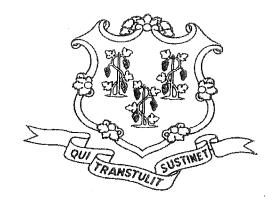
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2019

Name of Facility (as licensed) RegalCare at West Haven, LLC Address (No. & Street, City, State, Zip Code) 310 Terrace Avenue, West Haven, CT 06516 Type of Facility Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing Supervision only (RHNS) Report for Year Beginning 10/1/2018 Report for Year Ending 9/30/2019 License Numbers: CCNH 2355 CCNH 2355 RHNS (Specify) Medicare Provider 07-5201 Medicaid Provider Numbers: CCNH 8HNS (Specify) For Department Use Only Sequence Number Assigned Signed and Notarized Notarized Received Assigned	N. OD 111. / 1	. 1							
Address (No. & Street, City, State, Zip Code) 310 Terrace Avenue, West Haven, CT 06516 Type of Facility Chronic and Convalescent Rest Home with Nursing Supervision only (RHNS)	• •	,							
Type of Facility Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing Supervision only (RHNS) Report for Year Beginning 10/1/2018 CCNH RHNS (Specify) Medicare Provider 07-5201 Medicaid Provider Numbers: CCNH RHNS (Specify) Medicare Provider 07-5201 CCNH RHNS (Specify) Medicare Provider 07-5201 Medicaid Provider Numbers: CCNH RHNS ICF-IID									
Type of Facility Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing Supervision only (RHNS) Report for Year Beginning 10/1/2018 Report for Year Ending 9/30/2019 License Numbers: CCNH RHNS (Specify) Medicare Provider 07-5201 Medicaid Provider Numbers: CCNH RHNS ICF-IID For Department Use Only Sequence Number Signed and Date Sequence Number Signed and Notarized Date Receive									
Chronic and Convalescent Nursing Home only (CCNH) Report for Year Beginning 10/1/2018 Report for Year Ending 9/30/2019 License Numbers: CCNH 2355 RHNS (Specify) Medicare Provider 07-5201 Medicaid Provider Numbers: CCNH 000010926 RHNS (Specify) Medicare Provider 07-5201 Medicaid Provider Numbers: CCNH Number Signed and Notarized Date Receive	310 Terrace Avenue,	West Haven, C	T 06516						
Chronic and Convalescent Nursing Home only (CCNH) Report for Year Beginning 10/1/2018 Report for Year Ending 9/30/2019 License Numbers: CCNH 2355 RHNS (Specify) Medicare Provider 07-5201 Medicaid Provider Numbers: CCNH 000010926 RHNS ICF-IID For Department Use Only Sequence Number Signed and Notarized Date Receive	Type of Facility								
License Numbers: CCNH 2355 RHNS (Specify) Medicare Provider 07-5201 Medicaid Provider Numbers: CCNH 000010926 RHNS ICF-IID For Department Use Only Sequence Number Signed and Notarized Date Receive	! I ₂ /			Supervision on	Supervision only [Specify]				
License Numbers: CCNH 2355 RHNS (Specify) Medicare Provider 07-5201 Medicaid Provider Numbers: CCNH 000010926 RHNS ICF-IID For Department Use Only Sequence Number Signed and Notarized Date Receive	Report for Year Begin	nning		Report for Yea	r Ending				
Medicaid Provider Numbers: CCNH RHNS ICF-IID For Department Use Only Sequence Number Signed and Date Sequence Number Signed and Notarized Date Receive	·			•	_				
For Department Use Only Sequence Number Signed and Date Sequence Number Signed and Notarized Date Receive			(Sports)						
For Department Use Only Sequence Number Signed and Date Sequence Number Signed and Notarized Date Receive	Medicaid Provider N	umbers:	CO	NH RHNS		ICF-IID		F-IID	
Sequence Number Signed and Date Sequence Number Signed and Notarized Date Receive	Tyrodround 1 To vidor 1 to	anioots.							
I Signed and Notarized I Date Receive	For Department Us	e Only							
Assigned Notarized Received Assigned Signed and Notarized Bate Received	Sequence Number	Signed and	Date	Sequence Number		ber Signed and Notes		. _d	Date Received
	Assigned	Notarized	Received	Assigned		Signed a	TIG TYOTATIZE		- Date Received

Table of Contents

Gene	ral Information - Administrator's/Owner's Certification	1
Gene	ral Information and Questionnaire - Data Required for Real Wage Adjustment	<u>1A</u>
Gene	ral Information and Questionnaire - Type of Facility - Organization Structure	2 3
Gene	ral Information and Questionnaire - Partners/Members	3
Gene	ral Information and Questionnaire - Corporate Owners	3A
Gene	ral Information and Questionnaire - Individual Proprietorship	3B
Gene	ral Information and Questionnaire - Related Parties	4
Gene	ral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	ral Information and Questionnaire - Leases	6
Gene	ral Information and Questionnaire - Accounting Basis	7
Scheo	dule of Resident Statistics	8
Scheo	dule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
<u>C.</u>	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C. C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
<u>F.</u>	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
<u>G.</u>	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
Н.	Changes in Total Net Worth	36
I.	Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
RegalCare at West Haven, LLC	2355	9/30/2019	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for RegalCare at West Haven, LLC [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.

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Reuven Fischer			Printed Name (Owner) See Page 3	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public				/ //

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
	1A	37			
Name of Facility		Period Cov	ered:	From	То
RegalCare at West Haven, LLC				10/1/2018	9/30/2019
Address of Facility					
310 Terrace Avenue, West Haven, CT 06516		_			
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	500	12/17/2019	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

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

	Pl	hone No. of Faci	lity	Report for Yea	ır Ended	Page	C	of
	20	03-932-2247		9/30/2019		2	3	7
Name of Facility (as shown on license)		Address (No	. & S	Street, City, Sta	te, Zip)			
RegalCare at West Haven, LLC		310 Terrace	Aver	nue, West Have	n, CT 06			
CCNH	- 1	RHNS		(Specify)		Medicare F	Provide	er No.
	355					07-5201		
Type of Facility (Check appropriate box(es))								
☐ Chronic and Convalescent Nursing Home only (CCNH)		est Home with Nupervision only			(Specify)			
Type of Ownership (Check appropriate box)								
O Proprietorship	(O Profit Corp.		Non-Profit Corp		Government	0	Trust
If this facility opened or closed during report year prov	ide:		Date	e Opened	Date Clo	sed		
Has there been any change in ownership								
or operation during this report year?	(O Yes	0	No	If "Yes,"	explain fully	у	
Administrator								
Name of Administrator				Nursing Ho	1	0056		
Reuven Fischer				Administrat	i i	2076		
	10000	v11 on a	- tra-	License N	NO.:			
Other Operators/Owners who are assistant administrat	ors (ft	un or part time)	or thi	Is facility. License N	Jo . I			
Name N/A				LICCISC I	10,,			
			-					
		W						

General Information and Questionnaire Partners/Members

Name of Facility	Legal Name of Partnership/LLC alCare OP Holding Company, LLC ame of Partners/Members Business ahu Mirlis 5 Barlow Road, Edis	License No.	Report for Y	Page	of		
RegalCare at West Haven, LL		2355	9/30/2019		3	37	
Legal Name of Par	tnership/LLC	Business A		Which R	or Town(s) in Legistered		
RegalCare OP Holding Compa	any, LLC	5 Barlow Road, 08817	Edison, NJ	NJ	-		
Name of Partners/Members	Business A	ddress		% Owned			
Eliyahu Mirlis	5 Barlow Road, Edisor	n, NJ 08817	Member		98	8	
Corinne Debacco	519 Cedar Ridge Dr, C 06033	Glastonbury, CT	Member		2		

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	led	Page of
RegalCare at West Haven, LLC	2355	9/30/2019		3A 37
If this facility is owned or operated as a corpo	ration, provide the	following informatio	n:	
Legal Name of Corporation		s Address		ch Incorporated
N/A				
	=			
				No. Shares
Name of Directors, Officers	Busines	s Address	Title	Held by Each
				Tield by Each
N/A				
Names of Stockholders Owning at Least 10%				
of Shares				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of			
RegalCare at West Haven, LLC	2355	9/30/2019	3B 37			
If this facility is owned or operated as an individu						
	ner(s) of Facility					
	•					
N/A						

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.	,	Report for Year Ended		Page	of
RegalCare at West Have	en, LLC		2355		9/30/2019		4	37
Are any individuals rece	eiving compensation from the fa	acility related through				If "Yes," provide th	ne Name/Address and	
marriage, ability to control, ownership, family or busine		ess association? •		•	Yes O No	complete the inform	nation on Pa	ge 11 of the report.
Are any individuals or c	companies which provide goods	or servi	ces,	•				
including the rental of p	roperty or the loaning of funds	to this fa	acility,					
related through family a	ssociation, common ownership,	control	, or busi	iness				
association to any of the	e owners, operators, or officials	of this f	facility?			If "Yes," provide th	ne following	information:
		Als	so Provi	des		Indicate Where		
		Good	ds/Servi	ces to		Costs are Included		
Name of Related	Business	Non-F	Related I		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
RegalCare OP Holding	5 D. J D J. F.F NI 09917	0	0		Line of Credit Interest	Pg 27 / Line 12D	65,107	65,107
Company, LLC	5 Barlow Road, Edison, NJ 08817 26 Firemens Memorial Drive, Suite		-		Line of Credit Interest	rg 277 Lilie 12D	05,107	05,107
RegalCare Rehab	295 Pomona, NY 10970	0	0		Physical Therapy	Pg 13 / Line B5a	251,381	251,381
	26 Firemens Memorial Drive, Suite	0	0					
RegalCare Rehab	295 Pomona, NY 10970				Speech Therapy	Pg 13 / Line B9a	99,664	99,664
RegalCare Rehab	26 Firemens Memorial Drive, Suite 295 Pomona, NY 10970	0	0		Occupational Therapy	Pg 13 / Line B10a	204,914	204,914
1108-11-11-11		0	0					
					Workers Comp	Pg 15 / Line 1a1	233,383	233,383
		0	0		Health Insurance	Pg 15 / Line 1a5	718,685	718.685
					Trouble Modules	18101	, ,	
		0	0		Property Insurance	Pg 27 / Line 14a	5,633	5,633
		0	•		Liability Insurance	Pg 27 / Line 14c3	59,230	59,230
						5		
		0	0					1

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page	of				
RegalCare at West Haven, LLC	2355	5 9/30/2019 5 37							
If the facility is licensed as CDH and/or RCH or	r provides AI	DS or TBI	services with special Medica	id rates, cos	sts				
must be allocated to CCNH and RHNS as followed	ws:								
Item		Method of Allocation							
Dietary		Number of	meals served to residents						
Laundry		Number of pounds processed							
Housekeeping	The second secon	Number of square feet serviced							
		Number of hours of routine care provided by EACH							
Nursing	i i		lassification, i.e., Director (or	_					
		Registered Nurses, Licensed Practical Nurses, Aides and							
	1	Attendants							
Direct Resident Care Consultants		Number of hours of resident care provided by EACH							
		specialist (See listing page 13)							
Maintenance and operation of plant		Square feet							
Property costs (depreciation)		Square feet							
Employee health and welfare		Gross salaı							
Management services		1 _ 1	e cost center involved						
All other General Administrative expenses		Total of Direct and Allocated Costs							
The preparer of this report must answer the foll	owing question	ons applica							
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why su	ach allocation	on was				
costs allocated as required?		0 110	not made.						
N/A									
2. Explain the allocation of related company ex	penses and a	ttach copy	of appropriate supporting dat	a.					
N/A									
3. Did the Facility appropriately allocate and so				ome cost ce	nters?				
(e.g., Assisted Living, Home Health, Outpat	ient Services,	Adult Day	Care Services, etc.)						
	• Yes	O No	If "No," explain fully why s not made.	uch allocati	on was				
N/A									

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Y	Report for Year Ended			
RegalCare at West Haven, LLC			2355	9/30/2019	9/30/2019			37
	Owi Oper	ed * to ners, ators, icers		Date of	Term of	Annual Amount	Am	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
N/A	0	0						
	0	•						
	0	•						
	0	0						
	0	0						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
Is a Mileage Log Book Maintained for All	Leased Ve	ehicles '	O Ye	· •	No	Total ***		

is a lymeage Log book infamicalised for An Leased vehicles:

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

^{**} Attach copies of newly acquired leases.

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

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
RegalCare at West Haven, LLC	2355	9/30/2019		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this		701D I N 1 1			
P-110 T III III III III III III III III III	Yes	If "No," explain.			
	No				
N/A					
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP		555 Long Wharf Drive, 8th Floor, New F		511	
2 Roth & Co 3		1428 36th St #200, Brooklyn, NY 11218	3		
4					
Services Provided by This Firm (de			•	0.510	
1 Advisory Services / Cost Report Prep	paration		\$	9,519	
2 Monthly retainer			\$	2,991	
3			\$		
4			\$		
			Charge for S	ervices Pr	ovided
			\$	12,510	
Are These Charges Reflected in the Expend	diture Portion of This Report? 1f Y	es, Specify Expense Classification and Line No.			
⊙ Yes O No	Page 15, Line 1d				
Legal Services Information					
Name of Legal Firm or Independer	nt Attorney		Telephone N	lumber	
1 Yifat Schnur Esquire LLC			347-268-534		
2 Donahue, Durham & Noonan,	, P.C.		203-458-916		
3 American Arbitration Associa	tion		215-732-500		
4 Murtha Cullina LLP			860-240-600	00	
5 See Attached			Various		
Address (No. & Street, City, State,	•				
1 22 Prescott St, Edison, NJ 08					
2 741 Boston Post Rd, Guilford					
3 230 S Broad St, Fl 12, Philad	•				
4 185 Asylum St, Hartford, CT	06103				
5 Various Services Provided by This Firm (d	lescribe fully)				
District of CT Matters / Settlements (\$	502	
2 Court Case with New England Healt			\$	2,609	
3 Initail Administrative Fee			\$	275	
4 Settlement with CT Gas / General He	ealthcare Regulatory (\$2 507 Disal	Howed on Pg 28)	\$	6,110	
				4,160	
5 Various (\$4,160 Disallowed on Pg 2	0)		Charge for S		ovided
			"	13,656	GYIGOG
Are These Charges Reflected in the Expen	aditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.	\$	10,000	
	Page 15, Line 1e				
⊙ Yes O No	-				

State of Connecticut

Annual Report of Long-Term Care Facility
CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name	of Facility	License No.	Report for Year Ended	Page	of
Regal	Care at West Haven, LLC	2355	9/30/2019	7a	37
Legal	Services Information				
Name	of Legal Firm or Independent Attorney		Teleph	one Number	
1	CNH Finance		203-74	2-3057	
2	Allscripts	732-65	0-2891		
3	Treasurer State of CT	860-70	2-3000		
4	Probate Court West Haven		203-93	7-3552	
Addre	ss (No. & Street, City, State, Zip Code)				
1	2 Greenwich Plaza, Greenwich, CT 06	830			
2	1 Ethel Rd, Edison, NJ 08817				
3	55 Elm St Ste 3, Hartford, CT 06106				
4	355 Main St, West Haven, CT 06516				
Servic	es Provided by This Firm (describe fully)				
1	LOC Financing (Disallowed on Pg 28)			\$ 1,689	
2	Collections Fees (Disallowed on Pg 28)			\$ 546	
3	Conservatorship / State Marshal (Disallowed or	n Pg 28)		\$ 1,875	
4	Conservatorship (Disallowed on Pg 28)			\$ 50	
			Charge	e for Services I	Provided
				\$ 4,160	

Schedule of Resident Statistics

Name of Facility			License N				Report fo 9/30/201	r Year Ende	ed		Page 8	of 37
RegalCare at West Haven, LLC			2	355					<u> </u>			
						Period 10/	/1 Thru 6/	30		Period 7/1	Thru 9/3	30
		Total	Total									
	Total All	CCNH	RHNS	Total	T-4-1	CCNH	RHNS	(C=00;E)	Total	CCNH	RHNS	(Specify)
	Levels	Level	Level	(Specify)	Total	CUNH	KIINS	(Specify)	TOTAL	CCNII	Kiliya	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	98	98	ļ		98	98			98	98		
B. On last day of THIS report period	98	98			98	98			98	98		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	96	96			96	96			89	89		
B. As of midnight of THIS report period	91	91			89	89			91	91		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,060	4,060			3,012	3,012			1,048	1,048		
B. Medicaid (Conn.)	26,634	26,634			19,991	19,991			6,643	6,643		
C. Medicaid (other states)												
D. Private Pay	798	798			789	789			9	9	4	
E. State SSI for RCH												
F. Other (Specify) HMO & Private Insurance	2,005	2,005			1,447	1,447			558	558		
G. Total Care Days During Period (3A thru F)	33,497	33,497			25,239	25,239			8,258	8,258		
 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days 		552			391	391			161	161		
B. Other Bed Reserve Days	12	12			12	12						
5. Total Resident Days (3G + 4A + 4B)	34,061	34,061			25,642	25,642			8,419	8,419		

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			1 .						for Year	Ended		Page of		
RegalCare at	West H	aven, LL	.C	- 2	2355					9/30/201	9		9	37	
		~	in the certified l		pacity du	ring t	he repo	rt yea	r?	0	Yes	•	No		
11 1150	1		f Change		Ch	ange	in Bed	s		Car	pacity Afte	r Change			
Date of		RHNS	(Specify)		Lost	8-		Gaine	d			<u> </u>			
		Kiling	(3,550.13)		Bost				-,						
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	r Change	
N/A															
5. If there v	vas any	change	in certified bed	capac	ty during	the r	eport y	ear (as	s report	ed in item	ı 4 above)	provide the nun	nber of		
i	•	_	90 days followir	-	-					I					
			Change in R	eside	nt Days					CC	NH	RHNS	(Spe	cify)	
1st chan															
2nd char 3rd char															
4th char															
		dents an	d Rates on Sept	embei	30 of Co	st Ye	ar								
			Medicare		Medi	caid				Se	elf-Pay		Other Stat	e Assisted	
	Item		CCNH		CCNH	R	HNS	C	CNH	RI	INS	(Specify)	R.C.H.	ICF-MR	
No. of R		S	10		73	10	111,15	<u> </u>	8	1.0		(3,500,7)			
Per Dier						="								P. S.	
a. One	bed rm.		Various		253.69			<u> </u>	422.00						
b. Two	bed rms	i	Various		253.69	ļ		ļ <u>.</u>	380.00						
c. Three	e or mor	re													
bed	rms.			<u></u>		<u></u>									
	umber o . Medic		al Therapy Trea t B	ment	S					ТО	TAL 4,605	CCNH 4,605	RHNS	(Specify)	
В			clusive of Part B)							الالتستفلال المتعصوف		1		
			ce Treatments								171	171			
		storative	Treatments								1,544 8,790	1,544 8,790			
	Other Total	Physica	l Therapy Treat	ment						 	15,110	15,110			
			Therapy Treati								,				
	. Medic										933	933			
В			clusive of Part B)											
			ce Treatments							-	53	53			
		storative	Treatments							-	473	1,444			
	Other	Cnaaah	Therapy Treatn	aants							1,444 2,903	2,903			
			ational Therapy		ments						2,703	2,703			
	. Medic			iicat							2,510	2,510			
B	. Medic	aid (Ex	clusive of Part B)							100				
	1. Ma	intenan	ce Treatments								122	122			
			Treatments							 	1,099	1,099			
	Other		tional Thomas	Tuna	mante					-	8,501 12,232	8,501 12,232	<u> </u>		
D	. Total	оссира	tional Therapy	i reat	menis						12,232	12,434		L	

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	S. 4.1.4.1.1	Report for Year		Page	of
RegalCare at West Haven, LLC	2355		9/30/2019		10	37
Are time records maintained by all individuals receiving con	npensation?	0	Yes	0	No	
At the Application of the Applic			Total Cost a	nd Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
Salaries and Wages* Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III			4.1			
of Schedule A1)	63,392	1,829				
3, Assistant Administrator (Complete also Sec. IV						
of Schedule A1)				-		
Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	150,151	10,811				
5. Dietary Service	130,131	10,011				
a. Head Dietitian						
b. Food Service Supervisor	55,490	2,046				
c. Dietary Workers	397,194	20,603				
6. Housekeeping Service				100000		
a. Head Housekeeper b. Other Housekeeping Workers	278,208	13,570				
7. Repairs & Maintenance Services	270,200	15,570				
a. Engineer or Chief of Maintenance	59,708	2,046				
b. Other Maintenance Workers	32,744	1,973				
8. Laundry Service	and the second of the second					
a. Supervisor	00.101	4 100				
b. Other Laundry Workers 9. Barber and Beautician Services	89,181	4,109				
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	225,488	4,100				
b. RN	272 007	7.600				
1. Direct Care 2. Administrative**	372,807 410,820				<u> </u>	ļ
c. LPN	410,820	10,241				
1. Direct Care	899,094	27,166				
2. Administrative**						
d. Aides and Attendants	1,479,541	61,721				
e. Physical Therapists						
f. Speech Therapists g. Occupational Therapists		 	 	1		
h. Recreation Workers	89,353	3,842				
i. Physicians	0,3000	5,5.2				
Medical Director						
Utilization Review						
3. Resident Care***				Terror de Cher		
4. Other (Specify)						
j. Dentists				 		1
k. Pharmacists		 		 		1
1. Podiatrists						
m. Social Workers/Case Management	54,738					
n. Marketing	30,371	2,046				1
o. Other (Specify)	98,864	4,131				
See Attached Schedule A-13. Total Salary Expenditures	4,787,144					1

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

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

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

Schedule of Other Salaries and Wages (Page 10)

		CC	NH	R	HNS	(Specify)	
Position		\$	Hours	\$	Hours	\$	Hours
Admissions	\$	66,562	2,086				
Medical Records		32,302	2,045				
					-		

Total	\$	98,864	4,131	s -	-	\$ -	_
Total	J.	20,004	4,131	ΙΨ.			

Schedule of Other Fees (Page 13)

	CC	NH	R	HNS	(Specify)		
Service	\$	Hours	\$	Hours	S	Hours	
	-						
IV Insertion Nurse (Disallowed on Pg 28a)	\$ 36,251	111					
Animal Assisted Therapy Services (Disallowed on Pg 28a)	1,375	Monthly Fee					
Respiratory Therapist (Disallowed on Pg 28a)	590	8					
Total	\$ 38,216	119	\$ -				

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
RegalCare at West Haven, LLC				2355		9/30/2019			11	37
		Salary Pai	d	Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners										
Corinne Dibacco	71,696			Non Discriminatory	Nursing Administrator	499	A12b2	RegalCare at New Haven	583	83,812
								RegalCare at Torrington	499	71,696
								RegalCare at Waterbury	499	71,696
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

^{**} Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
RegalCare at West Haven, LLC				2355		9/30/2019			12	37
Name	CCNH	Salary Pai	d (Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***										
Reuven Fischer	63,392			Non Discriminatory	Administrator	1,829	A2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility RegalCare at West Haven, LLC	License No. 235	5.5	Report for Y 9/30/2019	'ear Ended	Page 13	of 37
Reguleure at West Haven, BBC			Total Cost	and Hours	l	<u> </u>
			Total Cost	and riours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary				100		
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	5,560	146				ļ
3. Pharmacist	10,631	Monthly Fee				
4. Podiatrist						
5. Physical Therapy		200			1	
a. Resident Care	251,381	3,778				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
 a. Medical Director (entire facility) 	36,000	144				
b. Utilization Review				F. 100	1.50.00	
(Title 18 and 19 only) monthly meeting		,				
c. Resident Care**						
d. Administrative Services facility					100	
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	99,664	726				
b. Other						
10. Occupational Therapist						
a. Resident Care	204,914	3,058	- Styles (Agriculation Current exchange supplications			
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	36,553	751				
2. Administrative***						
b. LPN						
1. Direct Care	112,958	2,465				AND AND PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN THE PERSO
2. Administrative***	,					
c. Aides	10,307	404				
d. Other	23,507					
12. Other (Specify)						
See Attached Schedule	38,216	119			1	200
B-13 Total Fees Paid in Lieu of Salaries	806,184	11,591			1 .	

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

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

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

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

Name of Facility RegalCare at West Haven, LLC	License No. 2355		Report for \$ 9/30/2019	Year Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers No		nation of Relat	
LTC Management 174 Scott Road, Prospect, CT 06712	Dentist	0	•	N/A		4000
MedWiz Solutions, LLC 167 Route 304 Bardonia, NY 10954	IV Insertion Nurse	0	0	N/A		
Animal Assisted Therapy Service, Inc., 74 S. Broad Street, Meriden, CT 06450	Canine Therapeutic Visits	0	0	N/A		
Technical Gas Products, Inc. 101 North Plains Industrial Road,1B Suite 1Wallingford, CT 06492	Respiratory Therapist	0	0	N/A		-
Anuruddha Walaliyadda MD.CMD 12 Cooke Road, Wallington, CT 06492	Medical Director	0	0	N/A		
Regal Care Rehab, 26 Firemans Memorial Drive, Suite 205 Pomona, NY 10970	PT / OT / ST	•	0	Common Own	ership	
AAA Nursing 3303 Main Street Stratford, CT 06614	RNs / LPNs	0	0	N/A		
The Nurse Network,LLC 405 Park Avenue New York, NY 10022	RNs / LPNs / CNAs	0	0	N/A		
Integra Scripts, 160 Airport Drive, Lakewood, NJ 08701	Pharmacist	0	0	N/A		
		0	•			
		0	•			
		0	0			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License		Report for Yo	ear Ended	Page	of
RegalCare at West Haven, LLC 23	555	9/30/2019		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	233,383	233,383		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$	438,093	438,093		
5. Health Insurance	\$	718,685	718,685		
6. Life Insurance (employees only)			4 2 1		
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	249,269	249,269		
(not-owners and not-operators)					
8. Uniform Allowance	\$	3			
9. Other (<i>Specify</i>)	\$	34,158	34,158		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*				100	
				4 - A - A	
c. Bad Debts*	\$	S			
d. Accounting and Auditing	\$	12,510	12,510		
e. Legal (Services should be fully described on Page	e 7) \$	13,656	13,656		
f. Insurance on Lives of Owners and	\$	S			
Operators (Specify)*			10 mm		
g. Office Supplies	\$	18,360	18,360		
h. Telephone and Cellular Phones				100 01001.2	
1. Telephone & Pagers	\$	10,838	10,838		
2. Cellular Phones	\$	1,468	1,468		
i. Appraisal (Specify purpose and	9	S			
attach copy)*				11.15.16.17	
j. Corporation Business Taxes (franchise tax)	9	250	250		
k. Other Taxes (Not related to property - See Page 2	?2)				
1. Income*	9	S			
2. Other (<i>Specify</i>)	9	S -			
See Attached Schedule					
3. Resident Day User Fee	\$	612,041	612,041		
Subtotal	9	2,342,711	2,342,711		

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	C	CNH	RHNS	(Specify)
·		-		
Employee Benefits Expense>Training Fund>Union	\$	31,569		
Employee Benefits Expense>Background Checks		2,547		
720 Tax Form		42		
		. ,		
Total	\$	34,158	\$ -	\$ -

Schedule of Other Taxes

Description	CC	NH	RHNS	(Spec	eify)
		-			
Total	\$	- \$	-	\$	-

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

Name of Facility	License No.		Report for Y	'ear Ended	Page	of
RegalCare at West Haven, LLC	2355		9/30/2019		16	37
					Ì	
Item			Total	CCNH	RHNS	(Specify)
Su	btotals Brought Forwai	rd:	2,342,711	2,342,711		
I. Travel and Entertainment						
1. Resident Travel and Entertainment		\$	9,228	9,228		
2. Holiday Parties for Staff		\$	1,343	1,343		
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$	5,661	5,661		
5. Education Expenses Related to Semina	rs and Conventions	\$	3,217	3,217		
6. Automobile Expense (not purchase or	depreciation)	\$				
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such exp	enses)	\$	1,264	1,264		
2. Advertising Telephone Directory (all sa	uch expenses)***	\$				
3. Advertising Other (Specify)***	1	\$	10,705	10,705		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this ser	vice is supplied	\$				
directly and not by contract or fee for s	ervice)***					
7. Postage		\$	1,396	1,396		
* 8. Dues and Membership Fees to Professi	ional	\$				
Associations (<i>Specify</i>)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other	Non-Allowable Org.***	\$				
9. Subscriptions		\$	300	300		
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify	and Complete	\$	268,940	268,940		
Schedule C-2, Page 21 for each firm o	_					
12. Administrative Management Services*		\$				
13. Other (<i>Specify</i>)	M 4-800	\$	161,017	161,017		
See Attached Schedule						
C-14 Total Administrative & General Expendit	ures	\$	2,805,782	2,805,782		

^{*} 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	RHN	S	(Specify)
		-		
And the second s				
Total Other Travel and Entertainment	\$ -	\$	- \$	-

Schedule of Other Advertising

Description	CCNH		RHNS		(Specify	
		-				
Marketing & Advertising (Disallowed on Pg 28)	\$ 10,7	705				
Total Other Advertising	\$ 10,7	705	\$	-	\$	

Schedule of Dues

Description		CCNH	RHNS	(Specify)
		-		
- Control of the cont				
				
				-
		<u> </u>		-
Total Dues	- American Company	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CC	CNH	RH	NS	(Spe	cify)
		-			ļ	
	 				-	
Total Contributions	 \$	-	\$	-	\$	

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Licenses	\$ 960		
Late Fees (Disallowed on Pg 28)	41,683		
Bank Fees (\$30,817 Disallowed on Pg 28)	47,253		
Prior Period Adjustments (Disallowed on Pg 28)	44,063		
Employee Food (Disallowed on Pg 28)	1,877		
Employee Relations (Disallowed on Pg 28)	2,181		
Discriminatory Bonus (Disallowed on Pg 28)	23,000		
Total Other Administrative and General	\$ 161,017	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
RegalCare at West Haven, LLC	2355	9/30/2019	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			
·			
		i	

^{*} 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)

NIone	o of Equility			No.	Report for Y	eor Ended	Page	of		
	me of Facility galCare at West Haven, LLC			· · · · · · · · · · · · · · · · · · ·			9/30/2019		18	37
Rega	ilicare at west naveli, LLC			2333	9/30/2019	T	10	31		
	ltem			Total	CCNH	RHNS	(Sp	ecify)		
2.	Dietary									
	a. In-House Preparation & Service				i i					
	1. Raw Food		\$	249,865	249,865					
	2. Non-Food Supplies		\$	14,608	14,608					
	3. Other (Specify)		\$							
						Anna Santa S				
	b. Purchased Services (by contract other		\$							
	than through Management Services)									
	(Complete Schedule C-2 att. Page 21)									
	c. Other (Specify)		\$							
2D.	Total Dietary Expenditures $(2a + b + c + d)$		\$	264,473	264,473					
2E.	Dietary Questionnaire			Total	CCNH	RHNS	(Sp	ecify)		
F.	Resident Meals: Total no. of meals served per	day:	*							
G.	Is cost of employee meals included in 2D?	0	Yes	•	No					
Н.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.				
I.	Where is the revenue received reported in the C	Cost	Report	? (Page/Line I	tem)					
	Is cost of meals provided to persons other					10 10				
J.	than employees or residents (i.e., Board	0	Yes	•	No	If yes, specify				
	Members, Guests) included in 2D?					cost.				
ļ.,		$\overline{}$	3.7		X.I.	If yes, specify				
K.	Is any revenue collected from these people?	O	Yes	•	No	amt.				
L.	Where is the revenue received reported in the C	Cost	Report	? (Page/Line I	tem)					
			 	<u> </u>						
	Is cost of food (other than meals, e.g., snacks	\sim	Vac	6	Ma	If yes, specify				
M.	at monthly staff meetings, board meetings)	O	Yes	•	No	cost.				
	provided to employees included in 2D?									
			4.5	^	* T	If yes, specify				
N.	Is any revenue collected from employees?	O	Yes	•	No	amt.				
O.	Where is the revenue received reported in the C	Cost	Report	? (Page/Line I	tem)					
<u> </u>	Trace is the revenue received reported in the		Toport	. (. 450/121110 1						

^{*} 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)

	e of Facility alCare at West Haven, LLC	License	e No. 2355	Report for Y 9/30/2019	ear Ended	0	of 37
	Item		Total	CCNH	RHNS	(Speci	fy)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.					
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$					
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
	processed.***	Amt. \$					
	3. Personal clothing of residents	Lbs.					
	washed, ironed, and/or processed.***	Amt. \$					·
	4. Repair and/or purchase of linens.***	Lbs.					
	b. Purchased Services (by contract other	Amt. \$		110,383			
	than through Management Services) (Complete Schedule C-2 att. Page 21)		TABLE TO SERVICE TO SE				
	c. Other (<i>Specify</i>) Laundry Supplies	\$	2.0				
3D.	Total Laundry Expenditures (3a + b + c)	\$	112,780	112,780			
3E. F.	Laundry Questionnaire Is cost of employee laundry included in 3D? C) Yes	•	No	If yes, specify cost.		
G.	Did you receive revenue from employees?) Yes	•	No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost	t Report?		(Page/Line	ttem)		
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?) Yes	•	No	If yes, specify cost.		
J.	2.a year-e) Yes		No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost	t Report?		(Page/Line	e 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	ı	Repo	ort for Year E	nded	Page 20	of 37
RegalCare at West Haven, LLC	2355		9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (Mops,	Amt.	\$				
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
C. Other (Specify)		\$	20,373	20,373	23-on4d-kove=276-bee* Hz-fly884x-42-59-42-59-118-52-118-5	
Housekeeping Supplies			1			
4D. Total Housekeeping Expenditures (4a +	-b+c)	\$	20,373	20,373		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
Own Pharmacy		\$				
2. Purchased from		\$	173,140	173,140	Anna ann an ann an Anna an	
·Medwiz	,		1,5			
b. Medicine Cabinet Drugs		\$	11,515	11,515		
c. Medical and Therapeutic Supplies		\$				
d. Ambulance/Limousine***		\$				
e. Oxygen					1999	
1. For Emergency Use		\$				
2. Other***		\$	6,785	6,785		
f. X-rays and Related Radiological		\$	10,377	10,377		
Procedures***						
g. Dental (Not dentists who should be inc	cluded under	\$				
salaries or fees)						
h. Laboratory***		\$	22,990	22,990		
i. Recreation		\$		13,148		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
I. Other (Specify)****		\$	185,098	185,098		
See Attached Schedule					-	
5M. Total Resident Care Expenditures (5a -	5j)	\$	423,053	423,053	1	

^{*} 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)
	-		
Supplies (\$22,609 Disallowed on Pg 29a)	\$ 123,18	8	
Sanitation & Incineration	44	2	
Equipment Rental (Disallowed on Pg 29a)	50,48	3	
Data Processing	10,97	0	
Foot Surgeon Copay (Disallowed on Pg 29a)	1	5	
		- Halle -	
Total Other Resident Care	\$ 185,09	98 \$ -	\$ -

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

Name of Facility RegalCare at West Haven, L.	LC			License No. 2355	Report for Year Ended 9/30/2019					of 37
		Related ** t				J. J	Total Cost	/Page Ref.**	*	<u></u>
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
LTC Consulting Services	7 Randolph Road, Howell, NJ 07731	0	•	N/A	Fiscal Services	163,550			16	mll
Caretech Group	1123 McDonald Ave, Brooklyn, NY 11230 100 Turnpike Drive,	0	0	N/A	Purchasing Company	24,000			16	m11
Unitex	Middlebury, CT 06762 35 Washington St, Perth	0	•	N/A	Laundry	86,619			19	3b
Med-Apparel Services	Amboy, NJ 08861 PO Box 630 East	0	•	N/A	Laundry	21,381				3ъ
All American Waste, LLC	Windsor, CT 06088 298 Third Ave Fl 2,	0	0	N/A	Garbage Lansdscaping / Snow	23,056				6f 6f
Calixto Landscaping On-Time IT Solutions, Inc.	West Haven, CT 06516 407b Monroe, NY 10950	0	⊙⊙	N/A N/A	Removal IT	15,840 15,898				5 m11
On-Time IT Solutions, Inc.	10750	0	0							
	44	0	•	·			10,0			-
		0	•							-
		0	0							
		0	0							
		0	⊙⊙							

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

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

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Ye	ear Ended		Page	of
RegalCare at West Haven, LLC	2355	9/30/2019			22 3	7
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	8,414	8,414			
b. Heat	\$	52,011	52,011			
c. Light & Power	\$	73,016	73,016			
d. Water	\$	47,264	47,264			
e. Equipment Lease (Provide detail on	page 6) \$					
f. Other (itemize)	\$	53,811	53,811	CD Observances) 2 moderation in 6000 to 200, 1284 U		- a manufacture de la Color
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	1 - 6f) \$	234,516	234,516			
7. Depreciation (complete schedule page 2	3*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	11,942	11,942			
*7e. <i>Total Depreciation Costs</i> (7a + b + c +	d) \$	11,942	11,942			
8. Amortization (Complete att. Schedule Po	age 24*)					
a. Organization Expense	\$	6,963	6,963			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	7,070	7,070			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c +	d) \$	14,033	14,033			
9. Rental payments on leased real property	less					
real estate taxes included in item 10b	\$	27,970	27,970			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	75,949	75,949			
c. Personal property taxes	\$	2,439	2,439			
11. Total Property Expenses (7e + 8e + 9	+ 10) \$	132,333	132,333			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	-		
Supplies	\$ 11,658		
Sanitation & Incineration	23,056		
Extermination	1,216		
Snow Removal	12,410		
Landscaping	(153)		
Fire Drill	4,038		
Contracted Services	1,586		
Total Other Repairs and Maintenance	\$ 53,811	\$ -	- \$

Depreciation Schedule

Name of Facility RegalCare at West Haven, LLC		License No.	55		Report for Year E 9/30/2019	Ended		Page 23	of 37			
Property Item	=	23,000			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements							1	-				
Acquired prior to this report period												
Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sch	edule)										
A-4. Subtotal									10.00			
B. Building and Building Improvements												
Acquired prior to this report period												
Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	edule)										
B-4. Subtotal	_										200	
C. Non-Movable Equipment												
Acquired prior to this report period												
2. Disposals (attach schedule)												4.27
3. Acquired during this report period (atta	ch sche	edule)									***************************************	
C-4. Subtotal							22.00					
	logi	nileage book ained?		te of isition Year	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment	100						F		<u> </u>			
Motor Vehicles (Specify name, model and year of each vehicle) a. b. c.		a series					100			<u> </u>		
d.	13332450000000000000000000000000000000000					No. (1990) (1990) (1990) (1990)						
2. Movable Equipment		7.7										
a. Acquired prior to this report period			Var	Var	101,339		101,339	55,264	S/L	Various	9,996	
b. Disposals (attach schedule)			SOUTH CONTRACTOR OF THE CONTRA	100 00 00 00 00 00 00 00 00 00 00 00 00	(22,918)	SAMPA SINGA DINA MINISTRA DI SANTA DALIA	(22,918)	(7,639)		AND THE RESIDENCE OF THE PARTY		
c. Acquired during this report period					100 March 100 Ma							
(attach schedule)			Var	Var	8,897		8,897		S/L	Various	1,946	
D-3. Subtotal												11,942
E. Total Depreciation							2.4				The second second	11,942

Schedule of	Land Im	provements A	capired	during t	his report	period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	,			
	A STATE OF THE STA	· ·		
1.				
	\ \			
Total additions for Land Impro	vements	\$ -		\$ -
Deletions:				
Total deletions for Land Improv	vements	\$ -		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	nts Acquired during this report period		Useful	seful		
Acquisition Date	Description of Item	Cost	Life	Depreciation		
Additions:						
Total additions for Building Imp	rovements	\$ -		\$ -		
Deletions:						
			<u> </u>			
Total deletions for Building Imp		\$ -		\$ -		

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	- Lander - L			
otal additions for Non-Movab	le Equipment	\$ -		\$ -
eletions:				
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

				Useful		
Acquisition Date	Description of Item	(Cost	Life	Dep	reciation
Additions:						
Various	Various - See Attached Schedule	\$	8,897	Various	\$	1,946
Total additions for	 Movable Equipment	\$	8,897		\$	1,946
Deletions:						
12/31/2018	Disposal of Copier	\$	(22,918)			
					_	
			(22.010)			
Total deletions for	Moyable Equipment	\$	(22,918)) i	\$	-

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

		04	Useful Life	Danu	aalation
Acquisition Date	Description of Item	Cost	Life	Берг	eciation
Additions:		 		 	005
Various	Various - See Attached Schedule	\$ 8,488	Various	\$	837
Total additions fo	r Leasehold Improvement	\$ 8,488		\$	837
Deletions:					
Various	Various - See Attached Schedule	\$ (4,845)			
Total deletions fo	r Leasehold Improvement	\$ (4,845)		\$	

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

Amortization Schedule*

Name	e of Facility			License No.		Report for Yea	ır Ended		Page	of
1	Care at West Haven, LLC			23:	55	9/30/2019			24	37
					3.11.5	Accumulated				
		Date	e of			Amort. to				
		sition			Beginning of	Basis for				
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1. Deferred Financing Costs			5 Years	34,818	17,407	S/L		6,963	
	2.									
	3.									
A-4.	Subtotal	Estate 1								6,963
B.	Mortgage Expense									
	1.									Section 1
	2.									
	3.									
B-4.	The state of the s									
C.	Leasehold Improvements and Other								6.000	A Committee of the Comm
	1. Acquired prior to this report period	Var	Var	Various	84,463	12,918	S/L	Vario	6,233	
	2. Disposals (attach schedule)				(4,845)	(4,779)				
	3. Acquired during this report period						 		00-	
	(attach schedule) Var Var			Various	8,488		S/L	Vario	837	7.070
C-4.	Subtotal				100					7,070
D.	Total Amortization									14,033

^{*} Straight-line method must be used.

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

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

RegalCare at West Haven, LLC FIXED ASSET / DEPRECIATION SCHEDULE

Marchel Marc	G/L Account	Description	Date In Service	Method	Llfe	Historical Cost	2017 Deprec.	2017 A/D	2018 Deprec.	2018 A/D	2019 Deprec.	2019 A/D	NBV
March Marc												***	n.
Instablish Service S													
Careal Annie Marcia Marc													408
Mary									35				389
Marchal Marc													
Part		•	8/1/2016	S/L	20								
Seminate Seminate	TAL LEASEHOLD	IMPROVEMENTS 16				45,802	2,388	4,776	2,388	7,164	2,388	9,552	36,250
Semble S												1,413	
Semination Sem													
Seminate Seminate													2,366
Semination Seminate Seminate 19/2017 19/10	Leasehold Imp.												1,236
Contack 1988 1989	Leasehold Imp.		7/1/2017	S/L	20	10,000	500						8,500
Part			8/1/2017	S/L	20								
Semination Sem	TAL LEASEHOLD	IMPROVEMENTS 2017				23,880	1,909	1,909	1,909	3,818	1,909	5,727	18,153
Seached Stage Seache Stage Seache Stage Seache Stage Seached Stage	Leasehold Imp.						-	-					870
Semination Consequent from the last in readons and clears heads are readons as a seminate of the clear heads and clears heads are readons as a seminate of the clear heads are readons as a semi	Leaschold Imp.							-					
Seminating MacRes MacRes	Lesschold Imp.						-	-					
Searchial lay American Discoverably clarical 70 70 70 70 70 70 70 7		Connecticut Fire Protection-replace dry heads in walk in coolers and felocate heads in 08 11.6 Contention											
Part							:	:				234	936
Part						927	-		93	93			741
Secondary 1	TAL LEASEHOLD	IMPROVEMENTS 2018				14,781			1,936	1,936	1,936	3,872	10,989
Secondary 1	Leasehold Imp.	replace flooring in head marse office	10/8/2018	S/I.	10	1.000					100	100	900
Amende I I Improvement throw (Principle I on Provided I													467
	Leasehold Imp.	Replacement of Bathroom Wall and fancet				669	-	-	-	-			602
Contact Cont							-	-					
Second Description Second								-	-	-			
Lace-Scale Man September Man Paper Spectrome Man Paper Spectrome							•	-	•				
Control Cont							-	-					
Part		hand rails											499
Lean-State Light Expense Application work in concision and relocate heads in hardreson statege and policy in the policy of the policy o			3/8/2019	8/1.	15	1,409				-	94		1.315
Part													
Compare Individue Comp													
Compare Individue Comp							-						
PAPER D. Composition Paper Pap	Leasehold Imp.	Generic Leasehold Disposal				(4,365)	<u> </u>		:		837	(4,365)	7,585
FFREE D Card Printer 11/2016 Srl. 5 1.244 2-9 498 2-49 747 2-9 9-96 2-19	Leasehold Imp.	Generic Leasehold Disposal				(4,365)		-	-	-	837	(4,365)	-
Profess	Leaschold Imp.	Genetic Lenschold Disposal IMPROVEMENTS 2019				3,643	4,297	6,685	6233	12,918		(3,942)	-
Fig. Pick	Leaschold Imp. PTAL LEASEHOLD PTAL LEASEHOLD OVABLE EQUIPME	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS ENT	9/23/2019			(4,365) 3,643 88,106					7,070	(4,365) (3,942)	7,585
FFRE: 1 to Marketine Cather 1912/1016 Stl. 10 2,096 210 420 210 430 210 440 120 140 154 154 154 154 154 154 154 154 154 154	Leasehold lup. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPME FF&E	Generic Leaschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS ENT 1D Card Printer	9/23/2019			(4.365) 3,643 88,106	249	498	249	747	7,070 249	(4,365) (3,942) 15,269	7,585
Mailer Paging P	Leasehold Imp. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPME FFRE FFRE	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS ENT ID Card Printer Commercial conveyor toosting system	9/23/2019 9/23/2019 4/1/2016 4/1/2016	S/L	10	(4.365) 3,643 88,106	249 62	498 124	249 62	747 186	7,970 249 62	(4,365) (3,942) 15,209 996 248	7,585 72,897 240 37
Compute Hardware Science Computer Server, 3 Printers 31/2016 81, 5 11,633 2,327 4,654 2,277 6,981 2,277 9,308 2,227 2,000	Leasehold lup. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPME FFRE FFRE FFRE FFRE	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS ENT ID Card Printer Commercial conveyor toasting system Plato warmer	9/23/2019 4/1/2016 4/1/2016 8/1/2016	S/L S/L	10 10	(4,365) 3,643 88,106 1,244 619 1,982	249 62 198	498 124 396	249 62 198	747 186 594	7,070 249 62 198	(4,365) (3,942) 15,269 996 248 792	72,897 241 37
Compute Flatfords Computer Flatfords Computer Flatfords Str. S	Leasehold Imp. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPME FP&E FF&E FF&E FF&E FF&E	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS ENT ID Card Printer Commercial conveyor tossiing system Plats warmer Let Machino Cuber	9/23/2019 4/1/2016 4/1/2016 8/1/2016 9/1/2016	S/L S/L S/L	10 10 10	(4.365) 3,643 88,106 1,244 619 1,982 2,096	249 62 198 210	498 124 396 420	249 62 198 210	747 186 594 630	7,070 249 62 198 210	(4,365) (3,942) 15,269 15,269 95/6 248 792 840	72,89 72,89 24 37 1,19 1,25
Compute Hardware Apple Macbook Pro	Leasehold Imp. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPME FFRE FFRE FFRE FFRE FFRE Medical Equipment	Generic Leasehold Disposal IMPROVEMENTS 2019 IMPROVEMENTS INT ID Card Printer Commercial conveyor totasting system Plitto warmer Lea Machine Cuber Patient filer 7 660(b) lifter scale	9/23/2019 4/1/2016 4/1/2016 8/1/2016 7/1/2016	S/L S/L S/L S/L	10 10 10 10	88,106 88,106 1,244 619 1,982 2,096 2,749	249 62 198 210 275	498 124 396 420 550	249 62 198 210 275	747 186 594 630 825	7,070 249 62 198 210 275	(4,365) (3,942) 15,269 996 248 792 840 1,100	72,89 72,89 24 37 1,19 1,25 1,64
Compute Find Name Check Senior 1912 1916 1917 1917 1918	Leaschold imp. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPME FRÆE FFÆE FFÆE Medical Equipment Computer Hardware	Generic Lenschuld Disposal IMPROVEMENTS 2019 IMPROVEMENTS ENT ID Card Printer Commercial convovor tousning system Plate varnive Lee Machine Cuber Patient filter / 660lb lifter soale Soncival Newtork See, & computers, server, 3 Printers	4/1/2016 4/1/2016 8/1/2016 9/1/2016 7/1/2016 3/1/2016	S/L S/L S/L S/L S/L	10 10 10 10 5	(4,365) 3,643 88,106 1,244 619 1,982 2,096 2,749 11,633	249 62 198 210 275 2,327	498 124 396 420 550 4,654	249 62 198 210 275 2,327 541	747 186 594 630 825 6,981 1,623	7,070 249 62 198 210 275 2,327 541	(4,365) (3,942) 15,269 996 248 792 840 1,100 9,308 2,164	72,89 72,89 24 37 1,19 1,25 1,64 2,32 54
Complete Sultivace Complet	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPMI FRÆE FFÆE FFÆE FFÆE Graphier Hardware Computer Hardware	Generic Lenschold Disposal IMPROVEMENTS 2019 LAIPROVEMENTS ENT ID Card Printer Commercial conveyor tousning system Plate warmer Lee Machine Cuber Publicut filter / 600tb lifter scale Soncivall Network See, & computers, server, 3 Printers 5 Linkow Computer	4/1/2016 4/1/2016 8/1/2016 8/1/2016 9/1/2016 3/1/2016 4/1/2016 5/1/2016	S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 5 5	(4,365) 3,643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302	249 62 198 210 275 2,327 541 2,060	498 124 396 420 550 4,654 1,082 4,120	249 62 198 210 275 2,327 541 2,060	747 186 594 630 825 6,981 1,623 6,180	7,070 249 62 198 210 275 2,327 541	(4,365) (3,942) 15,269 996 248 792 840 1,160 9,308 2,164 8,240	72,89 72,89 24 37 1,19 1,25 1,64 2,32 54
Computer Sulftware Microsoft Office Pro (5) Afficial Salt 3 1.095 3.65 730 3.65	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPME FRÆE FRÆE FRÆE FRÆE Medical Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS ENT ID Card Printer Commercial conveyor tousting system Plate warmer Let Machine Cuther Pulient lither / 660lb lifter scale Soneivall Network See, & computers, server, 3 Printers 5 Lichoo Computer Eithernet swith, Server backup & Project Alananement Apple Mateobok Pro	4/1/2016 4/1/2016 4/1/2016 8/1/2016 7/1/2016 3/1/2016 5/1/2016 5/1/2016	S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 5 5	88,166 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577	249 62 198 210 275 2,327 541 2,060 526	498 124 396 420 550 4,654 1,082 4,120 1,052	249 62 198 210 275 2,327 541 2,060 525	747 186 594 630 825 6,981 1,623 6,180 1,577	7,070 249 62 198 210 275 2,327 541 2,060	(4,365) (3,942) 15,209 9-96 2-48 792 8-40 1,109 9,308 2,164 8,240 1,577	72,89° 24' 37 1.19 1.25 1.64' 2.32 54
Capital Lands Solicy and anti-Varies Sol	Leaschold Imp. DTAL LEASEHOLD OVABLE EQUIPMI FFRE FREE FREE Medical Equipment Computer Hardware	Generic Leasehold Disposal IMPROVEMENTS 2019 IMPROVEMENTS ENT ID Card Printer Commercial convervar tousning system Plate varanier tee Machine Cuber Puffent filter / 600th filter scale Somerical Howers See, & computers, server, 3 Printers 5 Lenson Computer Eithernet swith, Server backup & Project Management Appllo Macbook Pro Glocks Scanner	4/1/2016 4/1/2016 8/1/2016 8/1/2016 7/1/2016 3/1/2016 5/1/2016 9/1/2016 9/1/2016	\$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4.	10 10 10 10 5 5 5 5	88,106 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 877	249 62 198 210 275 2,327 5-11 2,060 526 175	498 124 396 420 550 4,654 1,082 4,120 1,052 350	249 62 198 210 275 2,327 541 2,060 525 175	747 186 594 630 825 6,981 1,623 6,180 1,577 525	7,070 249 62 198 210 275 2,327 541 2,060	(4,365) (3,942) 15,209 996 248 792 840 1,109 9,308 8,240 1,577 790	72,892 72,892 244 37 1,199 1,254 1,644 2,322 544 2,066
Capital Lease Capitar Copiers (Total = 6) Mil Table Sil. Mil Table Mil Ta	Leaschold Imp. DTAL LEASEHOLD OVABLE EQUIPME FREE FREE FREE FREE Computer Hardware Computer Statistan	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS 2NT ID Card Printer Commercial conveyor tousting system Plats warmer Lee Machine Cuber Patient filter / 660lb lifter scale Soneival Network See, Reomputers, server, 3 Printers 5 Lichton Computer Eibernet swith, Server backup & Project Management Apple Machock Pro Clicks Scanner Microsoft Office Pro (8)	9/23/2019 4/1/2016 4/1/2016 8/1/2016 9/1/2016 3/1/2016 4/1/2016 9/1/2016 9/1/2016 9/1/2016 4/1/2016 9/1/2016 4/1/2016	\$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4.	10 10 10 10 5 5 5 5 3	88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 877 1,752	249 62 198 210 275 2.327 541 2.060 526 175 584	498 124 396 420 550 4,654 1,082 4,120 1,052 350 1,168	249 62 198 210 275 2,327 541 2,060 525 175 584	747 186 594 630 825 6,981 1,623 6,180 1,577 525	7,070 249 62 198 210 275 2,327 541 2,060	(4,365) (3,942) 15,209 996 248 792 840 1,100 9,308 2,164 8,240 1,577 700	72,892 72,892 244 37 1,199 1,254 1,644 2,322 544 2,066
FREE Mu Table 21/2017 St. 15 3.599 240 240 240 480 240 720 2.87	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPMI FREE FREE FREE FREE Computer Hardware Computer Mardware Computer Saftware Computer Saftware Computer Saftware Computer Saftware	Generic Leasehold Disposal IMPROVEMENTS 2019 IMPROVEMENTS INT ID Card Printer Commercial convervar tousning system Plate warmer tec Machine Cuber Pulient filter / 660th lifter scale Somerical Network See, & computers, server, 3 Printers 5 Lenson Computer Eibrents swith, Server backup & Project Management Appllo Macbook Pro Glocks Seamer Microsoff Ollice Pro (8) Microsoff Ollice Pro (8)	4/1/2016 4/1/2016 4/1/2016 9/1/2016 9/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016	\$7L \$4L \$4L \$4L \$4L \$4L \$4L \$4L \$4L \$4L \$4	10 10 10 10 5 5 5 3 5 3	88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 877 1,752 1,095 589	249 62 198 210 275 2.327 541 2.060 526 527 584 365	498 124 396 420 550 4,654 1,082 4,120 1,052 350 1,168 730 392	249 62 198 210 275 2,327 541 2,060 525 175 584 165	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,752 1,095 588	7,070 249 62 198 210 275 2,327 541 2,060	(4,365) (3,942) 15,269 996 248 792 840 1,100 9,308 2,164 8,240 1,577 700 1,752 1,095 589	72,897 248 371 1.198 1,256 1,646 2,322 541 2,060
Mail Table Mai	Leaschold Imp. DTAL LEASEHOLD OVABLE EQUIPME FREE FREE FREE Medical Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Suffware	Generic Lenschold Disposal DIMPROVEMENTS 2019 DIMPROVEMENTS ENT ID Card Printer Commercial conveyor tousting system Plate warmer Lee Machine Cuber Palient filter 7 660lb lifter scale Sentivall Network See, 8 computers, server, 3 Printers 5 Lenson Computer Eithernet swith, Server backup & Project Management Apple Machook Pro Chook Senater Microsoft Office Pro (8) Microsoft Office Pro (5) Sonicvall anti-virus E-Copiers (Total = 6)	4/1/2016 4/1/2016 4/1/2016 9/1/2016 9/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016	\$7L \$4L \$4L \$4L \$4L \$4L \$4L \$4L \$4L \$4L \$4	10 10 10 10 5 5 5 3 5 3	(4.365) 3,643 88,106 1,244 619 1,982 2,996 2,749 11,633 1,237 2,737 1,532 1,577 1,752 1,955 589 16,850	249 62 198 210 275 2,327 541 2,060 526 175 584 365 196	498 124 396 420 550 4,654 1,082 4,120 1,052 350 1,168 730 392	249 62 198 210 275 2,327 541 2,060 525 175 584 365 196 5,616	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,752 1,095 588 16,850	7,070 249 62 198 210 275 2,327 541 2,060 175	(4,365) (3,942) 15,269 996 248 792 840 1,109 9,308 2,164 8,240 1,577 700 1,752 1,095 589 916,859	72,89: 72,89: 244 37 1.199 1,25: 1,644 2.32: 54: 2,06:
Medical Edipment Medical Edi	Leaschold Imp. DTAL LEASEHOLD OVABLE EQUIPME FREE FREE FREE Medical Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Suffware	Generic Lenschold Disposal DIMPROVEMENTS 2019 DIMPROVEMENTS ENT ID Card Printer Commercial conveyor tousting system Plate warmer Lee Machine Cuber Palient filter 7 660lb lifter scale Sentivall Network See, 8 computers, server, 3 Printers 5 Lenson Computer Eithernet swith, Server backup & Project Management Apple Machook Pro Chook Senater Microsoft Office Pro (8) Microsoft Office Pro (5) Sonicvall anti-virus E-Copiers (Total = 6)	4/1/2016 4/1/2016 4/1/2016 9/1/2016 9/1/2016 3/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016	\$7L \$4L \$4L \$4L \$4L \$4L \$4L \$4L \$5L \$4L \$5L \$4L \$5L \$4L \$5L \$5L	10 10 10 10 5 5 5 3 3 3 3	(4.365) 3,643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 1,752 1,095 589 16,850 56,072	249 62 198 210 275 2,327 5-11 2,060 526 175 584 3.65 196 5,617	498 124 396 420 550 4,654 1,082 4,120 1,052 350 1,168 730 392 11,234 26,770	249 62 198 210 275 2,327 541 2,060 525 175 584 165 196 5,616	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,752 1,095 588 16,859	7,070 249 62 198 210 275 2,327 541 2,060 175	(4,365) (3,942) 15,209 996 248 792 840 1,100 9,308 2,164 1,577 700 1,577 700 1,575 1,095 589 916,859	72,89 24 37 1.19 1,25 1,64 2,06 17 9,82
Medical Epignerian Mattress 641/2017 S41 10 808 81 81 81 162 81 243 55 106 808 81 81 81 162 81 243 55 106 808 81 81 81 162 81 243 55 106 808 81 81 81 162 81 243 55 106 808 81 81 81 162 81 243 55 106 808 81 81 81 81 81 81 8	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPMI FREE FREE FREE FREE Computer Hardware Computer Hardware Computer Hardware Computer Software FreeE FreeE	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS ENT ID Card Printer Commercial conveyor tousting system Plate varnier Lee Machine Cather Plate varnier Lee Machine Cather Patient filter / 6600b lifter scale Soncival Network Sec, & Computers, server, 3 Printers 5 Lenson Computer Ethernel swith, Server backup & Project Management Appll Macbook Pro Check Sename Microsoft Office Pro (8) Microsoft Office Pro (5) Sonicwall antivirus E-Capters (Total = 6) COUPPMENT 2016 Mat Table	9/21/2019 4/1/2016 4/1/2016 8/1/2016 9/1/2016 7/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016	\$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4.	10 10 10 10 5 5 5 5 3 3 3 3	(4.365) 3.643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 4,752 1,995 589 16,850 56,072 3,599	249 62 198 210 275 2,327 541 2,060 526 175 584 196 5,617	498 124 396 420 550 4,654 1,082 4,120 1,052 350 1,168 730 392 11,234	249 62 198 210 275 2,327 541 2,060 525 175 584 165 196 5,616	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,752 1,095 588 16,850 40,153	7,679 249 62 198 210 275 2,327 541 2,060 175 1 6,098	(4,365) (3,942) 15,209 996 248 792 840 1,100 9,308 2,164 2,164 1,577 700 1,752 1,095 589 16,850 46,251	7,58 72,89 24 37 1,19 1,25 1,64 2,32 54 2,06
Medical Edispinent Alert Hard Tug Tester Mr.12017 Srl. 5 1.711 274 274 274 274 548 274 8.22 545	Leaschold Imp. DTAL LEASEHOLD OVABLE EQUIPMI FREE FREE FREE FREE Medical Equipment Computer Hardware Computer Jardware Computer Jardware Computer Jardware Computer Jardware Computer Jardware Computer Jardware Computer Software C	Generic Lenschold Disposal IMPROVEMENTS 2019 DIMPROVEMENTS 2019 DI Card Printer Commercial convovor toasting system Plate warmer Let Machine Cuber Pulient lifter 6 600th lifter scale Soneival Nerwork See, & computers, server, 3 Printers 5 Lenson Computer Elbernet swith, Server backup & Project Management Apple Macbosk Pro Chesk Sonnor Microsoft Office Pro (8) Microsoft Office Pro (5) Sondievall amivirus E-Copiers (10td - 6) QUIPMENT 2016 Mat Table Hil-ton Milotor & Electric Bed Grid	4/1/2016 4/1/2016 4/1/2016 8/1/2016 9/1/2016 3/1/2016 9/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016	\$4. \$4. \$4. \$4. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5	10 10 10 10 5 5 5 3 3 3 3 3	(4.365) 3,643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 13,022 1,577 1,752 1,095 589 16,850 56,072 3,599 2,291	249 62 198 210 225 2,327 5-11 2,060 526 175 584 365 196 5,617 13,385	498 124 396 420 550 4,654 1,082 4,120 1,052 3,50 1,168 730 392 11,234 26,770	249 62 198 210 275 541 2,060 525 175 584 365 106 5,616 13,383	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,752 1,095 588 16,859 40,153	7,070 249 62 198 210 275 2,327 541 2,060 175 1 6,098	(4,365) (3,942) 15,209 996 248 792 840 1,100 9,308 2,164 8,240 1,577 700 1,577 700 1,575 1,095 589 9 16,850 46,251 720 573	7,58 72,89 24 37 1.19 1.25 1.64 2.32 54 2.06 17 9,82 2.87 1,71
Computer Northware Clauseneeskee, Noelseeks, Laptop, IIP Processor, Printer, Desktop 64/2017 S1, 5 5, 5, 515 1503 1,503 1,503 3,006 1,503 3,006 1,503 3,006 1,503 3,006 1,503 3,006 1,503 3,006 1,503 3,006 1,503 3,006 1,503 3,006 1,503 3,006 1,503 3,006 1,503 3,006 1,503	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPMI FREE FREE FREE FREE Computer Hardware Computer Jandware Computer Jandware Computer Jandware Computer Jandware Computer Software Comp	Generic Leasehold Disposal IMPROVEMENTS 2019 IMPROVEMENTS ENT ID Card Printer Commercial convovor tousning system Plate warmer Lee Machine Cuber Putter Hiller / 6600b lifter scale Soncival Newtone's Sec, & computers, server, 3 Printers 5 Leinovo Computer Ethernet swith, Secret backup & Project Management Applo Macbook Pro Chock Sonnier Microsoft Office Pro (8) Microsoft Office Pro (8) Microsoft Office Pro (5) Sontievall autivirus E-Coptery (Total – 6) QUIPMENT 2016 Mat Table Mat Table Hi-Low Motor & Electric Bed Grid Alert Hand Top Tester	4/1/2016 4/1/2016 4/1/2016 8/1/2016 9/1/2016 7/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016	SAL SAL SAL SAL SAL SAL SAL SAL SAL SAL	10 10 10 10 5 5 5 3 3 3 3 3	(4.365) 3.643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 1,752 1,095 589 1,876 56,072 3,599 2,291 559	249 62 198 210 275 2,327 541 2,060 526 175 584 365 196 5,617 13,385	498 124 396 420 550 4,654 1,082 4,120 1,052 350 1,168 734 392 211,234 26,770 240 191	249 62 198 210 275 541 2,060 525 175 584 365 196 5,616 13,383	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,752 1,095 588 16,850 40,153	7,679 249 62 198 210 275 2,327 541 2,060 175 1 6,098	(4,365) (3,942) 15,209 996 248 792 840 1,100 9,308 2,164 8,240 1,577 700 1,752 1,095 5,89 16,859 46,251 720 573 336	7,58 72,89 24 37 1,19 1,25 1,64 2,32 5,46 2,00 - - - - - - - - - - - - - - - - - -
Computer Software Color Software C	Leaschold Imp. DTAL LEASEHOLD OVABLE EQUIPMI FREE FREE FREE FREE FREE Computer Hardware Computer Jandware Computer Jandware Computer Jandware Computer Jandware Computer Software Medical Enignment Medical Enignment	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS 2NT ID Card Printer Commercial conveyor toasting system Plats warmer Lee Machine Cuber Plats warmer Lee Machine Cuber Patient Bher 7 660lb lifter scale Soncivall Network See, & computers, server, 3 Printers 5 Lentono Computer Efferment swith, Server backup & Project Management Applo Machosk Pro Check Scanner Microsoft Office Pro (8) Microsoft Office Pro (5) Sonicwall amily fixins E-Cupiers (Total – 6) QUIPMENT 2016 Mal Table Hi-Low Motor & Electric Had Grid Alort Hand Top Teater Mattress	4/1/2016 4/1/2016 4/1/2016 8/1/2016 9/1/2016 7/1/2016 9/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2017 6/1/2017	\$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5	10 10 10 10 5 5 5 3 3 3 3 3 15 12 5	(4.365) 3,643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 1,752 1,095 589 56,072 3,599 559 808	249 62 198 210 275 2,327 5-11 2,060 526 175 584 365 196 5,617 13,385 240 191 112 81	498 124 396 420 550 4,654 1,082 4,120 1,052 350 1,168 730 392 11,234 26,770 240 191 112	249 62 198 210 275 52,327 541 2,060 525 175 584 365 196 5,616 13,383 240 191 112 81	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,752 1,095 588 16,829 40,153 480 382 224	7,070 249 62 198 210 275 2,327 541 2,060 175 1 6,098 240 191 112 81 274	(4,365) (3,942) 15,209 996 248 792 840 1,100 9,308 2,164 8,240 1,577 700 1,752 1,095 5,899 16,850 46,251 720 573 336 243	72,89 72,89 244 331 1.1,151 1.64 2.3,3 2.06 2.87 1.77 2.87 2.87 5.55
Computer Software Comp	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPMI FIRE FREE FREE FREE Computer Hardware Computer Suffixace Computer Landware Computer Suffixace Co	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS ENT ID Card Printer Commercial conveyor tousting system Plate varnier Lee Machine Cuber Patient filter / 6600b lifter scale Soncival Newtonek See, & computers, server, 3 Printers 5 Lenson Computer Ethernet swith, Server backup & Project Management Appll Macbook Pro Check Sename Microsoft Office Pro (8) Microsoft Office Pro (8) Microsoft Office Pro (5) Sonicwall antivirus E-Capters (Total = 6) COUPPMENT 2016 Mal Table Hi-Low Motor & Electric Bed Cirid Adert Hand Tip Tester Mattress Adert Hand Tip Tester	4/1/2016 4/1/2016 4/1/2016 8/1/2016 9/1/2016 7/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 6/1/2017 6/1/2017	\$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4.	10 10 10 10 5 5 3 3 3 3 3 15 12 5 10 5 5	(4.365) 3,643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 1,752 1,095 589 16,850 56,072 3,509 1,509 808 1,371 7,515	249 62 198 210 225 2,327 541 2,060 5266 175 584 365 196 5,617 13,388	498 124 396 420 550 4,654 1,082 4,120 1,052 350 1,168 730 392 11,234 26,770 240 191 112 81 274	249 62 198 210 225 52,327 541 2,060 525 175 584 365 5,616 13,383 240 191 112 81 172 81	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,795 5,88 16,859 40,153 382 224 162 548 3,006	7,079 249 62 198 210 275 2,327 541 2,060 175 1 6,098 240 191 112 81 1,274	(4,365) (3,942) 15,209 996 248 792 840 1,100 9,308 2,164 8,240 1,577 7002 1,095 589 16,850 46,251 720 573 336 243 348 822 4,509	72,89 72,89 244 331 1.1,151 1.64 2.3,3 2.06 2.87 1.77 2.87 2.87 5.55
Sales Use Tax Scopiers (Total = 6)-Sales Lee Tax 940/2017 S4. 3 3/29 10 110 110 220 199 329 329	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD DTAL LEASEHOLD DVABLE EQUIPMI FFRE FFRE FFRE FFRE Loddied Equipment Computer Hardware Computer Sufftware Louise Lease DTAL MOVABLE E FFRE Medical Enipment Medical Hardware Computer Sufftware Comp	Generic Lenschuld Disposal IMPROVEMENTS 2019 IMPROVEMENTS 2019 ID Card Printer Commercial convovor tousning system Plate varance Les Machine Cuber Putter Hiller / 660Hb lifter scale Soncival Network Sec. & computers, server. 3 Printers 5 Lenson Computer Ethernet swith, Secret backup & Project Management Apple Macbook Pro Check Senume Microsoft Office Pro (3) Microsoft Office Pro (3) Microsoft Office Pro (5) Sontievall amivians E-Copiers (Total – 6) QUIPMENT 2016 Mat Table Hil-Low Motor & Electric Had Grid Adert Hand Ting Tester Mattress Adert Hand Ting Tester Chromebook, Nachebook, Laphop, HP Processor, Printer, Desktop Glaveny Security Bandlo	471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2017 471/2017 471/2017 471/2017 471/2017 471/2017	SAL SAL SAL SAL SAL SAL SAL SAL SAL SAL	10 10 10 10 5 5 5 3 3 3 3 3 15 12 5 5 10 5 5 3	(4.365) 3.643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 4,752 1,095 589 16,850 56,072 3,599 2,291 559 808 1,371 7,515 1,000	249 62 198 2100 225 541 2,547 541 365 564 365 5,67 13,385 81 191 112 81 2240 192 193 3333	498 124 396 420 550 4,654 1,082 4,120 1,052 3,50 1,168 730 392 11,234 26,770 246 1911 112 81 274 1,503	249 62 108 210 275 2,327 541 2,060 525 175 584 365 109 111 81 127 81 1274 1,593	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,752 1,095 588 16,850 40,153 480 3822 224 162 548 3,006 666	7,070 249 62 198 210 275 2,327 541 2,060 175 1 6,098 240 191 112 81 274 1,593 333	(4,365) (3,942) 15,289 996 248 792 840 1,100 9,308 2,164 8,240 1,577 700 1,095 5,899 1,6,850 46,251 720 573 336 243 822 4,509 999	72,89 72,89 244 331 1.1,151 1.64 2.3,3 2.06 2.87 1.77 2.87 2.87 5.55
Sales (Lise Tax Gales was Neurity litrofile-Sales Use Tax 430/2017 8/1 3 190 63 63 63 126 63 189 DTAL MOVAHLE EQUIPMENT 2017	Leaschold Imp. DTAL LEASEHOLD OVABLE EQUIPMI FIRE FIRE FIRE FIRE FIRE FIRE Computer Hardware Lease DTAL MOVABLE FIRE Medical Enipment Medical En	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS ENT ID Card Printer Commercial conveyor tousting system Plats warmer Lee Machine Cuber Patient fiber 6:600b lifer scale Somewind Newtork See, R computers, server, 3 Printers 5 Lenson Computer Elsernet swith, Server backup & Project Management Apple Macbook Pro Clasck Scanner Microsoft Office Pro (8) Microsoft Office Pro (5) Soutievall makivirus E-Copiers (Total – 6) QUIPMENT 2016 Mat Table Hi-Low Motor & Electric Hed Orid Abert Hand Tig Tester Mattress Alert Hand Tig Tester Clumebook, Notebook, Laptop, 11P Processor, Printer, Desktop Galway Security Bundle Galway Security Bundle	4/1/2016 4/1/2016 4/1/2016 8/1/2016 9/1/2016 9/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2017 8/1/2017 8/1/2017 8/1/2017 8/1/2017	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	10 10 10 10 5 5 5 3 3 3 3 3 15 12 5 5 5 3 3 3 3 3	(4.365) 3,643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 877 1,752 1,095 589 16,850 3,509 2,291 559 808 1,371 7,515 1,000	249 62 198 210 225 2.327 541 2.060 5.617 13.385 240 191 112 111 1193 333 333	498 124 396 420 550 4,654 1,082 350 1,168 730 392 11,234 26,770 81 21 21 1,23 35 392 11,23 41 26,770 81 11,23 81 23 81 33 81 33 81 81 81 81 81 81 81 81 81 81 81 81 81	249 62 198 210 275 2,327 541 2,060 525 525 525 536 5,616 196 5,616 13,383 240 191 112 81 1,503 3,33 3,33 3,33	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,752 1,095 5,88 16,859 40,153 480 382 224 162 548 3,006 666 666 666	7,079 249 62 198 210 225 541 2,060 175 1 6,098 240 191 112 81 274 1,503 333	(4,365) (3,942) 15,209 996 248 792 840 1,100 9,308 2,164 8,240 1,577 700 1,752 1,095 589 16,850 46,251 720 573 346 243 822 4,509 9999	72,89 72,89 72,89 72,89 72,89 72,89 73,89 74,11,12,13,14,14,14,14,14,14,14,14,14,14,14,14,14,
PFRE Amex CC-PC Richard & Sun-TVS 19,662 3,573 3,573 3,573 7,146 3,572 10,718 8,93	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD DTAL LEASEHOLD DVABLE EQUIPMI FFRE FFRE FFRE FFRE Lodical Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Sufftware Louise Sufftware Louise Suffware Louise Suffware Computer Suffware Computer Suffware Medical Enigment Medical Enigment Medical Enigment Medical Enigment Medical Enigment Computer Suffware	Generic Lenschuld Disposal IMPROVEMENTS 2019 IMPROVEMENTS 2019 ID Card Printer Commercial converve tousning system Plets warmer Les Machine Cubber Pulient filter / 6600b filter scale Soncival Newtonek See, & computers, server, 3 Printers 5 Lenson Computer Ethernet swith, Server backup & Project Management Apple Macbook Pro Check Sename Microsoft Office Pro (8) Microsoft Office Pro (8) Microsoft Office Pro (7) Soniewall amivirus E-Copiers (Cloud - 6) [QUIPMENT 2016 Mat Table Hi-Low Motor & Electric Hed Orid Abert Hand Tag Tester Mattress Acter Hand	471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2016 471/2017 471/2017 471/2017 471/2017 471/2017 471/2017 471/2017 471/2017 471/2017 471/2017	\$4. \$4. \$4. \$4. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5	10 30 10 10 10 5 5 5 3 3 3 3 3 3 15 12 5 5 10 10 10 10 10 10 10 10 10 10 10 10 10	(4.365) 3.643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 4,752 1,095 5,899 16,850 56,072 3,599 2,291 5,59 808 1,371 7,515 1,000 1,000	249 462 198 219 229 237 541 2,060 526 175 584 365 5,617 13,385 240 191 112 81 81 81 82 333 333 333	498 124 396 420 559 4,654 1,082 4,129 1,052 350 1,168 730 392 11,234 26,770 240 112 112 112 112 113 133 333 333 333	249 62 108 210 275 2,327 541 2,060 525 525 175 584 3,65 1,65 1,66 1,3,383 240 1,112 81 1,12 274 1,563 3,33 3,33 3,33	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,752	7,070 249 62 198 210 275 2,327 541 2,060 175 1 6,098 240 191 112 81 274 1,593 333 333 333	(4,365) (3,942) 15,289 996 248 792 840 1,109 9,308 2,164 8,240 1,577 700 1,752 1,095 5,89 16,850 46,251 720 573 336 243 822 4,509 999 9999	72,89 72,89 72,89 72,89 73,10 73,10 74,12 75,12
FF&E Amex CCPC Richard & Son-Tvs 6/12018 Srl. 5 571 - 114 114 114 128 34 145 158	Leaschold Imp. DTAL LEASEHOLD OVABLE EQUIPMI FIRE FIRE FIRE FIRE FIRE Computer Hardware Computer Judy Computer Judy David Davi	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS 2019 IMPROVEMENTS ENT ID Card Printer Commercial conveyor tonsiting system Plate warmer Lee Machine Cuber Patient filter 7 6001b lifer scale Sometival Nevtock Sec, R computers, server, 3 Printers 5 Lenson Computer Ethernet swith, Server backup & Project Manuscement Apple MacDook Pro Check Scanner Microsoft Office Pro (8) Microsoft Office Pro (5) Somicwall anxivers E-Coptery (Total – 6) QUIPMENT 2016 Mat Table Hi-Low Motor & Electric Hed Grid Abort Hand Ting Tester Chromebook, Notebook, Laptop, HP Processor, Printer, Desktop Caloway Security Bundle Copiers (Total – 6)-Salts by Tax	4/1/2016 4/1/2016 4/1/2016 8/1/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2017 9/1/2017 9/1/2017 9/1/2017 9/1/2017 9/1/2017 9/1/2017 9/1/2017 9/1/2017 9/1/2017	\$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4.	10 10 10 10 5 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(4.365) 3,643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 13,302 1,577 1,752 1,095 5,89 16,850 1,6850 1,599 2,291 5,599 808 1,371 7,515 1,000 1,000 1,000	249 62 198 210 215 2.377 541 2.060 5266 5266 55617 13.385 243 333 333 333	498 124 396 420 550 4,654 1,082 4,120 1,052 350 11,638 730 392 11,234 26,778 240 191 112 81 274 1,503 333 333 333 333	249 62 198 210 275 2,327 541 2,060 525 175 584 3.65 196 5,616 13,383 240 191 112 81 274 1,503 333 333 333 3110	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,095 588 16,850 40,153 480 382 224 162 548 3,006 666 666 666 666 666	7,079 249 62 198 210 227 541 2,060 175 1 6,098 240 191 112 81 1,503 333 333 333 333	(4,365) (3,942) 996 248 792 840 1,100 9,308 2,164 8,240 1,577 700 1,752 1,095 589 16,850 46,251 720 720 46,251 334 822 4,509 9999 9999	7,588 72,892 244 73,199 74,199 75,199 76,199 76,199 77,199 78,199
FFRE Glunt Gould-PC, Richard & Sun-Ac Units 81/2018 81. 10 542 - 54 54 54 108 43	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD DVABLE EQUIPMI FREE FREE FREE FREE FREE Graphic Hardware Computer Softhware Computer Softhware Computer Softhware Lapidal Lease TEAE Medical Edigment Computer Software Computer Software Computer Software Computer Software Sales Use Tax Sales Use Tax Sales Use Tax	Generic Leasehold Disposal IMPROVEMENTS 2019 DIMPROVEMENTS 2019 DIMPROVEMENTS ID Card brinter Commercial converver todasting system Plate varniver to Machine Cuber Les Machine Cuber Policut filter / 600lb lifter scale Sonetival Network See, & computers, server, 3 Printers 5 Leinco Computer Schemel swils, Server backup & Project Management Applo Macbook Pro Check Senume Microsoft Office Pro (8) Microsoft Office Pro (8) Microsoft Office Pro (7) Sonitewall amivirus E-Copiers (Total - 6) QUIPMENT 2016 Mat Table Hi-Low Motor & Electric Hed Grid Alert Ihand Tag Tester Millerss Alert Hund Tag Tester Millerss Alert Hund Tag Tester Millerss Alert Hund Tag Tester Chromebook, Motobook, Laptop, HP Processor, Printer, Desktop Galoway Security Bundle Cistoway Security Bundle Cistoway Security Bundle E-Copiers (Total - 6)-Sales Use Tax Cistoway Security Bundle E-Copiers (Total - 6)-Sales Use Tax Cistoway Security Bundle E-Copiers (Total - 6)-Sales Use Tax Cistoway Security Bundle E-Copiers (Total - 6)-Sales Use Tax Cistoway Security Bundle E-Copiers (Total - 6)-Sales Use Tax Cistoway Security Bundle	4/1/2016 4/1/2016 4/1/2016 8/1/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2017 9/1/2017 9/1/2017 9/1/2017 9/1/2017 9/1/2017 9/1/2017 9/1/2017 9/1/2017 9/1/2017	\$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4.	10 10 10 10 5 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(4.365) 3,643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 1,752 1,095 589 16,850 2,291 559 808 1,371 7,515 1,000 1,000 1,000 1,000 1,000	249 62 198 210 279 2,327 541 2,660 526 175 584 365 196 5,617 13,385 240 191 112 81 11 274 1503 333 333 333 333 313 110 63	498 124 396 420 550 4,654 1,082 4,129 1,052 350 11,688 730 392 11,234 26,770 240 191 112 81 1274 1,503 333 333 333 333 333 110 63	249 62 198 210 225 2,327 541 2,060 525 525 175 584 3.65 106 5,616 13,383 240 191 112 81 1,503 333 333 333 333 333 311 100	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,752 1,095 588 16,859 40,153 480 382 224 162 548 3,006 666 666 666 666 666 666 6220	7,070 249 62 198 210 275 2,327 541 2,060 175 1 6,098 240 191 112 81 12 74 1,501 333 333 333 1099 63	(4,365) (3,942) (15,209) (996) (248) (792) (840) (1,100) (1,752) (1,095) (8,240) (1,377) (700) (1,752) (1,095) (8,80) (46,251) (720) (731) (343) (342) (450) (999) (999) (999) (1,293) (1,293) (1,294)	72,89 72,89 72,89 72,89 72,89 72,89 73 71,191 74 75 75 75 77 77 77 77 77 77 77 77 77 77
Medical Euipment US Direct Distributors—muttresses 21/2018 8.1 10 945 - 95 95 196 17 Medical Euipment Alback Actional - mattresses 51/12018 8.1 10 629 - - 6.3 12.6 5 Copicial Lease Copiers 71/2018 8.1 3 23.307 - - 7,769 - 7,769 - 7,769 15.5 Capital Lease Copiers 91/2018 8.9 3 (3.89) - - (130) - (130) - (130) 62	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD DTAL LEASEHOLD DVABLE EQUIPME FREE FREE FREE FREE FREE Modical Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware DTAL MOVABLE E FREE FREE FREE FREE FREE FREE FREE F	Generic Leasehold Disposal IMPROVEMENTS 2019 DIMPROVEMENTS 2019 DIMPROVEMENTS ID Card Printer Commercial conveyor totasting system Plate varniver tee Machine Cuber Plate warniver tee Machine Cuber Plate of Bitter / 6600th lifter scale Sometival Network See, & computers, server, 3 Printers 5 Leinco Computer Elbernet swith, Server backup & Project Manustement Applo Macbook Pro Check Senumer Microsoft Office Pro (8) Microsoft Office Pro (8) Microsoft Office Pro (5) Somiewall amit/wirus E-Copiers (Total - 6) QUIPMENT 2016 Mat Table Bit-Low Motor & Electric Bed Grid Alort Iland Tup Tester Mittless Alort Hund Tup Tester Mittless Alort Hund Tup Tester Chromebook, Nechook, Laptop, IIP Processor, Printer, Desktop Galways Security Bundle Galoway Security Bundle	4/1/2016 4/1/2016 8/1/2016 8/1/2016 7/1/2016 7/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2017 4/1/2017 4/1/2017 4/1/2017 4/1/2017 4/1/2017 4/1/2017 4/1/2017 4/1/2017 4/1/2017 4/1/2017 4/1/2017 4/1/2017	\$4. \$4. \$4. \$4. \$4. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5. \$5	10 10 10 10 10 5 5 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(4.365) 3,643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 1,752 1,095 589 16,850 56,072 3,599 2,291 559 808 1,371 7,515 1,000 1,00	249 62 198 210 279 2,327 541 2,660 526 175 584 365 196 5,617 13,385 240 191 112 81 11 274 1503 333 333 333 333 313 110 63	498 124 396 420 550 4,654 1,082 4,129 1,052 350 11,688 730 392 11,234 26,770 240 191 112 81 1274 1,503 333 333 333 333 333 110 63	249 62 198 210 227 237 541 2,060 525 525 538 43.65 196 5,616 13,383 240 191 112 81 1,503 333 333 333 333 333 333 333 333 333	747 186 594 630 825 6,981 1,623 6,180 1,577 525 1,752 1,095 588 16,850 40,183 480 382 224 1662 666 666 666 666 666 622 126 7,146	7,079 249 62 198 210 275 2,327 541 2,060 175 1 6,098 240 191 112 81 1,593 333 333 333 109 63 3,572	(4,365) (3,942) (15,209) (996) (248) (792) (840) (1,100) (1,752) (1,095) (8,240) (1,377) (700) (1,752) (1,095) (8,80) (1,373) (1,095)	7,58 72,89 72,89 72,89 72,89 72,89 73,11,19 74,10 75 75 75 75 75 75 75 75 75 75 75 75 75
Medical Enignment Allsate Medical - mattresses 5/1/2018 S.1. 10 629 - - 6.3 6.3 126 5 Copital Lease Copiers 7/1/2018 S/L 3 23,307 - - 7,769 - 7,769 - 7,769 1,5.5 Capital Lease Copiers 9/1/2018 S/L 3 (389) - - (130) (130) - (130) - (130) -	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD OVABLE EQUIPMI FREE FREE FREE Hodical Equipment Computer Hardware Computer Suftware Suftware Sales Use Tax Sales Use Tax Sales Use Tax DTAL MOVABLE E FFEE	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS 2019 ID Card Printer Commercial convovor tossing system Plate varance Lee Machine Cuber Pulient filter / 6600b lifter scale Soncival Network Sec, R computers, server, 3 Printers 5 Lenson Computer Ethernel swith, Server backup & Project Management Apple Macbook Pro Check Sonnier Microsoft Office Pro (3) Microsoft Office Pro (3) Microsoft Office Pro (5) Sonievall amivirus E-Copiers (Total - 6) QUIPMENT 2016 Mal Table Hil-Low Motor & Electric Bed Grid Adert Hand Tag Tester Mattress Adert Hand Tag Tester Mattress Adert Hand Tig Tester Chromelsook, Notebook, Lapop, HP Processor, Printer, Desktop Caloway Security Bundle Galoway Security Bundle Amex CC-PC Richard & Sun-Tvs	4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 7/1/2016 7/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2017	\$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4.	10 10 10 10 10 10 10 10 10 10 10 10 10 1	(4.365) 3.643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 4,752 1,095 589 16,850 56,072 3,599 2,291 559 808 1,371 7,515 1,000 1,00	249 62 198 210 279 2,327 541 2,660 526 175 584 365 196 5,617 13,385 240 191 112 81 11 274 1503 333 333 333 333 313 110 63	498 124 396 420 550 4,654 1,082 4,129 1,052 350 11,688 730 392 11,234 26,770 240 191 112 81 1274 1,503 333 333 333 333 333 110 63	249 62 198 210 275 2,327 541 2,060 525 538 365 196 5,616 13,383 133 333 333 333 333 110 63 3,573	747 186 594 6300 825 6,981 1,623 6,180 1,577 525 1,752 1,095 888 18,850 40,153 382 224 162 548 3,006 666 666 666 666 666 220 126 7,146	7,070 249 62 198 210 215 2327 541 2,060 175 1 6,098 240 191 112 81 274 1,501 333 333 333 333 333 333 333 333 333 3	(4,365) (3,942) (3,942) (4,365) (3,942) (996 248 792 840 (1,100 1,100 2,164 8,240 1,577 700 (1,752 1,095 5,89 16,850 46,251 720 573 336 243 822 24,590 999 999 329 189 10,718	7, \$8 72, 89 24 37 1.19 1.25 1.46 2.23 2.24 2.25 2.26 2.37 1.77 1.72 2.37 2.37 2.37 2.37 2.37 2.37 2.37 2
Capital Lease Copiers 71/2018 S/L 3 23,307 - 7,769 7,769 - 7,769 15.5. Capital Lease Copiers 9/1/2018 S/L 3 (389) - - (130) (130) - (130) - (130) - - (130) -	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD DVABLE EQUIPME FREE FREE FREE FREE FREE Modical Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware DTAL MOVABLE E FREE Medical Equipment Medical Equipme	Generic Leasehold Disposal IMPROVEMENTS 2019 DIMPROVEMENTS 2019 DIMPROVEMENTS DI Card Printer Commercial convovor tousing system Plate varance tee Indexine Cuber Plate varance tee Indexine Cuber Plate of Bitter / 66001b ilfer seale Stoncival Newtock See, & computers, server, 3 Printers 5 Leinco Computer Elbernel swith, Server backup & Project Management Applo Macbook Pro Cheek Senamer Microsoft Office Pro (8) Microsoft Office Pro (8) Microsoft Office Pro (8) Microsoft Office Pro (5) Sonievall anti-virus E-Copiers (Total - 6) QUIPMENT 2016 Mal Table Hi-Low Motor & Electric Bed Grid Alort Janual Tag Tester Midress Alort Hand Tag Tester Claumelsook, Notebook, Laptop, HP Processor, Printer, Desktop Galeway Security Bundle Galoway Security Bundle Galoway Security Bundle Galoway Security Bundle Galoway Security Bundle E-Copiers (Total - 6)-Sales Use Tax QUIPMENT 2017 Ames CC-PC Richard & Sun-Yey Glorus Glorus of Federard & Sun-Yey Glorus Guoles-PC Richard & Sun-Yey Glorus Guoles-	4/1/2016 4/1/2016 4/1/2016 4/1/2016 9/1/2016 9/1/2016 9/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2017	\$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4.	10 10 10 10 10 10 5 5 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(4.365) 3,643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 1,752 1,095 589 16,850 56,072 3,599 2,291 559 808 1,371 7,515 1,000 1,00	249 62 198 210 279 2,327 541 2,660 526 175 584 365 196 5,617 13,385 240 191 112 81 11 274 1503 333 333 333 333 313 110 63	498 124 396 420 550 4,654 1,082 4,129 1,052 350 11,688 730 392 11,234 26,770 240 191 112 81 1274 1,503 333 333 333 333 333 110 63	249 62 198 210 275 240 275 541 2,000 525 175 584 365 5,616 13,383 333 333 333 333 333 333 333 333 33	747 186 594 6300 825 6,981 1,623 6,180 1,577 525 1,752 1,095 588 18,850 40,153 382 224 162 548 3,006 666 666 666 666 666 220 126 7,146 54 54	7,070 249 62 198 210 215 232 541 2,060 175 1 6,098 240 191 112 81 274 1,501 333 333 333 333 333 333 333 333 333 3	(4,365) (3,942) 15,209 996 248 792 840 1,100 9,308 2,164 8,240 1,577 700 1,095 5,899 1,095 5,899 16,850 46,251 720 573 336 243 822 24,509 9999 9999 329 1899 19,718 228 108	72,89 72,89 72,89 72,89 72,89 74 73 73 71,19 71,19 72 73 74 75 75 75 75 75 75 75 75 75 75 75 75 75
Cupital Lasso	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD DVABLE EQUIPMI FFRE FFRE FFRE FFRE Computer Hardware Computer Softhware Computer Software Sales Use Tax Sales Use Tax Sales Use Tax DTAL MOVABLE E FFRE FFRE FFRE FFRE Medical Enigment	Generic Lenschold Disposal IMPROVEMENTS 2019 IMPROVEMENTS 2019 ID Card Printer Commercial convovor tousning system Plets warmer Lee Machine Curber Pulient filter / 6600b lifter scale Soncival Network Sec. & computers, server. 3 Printers 5 Latnow Computer Ethernet swith, Server backup & Project Management Apple Macbook Pro Check Senume Microsoft Office Pro (3) Microsoft Office Pro (3) Microsoft Office Pro (5) Soniewall amivians E-Copiers (Total – 6) QUIPMENT 2016 Mat Table Hi-Low Motor & Electric Hed Grid Adert Hand Ting Tester Mattress Adert Hand Ting Tester Mattress Adert Hand Ting Tester Mattress Adert Hand Ting Tester Chrumelsook, Nackbook, Laphp, HP Processor, Printer, Desktop Galway Security Bundle Galway Sec	4/1/2016 4/1/2016 4/1/2016 4/1/2016 9/1/2016 9/1/2016 9/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2017 4/1/2018 4/1/2018 4/1/2018 4/1/2018	\$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4.	10 10 10 10 10 10 10 5 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(4.365) 3,643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 1,752 1,095 589 16,850 56,072 3,599 16,850 1,000	249 62 198 210 279 2,327 541 2,660 526 175 584 365 196 5,617 13,385 240 191 112 81 11 274 1503 333 333 333 333 313 110 63	498 124 396 420 550 4,654 1,082 4,129 1,052 350 11,688 730 392 11,234 26,770 240 191 112 81 1274 1,503 333 333 333 333 333 110 63	249 62 198 210 275 2,327 541 2,060 525 175 584 3.65 196 5.616 13,383 240 191 112 81 274 1,503 333 333 3110 63 3,673	747 186 594 630 630 825 6,981 1,623 6,180 1,577 525 1,752 1,095 588 16,850 40,183 480 224 162 548 3,006 666 666 666 666 666 666 6220 126 7,146 114 54 95	7,070 249 62 198 210 215 232 541 2,060 175 1 6,098 240 191 112 81 274 1,501 333 333 333 333 333 333 333 333 333 3	(4,365) (3,942) (15,209) (9-96) (248) (40) (1,100) (1,200) (1,	7,585 72,897 244 37 1,191 1,25 1,64 2,32 2,35 2,36 2,37 2,37 2,37 2,37 3,30 3,30 8,93
35.6u5 7.9c5 7.9c5 376 8.191 17.31	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD DTAL LEASEHOLD DVABLE EQUIPME FREE FREE FREE FREE FREE Medical Equipment Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Hardware Computer Mardware DTAL MOVABLE E FREE Medical Equipment Medical Equipment Medical Equipment Medical Equipment Medical Equipment Medical Exignment	Generic Leasehold Disposal IMPROVEMENTS 2019 DIMPROVEMENTS 2019 DIMPROVEMENTS DI Card Printer Commercial convovor toasting system Plate warmer Lea Machine Cuther Puttient lifter 6 600th lifter scale Storicyal Nerwork See, & computers, server, 3 Printers 5 Leinco Computer Elsement swith, Server backup & Project Management Apple Macbosk Pro Chesk Scanner Microsoft Office Pro (8) Microsoft Office Pro (8) Microsoft Office Pro (8) Microsoft Office Pro (5) Soulievall anti-Virus E-Copiers (7014 - 6) QUIPMENT 2016 Mal Table Hi-Low Molor & Elsetric Bed Cirid Aber Hand Ting Tester Mittress Aber Hand Ting Tester Clumenbook, Natebook, Luptop, 11P Processor, Printer, Desktop Galeway Security Bundle Galeway Security Bundle Galeway Security Bundle Candoway Security Bundle E-Copiers (701a - 6)-Sales Use Tax COUPMENT 2017 Amen CC-PC Richard & Sun-Tvs Glunn Olived-PC Richard & Sun-Tvs Glunn Glunn Guole-PC Richard & Sun-Tvs Glunn Guole-PC Richard & Sun-Xe Units US Direct Distributors—matterses	4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2017 4/1/2018 4/1/2018 4/1/2018	SAL SAL SAL SAL SAL SAL SAL SAL SAL SAL	10 10 10 10 10 10 10 10 10 10 10 10 10 1	(4.365) 3.643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 4,752 1,095 589 16,850 56,072 3,599 2,291 1,000	249 62 198 210 279 2,327 541 2,660 526 175 584 365 196 5,617 13,385 240 191 112 81 11 274 1503 333 333 333 333 313 110 63	498 124 396 420 550 4,654 1,082 4,129 1,052 350 11,688 730 392 11,234 26,770 240 191 112 81 1274 1,503 333 333 333 333 333 110 63	249 62 198 210 275 2,327 541 2,060 572 545 365 5616 13,383 333 333 333 333 333 333 333 333 33	747 186 594 6300 825 6.981 1.623 6.180 1.577 525 1.752 1.095 588 16.850 40,153 382 224 162 548 3.006 666 666 666 666 666 220 126 7,146 114 54 95 63 7,769	7,070 249 62 198 210 215 232 541 2,060 175 1 6,098 240 191 112 81 274 1,501 333 333 333 333 333 333 333 333 333 3	(4,365) (3,942) 15,209 996 248 792 840 1,100 9,308 2,164 8,240 1,577 700 1,095 589 16,850 46,251 720 573 336 243 822 4,509 999 999 329 189 10,718 228 108 190 126 7,769	72,897 22,877 24,477 377 1,199 1,199 1,199 1,222 2,66 2,67 2,77 1,77 22 2,87 3,000 8,94 34 47 77 75 55,55
	Leaschold Imp. DTAL LEASEHOLD DTAL LEASEHOLD DTAL LEASEHOLD DVABLE EQUIPMI FREE FREE FREE FREE GONDHET Equipment Computer Hardware Computer Suftware Suftwar	Generic Leasehold Disposal IMPROVEMENTS 2019 IMPROVEMENTS 2019 ID Card Printer Commercial converve tousning system Plets warmer Les Machine Cubber Policut filter / 6600b filter scale Soncival Newtone's See, & computers, server, 3 Printers 5 Latroco Computer Ethernet swith, Server backup & Project Management Applo Macbook Pro Check Sename Microsoft Office Pro (8) Microsoft Office Pro (8) Microsoft Office Pro (8) Microsoft Office Pro (7) Soniewall amivirus E-Copiers (Total – 6) COUPMENT 2016 Mat Table Hi-Low Motor & Electric Hed Grid Abert Hand Tag Tester Mattress Akert Hand Tag Tester Mattress Akert Hand Tag Tester Mattress Akert Idand Tag Tester Mattress Akert Hand Tag Tester Akert Hand Tag Tester Akert Hand Tag Tester Akert Hand	4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2016 4/1/2017 4/1/2018 4/1/2018 4/1/2018	SAL SAL SAL SAL SAL SAL SAL SAL SAL SAL	10 10 10 10 10 10 10 10 10 10 10 10 10 1	(4.365) 3.643 88,106 1,244 619 1,982 2,096 2,749 11,633 2,707 10,302 1,577 4,752 1,095 589 16,850 56,072 3,599 2,291 1,000	249 62 198 210 279 2,327 541 2,660 526 175 584 365 196 5,617 13,385 240 191 112 81 11 274 1503 333 333 333 333 313 110 63	498 124 396 420 550 4,654 1,082 4,129 1,052 350 11,688 730 392 11,234 26,770 240 191 112 81 1274 1,503 333 333 333 333 333 110 63	249 62 198 210 275 2,327 541 2,060 572 545 365 5616 13,383 333 333 333 333 333 333 333 333 33	747 186 594 6300 825 6.981 1.623 6.180 1.577 525 1.752 1.095 588 16.850 40,153 382 224 162 548 3.006 666 666 666 666 666 220 126 7,146 114 54 95 63 7,769	7,070 249 62 198 210 215 232 541 2,060 175 1 6,098 240 191 112 81 274 1,501 333 333 333 333 333 333 333 333 333 3	(4,365) (3,942) 15,209 996 248 792 840 1,100 9,308 2,164 8,240 1,577 700 1,095 589 16,850 46,251 720 573 336 243 822 4,509 999 999 329 189 10,718 228 108 190 126 7,769	7,585

RegulCare at West Haven, LLC FIXED ASSET / DEPRECIATION SCHEDULE

G/L Account	Des	scription	Date In Service	Method	Life	Historical Cost	2017 Deprec.	2017 A/D	2018 Deprec.	2018 A/D	2019 Deprec.	2019 A/D	NBV
FF&E	Food slicer		11/29/2018	S/L	10	1,027		-	-		103	103	924
FF&E	AC Units		7/31/2019	84.	10	596	-	-	-		60	60	536
FF&E	AC Units		7/31/2019	84.	10	744	-				74	74	670
Medical Eulpment	2 med-aire mattress systems		5/15/2019	S/L	10	622		-			62	62	560
Medical Euipment	specialized mattresses		8/1/2019	S/L	10	627				-	63	6.3	564
Medical Euipment	drug shredder hend		8/5/2019	84.	10	696	-	-	-		70	70	626
Computer Hardware	Now Wife system		4/8/2019	S/L	3	4,250		-		•	1,417	1,417	2,833
Sales Use Tax	Food slicer - sales use tax		12/1/2018	S/L	10	65	-	-			7	7	58
Sales Use Tax	New Wiff system - Sales use tax		5/1/2019	S/L	3	270	-	•		•	90	90	180
TOTAL MOVABLE E	QUIPMENT 2019					8,897					1,946	1,946	6,951
HOVABLE EQUIPMI Capital Lease	ENT DISPOSALS 2019 Disposal of Copier		12/31/2018	84.		(22,918)		-	-			(7,639)	(15,279)
TOTAL MOVABLE E	QUIPMENT					87,318	16,958	30,343	24,921	55,264	11,942	59,567	27,751
FOTAL ASSETS					-	175,424	21,255	37,028	31,154	68,182	19,012	74,776	100,648
FOTAL ASSETS PER						175,424 175,422	21,255	37,028	31,154	68,182	19,012 32,176	74,776 96,077	100,648 79,345
FARIANCE						2	21,255	37,028	31,154	68,182	(13,164)	(21,301)	21,303
VARIANCE DETAIL ADD) CIP						O							
ROUNDING REVISED VARIANCI						2.00	21,255	37,028	31,154	68,182	(13,164)	(21,301)	21,303

F/S vs C/R NBV - Page 31, Line B9 F/S vs C/R Depreciation - Page 36, Line F1 (21,303) 13,164

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

Name of Facility	License No.		Report for Year End	led		Page	of
RegalCare at West Haven, LLC	235	5	9/30/2019			25	37
11. Property Questionnaire							
Part A							
Is the property either owned by th	e Facility	0	Yes	•	No	If "Yes," complete	1
or leased from a Related Party?*		O	1 C5	J	110	If "No," complete	Part C.
*If any owner or operator of this fact							
business association to any person of related party transaction.	organization fr	om whom bu	ildings are leased, then it	t is considered a			
Description			Total			STATE OF STATE	
Date Land Purchased			10				
2. Date Structure Completed							
3. If NOT Original Owner, Date	e of Purchase			12.0			
4. Date of Initial Licensure							
5. Total Licensed Bed Capacity				The second		NET TO SEE THE	
6. Square Footage					22000	Branch Brack	
7. Acquisition Cost							
a. Land				48.			
b. Building					lata	1 4.1 3.6	
Part B - Owner and Related Pa	rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortga	ge
1. Financing							
a. Type of Financing (e.g., fi	xea, variable	;)					
b. Date Mortgage Obtainedc. Interest Rate for the Cost	Voor						
d. Term of Mortgage (numb							
e. Amount of Principal Borr							
f. Principal balance outstand							
Complete if Mortgage was			THE TOTAL STREET			1 1 1 1 1 1 1	
During Current Cost Ye				4.1			
g. Type of Financing (e.g., f		e)					
h. Date of Refinancing							
i. New Interest Rate							
j. Term of Mortgage (numb							
k. Amount of Principal Borr							
I. Principal Outstanding on							
Part C - Arms-Length Leas				y	Trans of Longs	e Annual Amount	of Longe
Name and Address of Lesso			perty Leased		20 Years	Annual Amount	27,970
Independence Senior Holdings, LLC,	13 Freedom	Building		03/04/10	20 rears		21,910
Drive, Lakewood, NJ 08707							

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 Yea	ar Ended		Page	of
RegalCare at West Haven, LLC 2355		9/30/2019			26	37
Item		Total	CCNH	RHNS	(Spec	cify)
 Interest A. Building, Land Improvement & Non-Movabl Equipment 1. First Mortgage 	le \$					
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage	\$					
Name of Lender	Rate					
Address of Lender				Les Constitution of the Constitution of the Co		
3. Third Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage	\$	5				
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount	9	3			esta .	
2. Loan Origination Date				100		
3. Interest Rate %						
4. Term				9	-	
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B)	5) 5	B		forward to		

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Ye	ear Ended		Page of
RegalCare at West Haven, LLC	2355		9/30/2019			27 37
1,			T-4-1	CONIL	DUNIO	(Specify)
Itei		1-4 Fd-	Total	CCNH	RHNS	(Specify)
10 C Marsh L Farlance	Subtotals Brou	ignt Forward:				
12. C. Movable Equipment		\$				
1. Automotive Equipmen	Rate	Amount				
A. Item	Kate	Amount				
Lender						
Address of Lender						
2. Other (<i>Specify</i>)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender		,,,	and the			
						100
B. Item	Rate	Amount			190	
Lender						
Bender						
Address of Lender						
12. C. 3. Total Movable Equip	ment Interest					
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (S		\$	132,303	132,303		
Loan / LOC / Other Vari	ous Late Payment					
	1000 1000 1000			100.000		
13. Total All Interest Expense (1	12B7 + 12C3 + 12D) \$	132,303	132,303		
14. Insurance		¢	5 622	5 622		
a. Insurance on Property (b		<u>\$</u>		5,633		
b. Insurance on Automobilec. Insurance other than Proj			<u>'</u>			
c. Insurance other than Prop 1. Umbrella (<i>Blanket Co</i>		\$000) \$				
2. Fire and Extended Co	<u> </u>					
The American Control of the Control	3. Other (<i>Specify</i>)					
	General / EPLI / Surety Bond					
general, p. 2. 7 date	·				17 <u>17</u> 17 17 17 17 17 17 17 17 17 17 17 17 17	
14d Total Insurance Expenditur	es(14a+b+c)	9	64,863	64,863		

D. Adjustments to Statement of Expenditures

	e of Fa	•	st Haven, LLC	Lie	cense No. 2355	Report for Ye 9/30/2019	ar Ended	Page 28	of 37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - S	Salarie	es and Wages			1			
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$	30,371	30,371			
Page	13 - I	Profes	sional Fees						
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	204,914	204,914			
7.			Other - See attached Schedule	\$	38,216	38,216			
Page.	s 15 &	t 16 -	Administrative and General				1000		
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$					
10.			Accounting	\$					
10a.	15	16	Legal	\$	8,052	8,052			
11.			Telephone	\$					
12.	15	h2	Cellular Telephone	\$	28	28			
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		9	-171		1	
			for owners and employees	\$	The particular of the properties of the contract of the contra		CTTCs/Charles (American market Charles	American Engine L. M. A. S.	and American Control of the second se
16.			Travel for purposes of attending		14.1.1				
			conferences or seminars outside the						44
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$	A CANADA CONTRACTOR CO		The sales and the sales are supplied to the sales are an area and the sales are an area and the sales are a sales	***************************************	Marie Control of Paris Property (Control
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m2/3	Unallowable Advertising *	\$	10,705	10,705			
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$		150,960			
Page	18 - 1	Dietar	y Expenditures				4 4 1		
24.			Meals to employees, guests and others						
			who are not residents	\$. <u>1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1</u>		C By Company of American American (All Control Environ Marie Control Environ American America		A TOP GENERAL CONTROL OF THE PARTY OF THE PA
Page	19 - 1	Launa	lry Expenditures					I	
25.			Laundry services to employees, guests						
	1	1	and others who are not residents	\$		**************************************			m, maa ee maatiin ta'eelalii 200 dhiileela
Page	20 - 1	House	keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$	ELVEL ENGINEERS HELE CORNERS ESTABLISHED				
	L	<u></u>	Subtotal (Items 1 - 26)			443,246			

^{*} 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	12n	Marketing Salary	\$ 30,371		
	1.				
		·			
Total Othe	r Salaries A	Adjustment	\$ 30,371	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHN	S	(Specify)
13	B12o	IV Insertion Nurse	\$ 36,251			
13	B120	Animal Assisted Therapy Services	1,375			
13	B12o	Respiratory Therapist	590			
Total Othe	er Fees Adj	ustments	\$ 38,216	\$	- 5	<u>-</u>

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
16	m13	Non-Routine Bank Fees	\$	30,817		
16	m13	Late Fees		41,683		
16	m13	Prior Period Adjustment		44,063		
16	m13	Employee Food		1,877		
16	m13	Employee Relations		2,181		
16	m13	Discriminatory Bonus		23,000		
15	Var	Benefits Associated with Marketing Salary		7,339		
Total Othe	r A&G Ad	justments	\$_	150,960	\$ -	\$ -

RegalCare at West Haven, LLC September 30, 2019 Benefits Disallowance

Pg. 28a

Marketing	Benefits	Disallowance	e

Marketing Salary	30,371 Page 10	
Total Salaries	4,787,144 TB Linked	
Percent to Total Salaries	0.63%	
Total Benefits (Pg 15, Line 1a3 - 1a6)	1,156,778 TB Linked	
Marketing Benefits Disallowed	7,339 Page 28 attachment	

RegalCare at West Haven, LLC Disallowance Schedule for Cell Phones September 30, 2019

Total Cell Phone Expense	<u>Amount</u> 1,468 TB Linked
Cell Phone Allowed Based on Bed Capacity Monthly Allowable amount per Cell Phone Months in Cost Report Year Allowable Per Year	\$ 30 12 1,440
Percentage of Year (365 Days / 365 Days) Total Allowable Cost	100% \$ 1,440
Disallowed Cell Phone (Page 28, Line 12)	\$ 28

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

			D. Adjustments to Statemen						
Name	of Fa	cility		Lic	ense No.	Report for Y	ear Ended	Page	of
Rega	Care:	at We	st Haven, LLC		2355	9/30/2019		29	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	pecify)
			Subtotals Brought Forward	\$	443,246	443,246			
Page	20 - I	Reside	nt Care Supplies***						
27.	20	5a2	Prescription Drugs	\$	173,140	173,140			
28.			Ambulance/Limousine	\$					
29.	20	5f	X-rays, etc	\$	10,377	10,377			
30.	20	5h	Laboratory	\$	22,990	22,990			
31.			Medical Supplies	\$					
32.	20	5e2	Oxygen (non emergency)	\$	6,785	6,785			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	78,713	78,713			
Page	22 - 1	Maint	enance and Property						
35.			Excess Movable Equipment Depreciation		-97				
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$	No. of the state o				
37.			Unallowable Property and Real						
			Estate Taxes	\$	ART CONTRACTOR OF CONTRACTOR AND ART A	division of post readingly candidate and it is not one of		The state of the s	
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	6,963	6,963			
Page	27 - 1	nsura	ince		2.10	100			
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous			Walter State of the State of th		i	
42.			Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$	115,588	115,588			
Not I	For P	rofit F	Providers Only						
48.		<u> </u>	Building/Non Movable Eq. Depreciation		7.54				
			Unallowable Building Interest -				te Salata		1.4
			See Attached Schedule	\$					
49.	Total	Amo	unt of Decrease (Items 1 - 48)	\$	857,802	857,802			

^{***} 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	3	(Specify)
20	51	Non Allowable Nursing supplies	\$ 22,609				
20	51	Non Allowable Nursing Equipment Rental	50,843				
20	51	Foot Surgeon Copay	 15				
22	6f	Landscaping Credit Disallowance	 (153)				
20	5i	Cable Television Disallowance (See Attached)	 5,399				

Total Othe	r Ancillar	y Costs	\$ 78,713	\$	-	\$	-

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	3	(Specify)
	· ·		 			
						1874
Total Exce	ss Movabl	e Equipment Depreciation	\$) <u>-</u>	\$	-	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8a	Amortization Expense	\$ 6,963		
Total Othe	r Property	Adjustments	\$ 6,963	\$ -	\$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref Description	CCNH	RHNS	(Specify)

					age 29
Total Other Adjustments	\$	_	\$ -	\$ -	

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref Description	CCNH	RHNS	(Specify)
				ļ
Total Othe	r Adjustments	\$ -	\$	\$ -

Page Ref	Line Ref	Description		CCNH	RHNS	3	(Specify)
27	12d	Interest on Line of Credit / Other Various Late Payments	\$	115,137			
30	IV 8	Medical Records Revenue		451			
			-				
Total Othe	r Adjustm	ents	\$	115,588	\$	-	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
					720.130	
						•
			,			

Total Unal	llowable Bu	ilding Interest		\$ -	\$ -	\$ -

RegalCare at West Haven, LLC Disallowance Schedule for Cable TV September 30, 2019

Pg. 29b

	<u>A</u>	mount
Total Cable TV Expense acct #80-232-00	\$	8,999 TB Linked
Monthly Allowable amount	\$	300
Months in Year		12
% of Actual Days in Cost Year (365 Days)		100%
Total Allowable Cost	\$	3,600
Disallowed Cable TV	\$	5,399

F. Statement of Revenue

Name of Facility License No. RegalCare at West Haven, LLC 2355	- 1	Report for Year Ended 9/30/2019			Page 30	of 37
regardure de Troce Flation, EDE	1	773072013				
Item		Total	CCNH	RHNS	(Spec	ify)
. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$	6,656,285	6,656,285			
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$			···········		
3. a. Medicare Residents (all inclusive)	\$	2,414,873	2,414,873			
b. Medicare Room and Board Contractual Allowance **	\$	(43,460)	(43,460)			
4. a. Private-Pay Residents and Other	\$	898,028	898,028	<u> </u>		
b. Private-Pay Room and Board Contractual Allowance **	\$	(580)	(580)			
I. Other Resident Revenue				0.00		
a. Prescription Drugs - Medicare	\$	163,068	163,068			
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(163,068)	(163,068)			
c. Prescription Drugs - Non-Medicare	\$	38	38			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(38)	(38)			
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	379,777	379,777			
b. Physical Therapy - Medicare Contractual Allowance **	\$	(257,103)	(257,103)			
c. Physical Therapy - Non-Medicare	\$	93,560	93,560			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(92,153)	(92,153)			
4. a. Speech Therapy - Medicare	\$	205,923	205,923			
b. Speech Therapy - Medicare Contractual Allowance **	\$	(124,845)	(124,845)		1	
c. Speech Therapy - Non-Medicare	\$	62,928	62,928			-
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(59,692)	(59,692)		-	
5. a. Occupational Therapy - Medicare	\$	309,949	309,949		 	
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(244,748)	(244,748)			
c. Occupational Therapy - Non-Medicare	\$	65,675	65,675		ļ	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(60,142)	(60,142)			
6. a. Other (Specify) - Medicare	\$	1,543	1,543			
b. Other (Specify) - Non-Medicare	\$	(139,813)	(139,813)			
III. Total Resident Revenue (Section I. thru Section II.)	\$	10,066,005	10,066,005			
IV. Other Revenue*					*AumPh=1	
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 (Specify)	\$	3	3		-	
6. Private Duty Nurses' Fees	\$				<u> </u>	
7. Barber, Coffee, Beauty and Gift shops	\$		2251		 	
8. Other (Specify)	\$	2,251	2,251			·····
V. Total Other Revenue (1 thru 8)	\$	2,254	2,254			
VI. Total All Revenue (III +V)	\$	10,068,259	10,068,259			

^{*} 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)
		-		
30 II 6a	Lab Rev>Medicare A	\$ 2,061		
30 II 6a	Lab Rev>Medicare A>C/A	(2,061)		
30 II 6a	Other Ancillary Rev>Medicare B	2,157		
30 II 6a	Revenue Adjustments>Medicare A	(614)		
Total Oth	er Resident Revenue - Medicare	\$ 1,543	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	Other Ancillary Revenue>Private	\$ 2,824		
30 II 6b	Other Ancillary Rev>HMO	49		
30 II 6b	Other Ancillary Rev>Medicaid	49		
30 II 6b	Other Ancillary Rev>Medicaid>C/A	(49)		
30 Il 6b	Revenue Adjustments>Medicaid	(142,686)		
Total Oth	ner Resident Revenue	\$ (139,813)	\$ <u>-</u>	\$ -

Interest Income

Account

Page Ref	Account	Balance	C	CNH	RHNS		(Specify)
30 IV 5	Other Rev>Interest	N/A	\$	3		-	
Total Inte	erest Income		\$	3	\$	- \$	} ~

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Dakota Class Action Lawsuit Revenue (No CY Expense)	\$ 600		
30 IV 8	Medical Records Revenue (Disallowed on Pg 29a)	451		
30 IV 8	Clinical Consultants Refund of PY Expense (No CY Expense)	1,200		
				
Total Oth	er Revenue	\$ 2,251	\$ -	\$

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
RegalCare at West Haven, LLC	2355	9/30/2019	31	37
	Account			Amount
Assets	,			
A. Current Assets				
1. Cash (on hand and in ba			\$	(70,516)
2. Resident Accounts Rece	ivable (Less Allowance	for Bad Debts)	\$	1,618,765
3. Other Accounts Receival	ble (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	143,608
a				
b				
С				
d. See Schedule		143,608		
6. Interest Receivable			\$	
7. Medicare Final Settleme			\$	
8. Other Current Assets (ite	emize)		\$	·
See Schedule				er en die gebeut ges
A-9. Total Current Assets (Lines	s A1 thru 8)		\$	1,691,857
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Deprecia	ntion Net		
3. Buildings	*Historical Cost		\$	
	Accum. Deprecia			
4. Leasehold Improvement		88,106	\$	72,897
	Accum. Deprecia	ation 15,209 Net		
5. Non-Movable Equipmen			\$	
	Accum. Deprecia			
6. Movable Equipment	*Historical Cost	87,318	\$	27,751
	Accum. Deprecia	stion 59,567 Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Deprecia	ation Net		
8. Minor Equipment-Not D	Depreciable		\$	
9. Other Fixed Assets (<i>iten</i>	ıize)		\$	(21,303)
F/S vs C/R NBV	,	(21,303)		` `
See Schedule				
B-10. Total Fixed Assets (Lin	es B1 thru 9)		\$	79,345

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

G. Balance Sheet (cont'd)

•		Facility	License No.	Report for Year Ended		Page	of
RegalCare at West Haven, LLC		re at West Haven, LLC	2355 9/30/2019			32	37
			Account			Amou	ınt
				Total Brought Forward:	\$		1,771,202
C.	Lea	asehold or like property recorde	ed for Equity Purposes	•			
	1.	Land			\$		
	2.	Land Improvements	*Historical Cost		Ì		
			Accum. Depreciation	Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciation	Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	7.	Minor Equipment-Not Deprec	iable		\$		
C-8	To	tal Leasehold or Like Properti	ies (C1 thru 7)		\$		
D.	lnv	estment and Other Assets				•	
	1.	Deferred Deposits			\$		15,800
	2.	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost	34,814			
1			Accum. Depreciation	24,370 Net	\$		10,444
	4.	Goodwill (Purchased Only)			\$	1	635,204
	5.	Investments Related to Reside	ent Care (itemize)		\$		
l.							2.4
	6.	Loans to Owners or Related P	arties (<i>itemize</i>)		\$		8,256
		Name and Address	Amount	Loan Date		1.0	
		Due from Prospect, FV					
		Grnwich, FV Mgmt, Eli					
		Mirlis	8,256				
	7.	Other Assets (itemize)			\$		1,310,630
		See Schedule		1,310,630			
		otal Investments and Other Ass			\$		1,980,334
D-9.	To	otal All Assets (Lines A9 + B10	0 + C8 + D8		\$		3,751,536

^{*} 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 Fac	•		License No.	Report for Year E	Inded	Page	of
RegalCare at	t West	Haven, LLC	2355	9/30/2019		33	37
			Account			A	mount
Liabilities							
A.		rrent Liabilities					
	1.	Trade Accounts Payable				\$	1,735,300
	2.	Notes Payable (itemize)				\$	

		See Schedule					
						ır.	
	3.	Loans Payable for Equipm				\$	
		Name of Lender	Purpose	Amount	Date Due		10 (A)
						1000	100
						1.	
Í							
	4.	Accrued Payroll (Exclusive	e of Owners and/or	Stockholders only)		\$	211,767
	5.	Accrued Payroll (Owners of	and/or Stockholders	s only)		\$	
	6.	Accrued Payroll Taxes Pay	yable			\$	
	7.	Medicare Final Settlement	Payable			\$	4,309
	8.	Medicare Current Financir				\$	
	9.	Mortgage Payable (Curren				\$	
	10.	Interest Payable (Exclusive		Related Parties)		\$	
		Accrued Income Taxes*				\$	
	- 12	Other Current Liabilities (itemize)			\$	321,820
1		Accrued Expenses		2,479 Accrued Expenses>Ye	ar 9,694		
		Accrued Expenses>Tamkar Broke	raį	4,352 Accrued Expenses>Wo	ork 51,204		
		Accrued Expenses>Capital Lease>		3,283) Accrued Expenses>He			
		Accrued Expenses>Insurance - Ge	ne 1	0,384 See Schedule		l.	100
A-13	3. <i>To</i>	tal Current Liabilities (Lin	nes A1 thru 12)			\$	2,273,196

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page	of
RegalCare at West Haven, LLC	2355	9/30/2019		34	37
	Account			Aı	nount
		Total Broug	ht Forward:		2,273,196
Liabilities (cont'd)	•				
B. Long-Term Liabilities			•		
1. Loans Payable-Equipment (itemize)			5		
Name of Lender	Purpose	Amount	Date Due		
				Ardia.	
					The second second
2. Mortgages Payable		<u> </u>		}	
3. Loans from Owners or Rela	ited Parties (itemize)			\$	150,926
Name and Address of Lender	Amount	Loan D			
					1
Due to Torr, NH, Wtrbry,					
RCMG, NL, EE, EE					
Physicals, FV Sthport	150,926				
,				100	
				1	
·					
4. Other Long-Term Liabilitie		\$	1,214,015		
Come Zong : Com Zimo mass (nomize)					
See Schedule		1,214,015			
B-5. Total Long-Term Liabilities (\$	1,364,941
C. Total All Liabilities (Lines A-	13 + B-5)			\$	3,638,137

31	A5	Description Personal Communication Communica	1_	21.5-
-		Prepaid Expenses		24,376
	A5	Prepaid Expenses>Insurance		23,628
	A5	Prepaid Expenses>Taxes		22,661
31	A5	Prepaid Expenses>Workers Comp		72,943
al Deser	ald Fanonce		\$ 1	43,608
tairtep	aid Expense	3	13	43,000
			•••••	
hedule o	f Other Cu	rent Assets (itemized) Page 31 Line A8		
ge Ref	Line Ref	Description		
		The state of the s		
			-	
	ļ <u>.</u>			
	<u>L.</u>	<u> </u>	-	
tal Othe	er Current A	ssets (Itemize)	\$	
م مانيان	of Other El-	ed Assets (Itemize) Page 31 Line B9		
reduic (Other FIX	en reasers (neuma) i age of time by		
ge Ref	Line Ref	Description		
tal Oth	er Other Fix	ed Assets (Itemize)	\$	
hedule (of Other As	ets Page 32 Line D7		
		Description Proceedings of the Process of the Proce	\$	10,36
	D7	Due From>Old Owner		32
	D7	Due To/(From)>Saugus	+	151,00
	D7	Due To/(From)>RC Holdings		101,00
	D7	Due To/(From)>Medicaid		34,26
	D7	Duc To/(From)> Vendor Duc To/(From)>Other L&E		11,35
			1	
			 	
32	D7	Due To/(From)>RFMS	\$ 1.	1,41
32			\$ 1,	
32 otal Oth	D7 cr Assets of Notes Pa	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2	\$ 1,	1,41
32 tal Oth	D7 cr Assets of Notes Pa	Due To/(From)≻RFMS	\$ 1,	1,41
32 tal Oth	D7 cr Assets of Notes Pa	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2	\$ 1,	1,41
32 tal Oth	D7 cr Assets of Notes Pa	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2	\$ 1,	1,41
32 tal Oth	D7 cr Assets of Notes Pa	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2	\$ 1,	1,41
32 tal Oth	D7 cr Assets of Notes Pa	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2	\$ 1,	1,41
32 tal Oth	D7 cr Assets of Notes Pa	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2	\$ 1,0	1,41
32 tal Oth	D7 cr Assets of Notes Pa	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2	\$ 1,0	1,41
32 tal Oth	D7 cr Assets of Notes Pa	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2	\$ 1,	1,41
32 stal Oth	D7 er Assets of Notes Pa	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2		1,41
32 tal Oth	D7 cr Assets of Notes Pa	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2	\$ 1,	1,41
32 stal Oth	D7 er Assets of Notes Pa	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2		1,41
32 stal Oth	D7 er Assets of Notes Pa	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2		1,41
322 323 324 324 324 324 324 324 324 324	DOT or Assets of Notes Pa Line Ref	Due To/(From)≻RFMS yable (Hembz) Page 33 Line A2		1,41
322 stal Other transfer of the stal Note	of Notes Pa	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12		1,41
322 stal Other transfer of the stal Note	of Notes Pa	Due To//From>RFMS yable (Itemize) Page 33 Line A2 Description		1,41
322 stal Other transfer of the stal Note	of Notes Pa	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12		1,41
322 stal Other transfer of the stal Note	of Notes Pa	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12		1,41
323 324 324 324 324 324 324 324 324 324	of Notes Pa	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12		1,41
323 324 324 324 324 324 324 324 324 324	of Notes Pa	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12		1,41
322 stal Othi	of Notes Pa	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12		1,41
32 tal Other thedule thedule transporter thedule transporter thedule	of Notes Pa Line Ref	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12 Description	\$	1,41
32 stal Other chedule age Ref	of Notes Pa Line Ref	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12		1,41
32 stal Other chedule age Ref	of Notes Pa Line Ref	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12 Description	\$	1,41
32 stal Other chedule age Ref	of Notes Pa Line Ref	pube To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description	\$	1,41
32 tal Other thedule age Ref	of Notes Pa Line Ref	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12 Description	\$	1,41
32 tat Othe chedule age Ref batal Not chedule chedule chedule chedule	of Notes Pa Line Ref Line Ref Line Ref Contract Current of Other Le	Due To/(From)>RFMS yable (Hemize) Page 33 Line A2 Description Trent Liabilities (Hemize) Page 33 Line A12 Description Liabilities (Hemize) Liabilities (Hemize) Page 34 Line B4	\$	1,41
32 stat Other thedule age Ref chedule age Ref	of Notes Pa Line Ref	pube To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12 Description Liabilities (Itemize) Liabilities (Itemize) Liabilities (Itemize) Description	\$	1,41
32 tal Other chedule cause Ref betal Not chedule cause Ref chedule chedule 3	of Notes Pa Line Ref Line Ref Line Ref Contract Current of Other Le	Due To/(From)>RFMS yable (Hemize) Page 33 Line A2 Description Trent Liabilities (Hemize) Page 33 Line A12 Description Liabilities (Hemize) Liabilities (Hemize) Page 34 Line B4	\$	1,41
32 stat Other thedule age Ref chedule age Ref chedule age Ref 3 3 3 3	of Notes Pa Line Ref	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12 Description Liabilities (Itemize) Description Liabilities (Itemize) Due To/(From)>TSM Holding	\$	1,51 310,63
32 tal Otherhedule hedule sige Ref bital Not	of Notes Pa Line Ref	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trrent Liabilities (Itemize) Page 33 Line A12 Description Liabilities (Itemize) Due To/(From)>TSM Holding	\$	1,41 310,63 1,5 2,0 23,4 24,6
32 stal Other thedule tage Ref stal Notal	of Notes Pa Line Ref	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trent Liabilities (Itemize) Page 33 Line A12 Description Liabilities (Itemize) Description Liabilities (Itemize) Description Description Due To/(From)>TSM Holding Due To/(From)>TWin Oaks	\$	1,51 310,63 2,0 23,4' 2,6' 2,6'
32 stat Other chedule state Note the state of the state o	of Notes Pa Line Ref	Due To/(From)>RFMS yable (Itemize) Page 33 Line A2 Description Trrent Liabilities (Itemize) Page 33 Line A12 Description Liabilities (Itemize) Due To/(From)>TSM Holding	\$	1,41

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Reg	alCare at West Haven, LLC	2355	9/30/2019		35	37
<u>A.</u>	Dogowyog	Account			1	Amount
Α.	Reserves					
	1. Reserve for value of leased la	ınd			\$	
	2. Reserve for depreciation value	e of leased buildi	ngs and appurter	nances		
	to be amortized	·			\$	
	3. Reserve for depreciation value	e of leased person	nal property (<i>Equ</i>	uity)	\$	
<u> </u>	4. Reserve for leasehold real pro	operties on which	fair rental value	is based	\$	
	5. Reserve for funds set aside a	s donor restricted			\$	
	6. Total Reserves				\$	
В.	Net Worth					
	1. Owner's Capital				\$	(259)
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(157,633)
	6. Gain or Loss for Period	10/1/2	018 thru	9/30/2019	\$	271,291
	7. Total Net Worth				\$	113,399
C.	Total Reserves and Net Worth				\$	113,399
D.	Total Liabilities, Reserves, and	Net Worth			\$	3,751,536

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year I	Ended	Page	of
RegalCare at West Haven, LLC	2355	9/30/2019		36	37
		nount			
A. Balance at End of Prior Period			\$		(167,490)
B. Total Revenue (From Stateme			\$		10,068,259
C. Total Expenditures (From State	tement of Expenditures	Page 27)	\$		9,796,968
D. Net Income or Deficit			\$		271,291
E. Balance			\$)	103,801
F. Additions		· ·			
Additional Capital Contrib	outed (itemize)				
Expenses Per Page 27	\$9,783,804				
F/S vs C/R Depreciati	on 13,164				
Expenses Per F/S	\$9,796,968				
2. Other (itemize)			N.		
To Adjust for Differer	nt Fiscal Year End	9,598			
					edine. Manual de l'Arthur
				194	ek ti
F-3. Total Additions			9	8	9,598
G. Deductions					
1. Drawings of Owners/Open	ators/Partners (Specify))	9	5	
Name and Address (No.,	City, State, Zip)	Title	Amount		
2. Other Withdrawings (Spec	cify)			5	
Purpose					
		1			
3. Total Deductions					
H. Balance at End of Period	09/3	0/19		5	113,399
11. Dunice in Line of x citou	09/3	UI 17		ν	113,377

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page of					
RegalCare at West Haven, LLC	2355	9/30/2019	37 37					
	Check appropriate category							
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)						
	Preparer/Reviewer Certifica	tion						
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.								
Signature of Preparer	Title	Date Signed						
Although	PRINCIPAZ	1/27/20						
Printed Name of Preparer								
Matthew S. Bavolack								
Addres Address		Phone Number						
	555 Long Wharf Drive, New Haven, CT 06511 203-781-9600							
Contacted Person Regarding Additional Inf	ormation Needed Regarding This Report	Phone Number						
Yael Zabludowski Contact Email Address								
Contact Enfan Address								
vaelz@ltccs.com			•					



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for RegalCare at West Haven, LLC for the year ended September 30, 2019, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of RegalCare at West Haven, LLC. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of RegalCare at West Haven, LLC and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT January 24, 2020



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

This checklist is not required to be submitted with the Annual Report

Facility Na	me RegalCare at West Haven, LLC
	following check list. Provide an explanation for any "No" answers. Attach ets to explain further, if necessary.
Yes No J Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Yes No J Explanation:	Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.
Yes No J Explanation:	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.
Yes No Explanation:	 Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Yes No Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
Yes No ✓ □ Explanation:	6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?
Yes No	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No ✓ □ Explanation:	8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No √ □ Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Yes No Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No J Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No Substituting the second secon	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?
Yes No Substitution:	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?
Yes No Explanation:	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No ✓ □ Explanation:	16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Yes No V Explanation:	17. Have all contractual allowances been properly reported on Page 30?
Yes No Substitution:	18. Were all discrepancies on the Error Page addressed?
Yes No Substitution:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No / Explanation:	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No V Explanation:	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No Explanation:	22. Has all required documentation been submitted to the Annual Report review and audit contractor?