movable Equip	015462	Sales and t 12/31/2014	202.00	SLMM	07 00	202.00	108.23	28.86	137.09
55006	150080	Movable Equip	015648	2 Spot Vit 3/31/2015	4,658.09	SLMM	07 00	4,658.09	2,329.04	665.44	2,994.48
55006	150085	Movable Equip	016054	Backflow i 4/30/2015	800.82	SLMM	10 00	800.82	273.61	80.08	353.69
55006	150085	Movable Equip	016289	Hotel Cube 6/30/2015	5,104.80	SLMM	10 00	5,104.80	1,659.06	510.48	2,169.54
55006	150110	Movable Equip	016991	1 HP Laser 10/31/2015	218.00	SLMM	03 00	218.00	211.94	72.66	284.60
55006	150080	Movable Equip	017120	GE Zoneli 11/30/2015	2,684.10	SLMM	07 00	2,684.10	1,086.41	383.44	1,469.85
55006	150085	Movable Equip	017121	4.5 QT MI 11/30/2015	348.09	SLMM	10 00	348.09	98.63	34.81	133.44
55006	150085	Movable Equip	017244	Medical gr 12/31/2015	527.54	SLMM	10 00	527.54	145.06	52.75	197.81
55006	150080	Movable Equip	017484	Rice Lake 2/29/2016	1,919.15	SLMM	07 00	1,919.15	708.27	274.17	982.44
55006	150080	Movable Equip	017934	Invacare P 5/31/2016	1,942.93	SLMM	07 00	1,942.93	647.64	277.56	925.20
55006	150080	Movable Equip	019140	PTAC Res 4/30/2017	2,241.77	SLMM	07 00	2,241.77	453.69	320.25	773.94
55006	150085	Movable Equip	019276	Booster fo 5/31/2017	5,205.00	SLMM	10 00	5,205.00	694.01	520.51	1,214.52
55006	150080	Movable Equip	019510	Floor Lift 8/31/2017	6,160.11	SLMM	07 00	6,160.11	953.36	880.02	1,833.38
55006	150050	Bldg Imp	019769	Property M 10/31/2017	3,594.89	SLMM	20	3,594.89	164.77	179.74	344.51
55006	150117	Movable Equip	019770	Voice and 10/31/2017	1,152.47	SLMM	7	1,152.47	150.92	164.64	315.56
55006	150080	Movable Equip	020254	4 PTAC, I 3/31/2018	2,067.36	SLMM	7	2,067.36	147.67	295.34	443.01
55006	150088	Movable Equip	020253	Prevamatt 3/31/2018	363.17	SLMM	3	363.17	60.53	121.06	181.59
55006	150080	Movable Equip	020353	Cabinet fo 4/30/2018	324.53	SLMM	7	324.53	19.32	46.36	65.68
55006	150085	Movable Equip	020354	Drive Bari 4/30/2018	741.70	SLMM	10	741.70	30.91	74.17	105.08
55006	150080	Movable Equip	020485	TV and M 6/30/2018	244.54	SLMM	7	244.54	8.74	34.93	43.67
55006	150088	Movable Equip	020486	ProMatt M 6/30/2018	4,149.01	SLMM	3	4,149.01	345.75	1,383.00	1,728.75
55006	150057	Bldg Imp	020796	Epoxy Kit 9/30/2018	3,334.07	SLMM	10	3,334.07	-	333.41	333.41
55006	150088	Movable Equip	020795	30 - Mattre 9/30/2018	7,425.46	SLMM	3	7,425.46	-	2,475.15	2,475.15
55006	150050	Bldg Imp	020910	Sep 2018 9/30/2018	\$ 31,885	SLMM	20	31,884.79	-	1,594.24	1,594.24
55006	150016	Financing Oblig Land		Deleted As 10/1/2018	(919,878.86)	NoDep	00 00	(919,878.86)	-	-	-
55006	150050	Bldg Imp	021135	Sargent Ex 1/31/2019	2,887.40	SLMM	20	2,887.40	-	96.25	96.25
55006	150050	Bldg Imp	021137	New keyc 1/31/2019	2,422.65	SLMM	20	2,422.65	-	80.76	80.76

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Total Deprn Expense	<u>43,541</u>

628,490.97

628,490.97 397,892.50 43,541.01 441,433.51

Locati	G/L Asset	Acct Desc	Sys	Descriptor	In Svc Date	AcquiredValue	DeprMeth	EstLife	Depreciable Basis	Prior Accum	YTD	Accum
										Depreciation	Depreciation	Depreciation
										9/30/2018	2019	9/30/2019
55006	150057	Bldg Imp	021033	New came:	12/31/2018	4,229.54	SLMM	10	4,229.54	-	422.95	422.95
55006	150085	Movable Equip	021136	Food Procc	1/31/2019	4,281.60	SLMM	10	4,281.60	-	285.44	285.44
55006	150085	Movable Equip	021315	Stationary	3/31/2019	3,960.43	SLMM	10	3,960.43	-	198.02	198.02
55006	150117	Movable Equip	021457	Ran 2 data	4/30/2019	1,063.50	SLMM	7	1,063.50	-	63.30	63.30
55006	150050	Bldg Imp	021677	New Door:	6/30/2019	6,127.88	SLMM	15	6,127.88	-	102.13	102.13
55006	150075	Non Movable Equip	021721	American :	7/31/2019	13,612.80	SLMM	10	13,612.80	-	226.88	226.88
55006	150085	Movable Equip	021720	14 Wheelc	7/31/2019	2,897.72	SLMM	10	2,897.72	-	48.30	48.30
55006	150050	Bldg Imp	022011	Captive Ai	9/30/2019	7,170.12	SLMM	15	7,170.12	-	-	-

**Annual Report of Long-Term Care Facility**

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall			2376		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility 1 Emerson Drive North Operations LL	License No. 2376	Report for Year Ended 9/30/2019	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	n/a			
2. Date Structure Completed	n/a			
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	150			
6. Square Footage				
7. Acquisition Cost				
a. Land	n/a			
b. Building	n/a			
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Next HC-JV	Facility Lease	2/1/2019 -1/31	15 years	794,674
587 Fifth Avenue New York, NY 10017				

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
1 Emerson Drive North Operations L		2376	9/30/2019			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$					

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
1 Emerson Drive North Operations		2376		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 22,433	22,433		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$ 230,924	230,924			
2. Fire and Extended Coverage			\$				
3. Other (Specify)			\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 253,357	253,357		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 12,342,254	12,342,254		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall N				2376	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 347,661	347,661		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 113,317	113,317		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 9,207	9,207		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,898	1,898		
21.			Unallowable Management Fees	\$ 6,478	6,478		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 111,475	111,475		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 590,036	590,036		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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



## Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 129,659	\$ -	\$ -
13	5	Rehabilitation Services	\$ 38,278	\$ -	\$ -
13	9	Speech Therapist	\$ 32,381	\$ -	\$ -
13	10	Occupational Therapist	\$ 146,992	\$ -	\$ -
13	12	Other	\$ 40	\$ -	\$ -
13	12	Other	\$ 312	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ -	\$ -	\$ -
<b>Total Other Fees Adjustments</b>			\$ 347,661	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 43,813	\$ -	\$ -
16	m-13	Estimated Accrual	\$ 3,112	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ (11,314)	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Penalty	\$ -	\$ -	\$ -
16	m-12		\$ -	\$ -	\$ -
15	1-a-1	adj workers comp		\$ -	\$ -
			\$ 75,865	\$ -	\$ -
				\$ -	\$ -
<b>Total Other A&amp;G Adjustments</b>			\$ 111,475	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall				2376	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 590,036	590,036		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5-a-2	Prescription Drugs	\$ 45,280	45,280		
28.	20	5-d	Ambulance/Limousine	\$ 4,110	4,110		
29.	20	5-f	X-rays, etc	\$ 3,756	3,756		
30.	20	5-h	Laboratory	\$ 2,888	2,888		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 4,442	4,442		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 5,507	5,507		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (42,793)	(42,793)		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$ 23,095	23,095		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 126,063	126,063		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 762,385	762,385		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ (407)	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 5,010	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 904	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Other Ancillary Costs</b>			\$ 5,507	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ -	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (2,598)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ 0	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (40,195)	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Excess Movable Equipment Depreciation</b>			\$ (42,793)	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 23,095	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Other Adjustments</b>			\$ 23,095	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	\$ 126,063	\$ -	\$ -
<b>Total Other Adjustments</b>			\$ 126,063	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

## Annual Report of Long-Term Care Facility

CSP-30 Rev.10/2005

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
1 Emerson Drive North Operations LLC,	c2376	9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 15,516,703	15,516,703			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,741,073)	(6,741,073)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 481,897	481,897			
b. Medicare Room and Board Contractual Allowance **	\$ (135,609)	(135,609)			
4. a. Private-Pay Residents and Other	\$ 2,784,842	2,784,842			
b. Private-Pay Room and Board Contractual Allowance **	\$ (239,687)	(239,687)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 29,903	29,903			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (8,415)	(8,415)			
c. Prescription Drugs - Non-Medicare	\$ 17,975	17,975			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (3,675)	(3,675)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 53	53			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (23)	(23)			
3. a. Physical Therapy - Medicare	\$ 212,761	212,761			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (59,872)	(59,872)			
c. Physical Therapy - Non-Medicare	\$ 146,681	146,681			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (14,088)	(14,088)			
4. a. Speech Therapy - Medicare	\$ 48,178	48,178			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (13,558)	(13,558)			
c. Speech Therapy - Non-Medicare	\$ 52,595	52,595			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (5,493)	(5,493)			
5. a. Occupational Therapy - Medicare	\$ 279,908	279,908			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (78,768)	(78,768)			
c. Occupational Therapy - Non-Medicare	\$ 206,711	206,711			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (19,594)	(19,594)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 13,684	13,684			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 230,655	230,655			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 12,702,691	12,702,691			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 12	12			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 11,316	11,316			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 11,328	11,328			
<b>VI. Total All Revenue</b> (III +V)	\$ 12,714,020	12,714,020			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare	X-Ray	\$ 1,692	\$ -	\$ -
II-6-a	Medicare	Laboratory	\$ 3,005	\$ -	\$ -
II-6-a	Medicare	Respiratory Therap	\$ -	\$ -	\$ -
II-6-a	Medicare	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Medicare	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare	Flu Shot	\$ 14,345	\$ -	\$ -
II-6-a	Medicare Contractual	X-Ray	\$ (476)	\$ -	\$ -
II-6-a	Medicare Contractual	Laboratory	\$ (846)	\$ -	\$ -
II-6-a	Medicare Contractual	Respiratory Therap	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Flu Shot	\$ (4,037)	\$ -	\$ -
<b>Total Other Resident Revenue - Medicare</b>			<b>\$ 13,684</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ -	\$ -	\$ -
II-6-b	Medicaid	Laboratory	\$ 366	\$ -	\$ -
II-6-b	Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	X-Ray	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Laboratory	\$ (159)	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	X-Ray	\$ 851	\$ -	\$ -
II-6-b	Non-Medicaid	Laboratory	\$ 42	\$ -	\$ -
II-6-b	Non-Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Capitation Contrac	\$ 251,257	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ (73)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ (4)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Capitation Contrac	\$ (21,625)	\$ -	\$ -
<b>Total Other Resident Revenue</b>			<b>\$ 230,655</b>	<b>\$ -</b>	<b>\$ -</b>

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts		\$ 12	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
<b>Total Interest Income</b>			<b>\$ 12</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
IV-8	Administration		\$ 11,316	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
<b>Total Other Revenue</b>			<b>\$ 11,316</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC	2376	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	8,005
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	950,941
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	10,296
4. Inventories			\$	46,632
5. Prepaid Expenses			\$	96,899
a. _____				
b. _____				
c. _____				
d. See Schedule		96,899		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,112,773
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>52,429</u>		\$	52,323
	Accum. Depreciation <u>106</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>13,613</u>		\$	13,386
	Accum. Depreciation <u>227</u>	Net		
6. Movable Equipment	*Historical Cost <u>7,922</u>		\$	7,612
	Accum. Depreciation <u>310</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	73,321

\* 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	\$ 88,048
31	a5d	Prepaid Personal Property Tax	\$ 8,851
31	a5d	Prepaid Personal Property Tax	\$ -
<b>Total Prepaid Expenses</b>			<b>\$ 96,899</b>

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

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

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

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ -</b>

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
33	a12d	Accrued Provider/Bed Tax	\$ 254,531
33	a12d	Accr Exp Other	\$ -
33	a12d	Accr Exp Water and Sewer	\$ 9,235
33	a12d	Accr Exp Gas	\$ 403
33	a12d	Accr Exp Electricity	\$ 18,860
33	a12d	Deferred Revenue	\$ 66,025
33	a12d	Accr Sales and Use Tax	\$ 11
33	a12d	A/R Credit Gross Up Liability	\$ 253,833
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 602,898</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

### G. Balance Sheet (cont'd)

Name of Facility 1 Emerson Drive North Operations LLC	License No. 2376	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,186,094
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$	(4,102,805)
I/C Due to/Due From Owned		(4,102,805)		
I/C Due to/Due From Multicare				
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	(4,102,805)
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	(2,916,711)

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



**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a		2376	9/30/2019	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	516,383
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	234,381
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	394
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	602,898
_____					
_____					
_____					
See Schedule					602,898
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>1,354,056</b>

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

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility 1 Emerson Drive North Operations LLC,d/t	License No. 2376	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				1,354,056
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		\$
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
LT Debt-Financing Obligation				16
Escheatable Funds				16
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 16
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,354,072

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

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LL	2376	9/30/2019	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(1,929,122)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,713,425)
6. Gain or Loss for Period			\$	371,766
	10/1/2018	thru	9/30/2019	
7. Total Net Worth			\$	(4,270,781)
<b>C. Total Reserves and Net Worth</b>			\$	(4,270,781)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	(2,916,709)

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC	2376	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(4,642,546)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,714,019
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	12,342,254
D. Net Income or Deficit			\$	371,765
E. Balance			\$	(4,270,781)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(4,270,781)
				09/30/19

### I. Preparer's/Reviewer's Certification

Name of Facility 1 Emerson Drive North Operations	License No. 2376	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Thomas Farnan				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Thomas Farnan			978-247-5029	
Contact Email Address				
Thomas.Farnan@genesishcc.com				