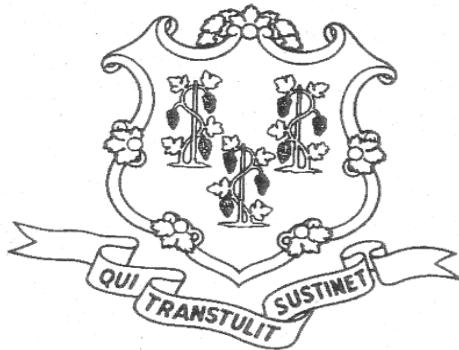


ADVANCED CENTER FOR NURSING & REHABILITATION, LLC
ANNUAL REPORT OF LONG TERM CARE FACILITY
FYE SEPTEMBER 30, 2022
CLIENT COPY

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Advanced Center for Nursing & Rehabilitation, LLC	
Address (No. & Street, City, State, Zip Code) 169 Davenport Ave, New Haven, CT 06519	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2434	RHNS	(Specify)	Medicare Provider 07-5348
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Medicaid Provider Numbers:	CCNH 323	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Advanced Center for Nursing & Rehabilitation, LLC	License No. 2434	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Advanced Center for Nursing & Rehabilitation, LLC, for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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. (a)

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) Katarina Zhao		Printed Name (Owner) Menajem Salomon	
Subscribed and Sworn to before me: <i>Fay Ramirez</i>	State of <i>New York</i>	Date <i>02/09/23</i>	Signed (Notary Public) <i>Fay L. Ramirez</i>
Comm. Expires <i>06/01/2025</i>			
Address of Notary Public <i>56 Cowles Ave. Yonkers, NY 10704</i>			

(Notary Seal)

FAY L RAMIREZ
Notary Public - State of New York
No. 01RA6418037
Qualified in Westchester County
My Commission Expires 06/01/2025

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

Data Required for Real Wage Adjustment				Page 1A	of 37
Name of Facility Advanced Center for Nursing & Rehabilitation, LLC	Period Covered:	From 10/1/2021	To 9/30/2022		
Address of Facility 169 Davenport Ave, New Haven, CT 06519					
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 2/4/2023			
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

	Phone No. of Facility 203-789-1650	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Advanced Center for Nursing & Rehabilitation, LLC	Address (No. & Street, City, State, Zip) 169 Davenport Ave, New Haven, CT 06519			
License Numbers: CCNH 2434	RHNS	(Specify)	Medicare Provider No. 07-5348	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Katarina Zhao		Nursing Home Administrator's License No.:	2153	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire
Partners/Members

Name of Facility Advanced Center for Nursing & Rehabilitation, LLC	License No. 2434	Report for Year Ended 9/30/2022	Page of 3 37
Legal Name of Partnership/LLC		Business Address	State(s) and/or Town(s) in Which Registered
Advanced Center for Nursing & Rehabilitation, LLC	169 Davenport Ave, New Haven, CT 06519	CT	
Name of Partners/Members	Business Address	Title	% Owned
Menajem Salamon	169 Davenport Ave, New Haven, CT 06519	Owner	0.4
Mordejai Salamon	169 Davenport Ave, New Haven, CT 06519	Owner	0.1
Sari Landa	169 Davenport Ave, New Haven, CT 06519	Owner	0.1
Esther Gewirtz	169 Davenport Ave, New Haven, CT 06519	Owner	0.15
Joseph Landa	169 Davenport Ave, New Haven, CT 06519	Owner	0.125
Joshua Landa	169 Davenport Ave, New Haven, CT 06519	Owner	0.125

General Information and Questionnaire

Corporate Owners

Name of Facility Advanced Center for Nursing & Rehabilitation	License No. 2434	Report for Year Ended 9/30/2022	Page of 3A 37
If this facility is owned or operated as a corporation, provide the following information:			
Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
N/A			
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			
Names of Stockholders Owning at Least 10% of Shares			
N/A			

General Information and Questionnaire

Individual Proprietorship

Name of Facility Advanced Center for Nursing & Rehabilitation, LL	License No. 2434	Report for Year Ended 9/30/2022	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

General Information and Questionnaire

Related Parties*

Name of Facility Advanced Center for Nursing & Rehabilitation, LLC		License No. 2434	Report for Year Ended 9/30/2022			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
169 Davenport Ave Realty, LLC	169 Davenport Ave, New Haven, CT 06519	<input type="radio"/>	<input checked="" type="radio"/>		Rent***	P. 22/ Line 9	8,657,182	891,739
169 Davenport Ave Realty, LLC	169 Davenport Ave, New Haven, CT 06519	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Taxes	Pg. 22/ Line 10b	128,530	128,530
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

*** Rent expense is replaced with fair rent. Therefore, no disallowance was made.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Advanced Center for Nursing & Rehabilitation,	License No. 2434	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

N/A

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

N/A

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-6 Rev. 9/2002

**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 Year Ended			Page 6 of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers	Description of Items Leased			Date of Lease**	Term of Lease	Annual Amount of Lease
Leaf	<input type="radio"/>	<input checked="" type="radio"/>	Copiers (See attached)		02/11/21	60 Months	17,542
Pitney Bowes Global Financial, 2225 American Dr, Neenah, WI 54956	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter		04/10/16	and then month to	1,574
New Goldland Purchasing LLC, 263 N. Main St, Spring Valley, NY 10977	<input type="radio"/>	<input checked="" type="radio"/>	Software		09/15/17	automatic renewal	18,000
Volvo, Chrysler and Non-allowable Leases	<input type="radio"/>	<input checked="" type="radio"/>	Auto / Other		Various	Various	15,554
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes			<input checked="" type="radio"/> No		Total *** 52,670

* 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.



LEASE AGREEMENT

1720A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

LESSEE LEGAL NAME:

Advanced Center for Nursing and Rehabilitation LLC

Telephone No:
2037891650

Billing Address

169 Davenport Ave, New Haven, CT 06519-1320

Equipment Location (if other than Billing Address)

169 Davenport Ave, New Haven, CT 06519-1320

EQUIPMENT DESCRIPTION: (indicate quantity, new or used and include make, model, serial # and all attachments - see below and/or attached Schedule A)

Unit Quantity	Description of Equipment Leased	Make and Type	Model Number	Serial Number
	Copier System			See Schedule A
BASE TERM IN MONTHS <u>60</u>	TOTAL NUMBER OF LEASE PAYMENTS <u>60 at \$1,341.00 (plus taxes)</u>	END OF LEASE PURCHASE OPTION <input checked="" type="checkbox"/> Fair market value, plus taxes <input type="checkbox"/> 10% of Equipment cost, plus taxes <input type="checkbox"/> \$1,00, plus taxes	(a) Advance Payment: \$0.00 (b) Security Deposit: \$0.00 (c) Documentation Fee: \$95.00	
		(FMV unless another option is selected. You may not exercise a purchase option if you are in default. If you exercise a purchase option we will convey all of our right, title and interest in such equipment to you on an AS-IS WHERE IS without warranty.)	Total due a + b + c =: \$95.00	

**If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

In this agreement ("Lease"), "we," "our," and "us" refers to OLEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the equipment upon the following terms and conditions:

1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the equipment is delivered to you ("Lease Commencement Date"). The first Lease Payment shall be due on the date we specify in the month following the Lease Commencement Date as set forth in our invoice, and the remaining Lease Payments will be due on the same day of each subsequent month (each, a "Payment Date") until paid in full. The Base Term shall commence on the date one month prior to the first Payment Date. We may charge you a portion of one Lease Payment for the period from the Lease Commencement Date until the first day of the Base Term ("Interim Rent"). The Interim Rent shall be due as invoiced. We may adjust the Lease Payments up to 15% if the actual costs are different than the estimate used to calculate the Lease Payments. On an annual basis, the Monthly Payment may be increased by a maximum of 15% of the amount previously then in effect.

2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for equipment delivery and installation. You unconditionally accept the equipment upon the earlier of (a) your oral or written acceptance of the equipment, or (b) 10 days after delivery of the equipment. You authorize us to fill in the Lease Commencement Date, serial numbers and other information. You will not move the equipment from the above location without our written consent and are responsible for maintaining the equipment in good repair. We are not responsible for equipment or vendor failures.

3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery, or return of equipment.

4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the lease of your election to return or purchase the equipment, this lease will renew on a month-to-month basis at the same monthly lease payment until you either exercise the purchase option or provide us with at least 90 days notice and return the equipment. If you return the equipment, (i) it must be to the location we designate and you are responsible for all return costs and we may charge a restocking fee equal to one lease payment, and (ii) you must securely remove all data from any and all disk drives or magnetic media prior to returning the equipment (and you are solely responsible for selecting an appropriate removal standard that meets your business needs and complies with applicable laws). You will pay us for any loss in value resulting from failure to maintain the equipment in accordance with this lease or for damages incurred in shipping and handling. If you exercise a purchase option we will convey all of our interest in such equipment to you on an AS-IS WHOLE IS basis without representation or warranty.

5. LATE FEES AND CHARGES: If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount. Amounts which are not paid within 30 days of when due shall accrue interest at 1.5% per month (or, if less, the maximum legal rate) until paid. You agree to pay \$25 for each pay by phone and \$35 for each returned payment.

6. NO WARRANTY: We do not manufacture the equipment and you have selected the equipment and the supplier. **WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.**

7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the equipment from its order until it is returned in the required condition or purchased by you ("Risk Period"). During the Risk Period you will maintain property and liability insurance on the equipment acceptable to us, naming us loss payee and additional insured. If you do not provide us with proof of such insurance, we may secure insurance on the equipment to cover

our interests (and only our interests). If we obtain such insurance, you will pay us an additional amount for the cost of it and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.

8. OWNERSHIP AND TAXES: We own the equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, leasing and/or ownership of the equipment. If we pay any taxes, (including property tax), fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You agree to pay us the documentation fee specified above or if not so specified, the greater of either \$125 or 0.5% of the equipment cost. If we require an equipment site inspection, or you request administrative services, you agree to reimburse our costs.

9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this lease, any guaranty or any license relating to the equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining lease payments, interim rent and residual value of the equipment, as determined by us, discounted at an annual rate of 3%, (b) return all of the equipment; (c) allow us to repossess the equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and as reimbursement for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this lease for you. If we take possession of the equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.

10. ASSIGNMENT: You have no right to sell or assign the equipment or lease. We may sell or assign our rights in the lease and/or equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.

11. ARTICLE 2A: You agree this lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC. You have received a copy of the supply contract or been informed of the identity of the supplier and you may have rights under the supply contract and may contact the supplier for a description of those rights.

12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.

13. CHOICE OF LAW; THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.

14. MISCELLANEOUS: This lease is the parties' entire agreement and can be amended only in writing signed by both parties. This lease may be executed in counterparts (manually or by electronic means) and, when transmitted to us, shall be binding upon you for all purposes. This lease is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this lease that it was executed or transmitted to us by electronic means. You will use the equipment only for business purposes and not for personal, family or household use. The USA PATRIOT Act requires us to obtain, verify, and record information that identifies you thus we ask for your name, address and other information or documents that substantiate your identity.

ACCEPTED BY LESSEE: Advanced Center for Nursing and Rehabilitation

LIC

X

Lessee Authorized Signature

Print Name:

MARK Salazar

Title:

Treas

E-Mail Address:

MSalazar@goldstarllc.com

Date:

2/11/21

Tax ID Number:

47-5676239

PERSONAL GUARANTY: Undersigned guarantees that lessee will make all payments and perform all other obligations under the lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against lessee or the equipment. Undersigned also waives all suretyship defenses and notification if the lessee is in default and consents to any extensions or modifications granted to lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the state or federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X

Print Name:

F-Mail Address:

Accepted by:

OLEAF Capital Funding, LLC By:

Delane Wilson

Title:

2/26/2021



SCHEDULE A TO LEASE AGREEMENT (EQUIPMENT DESCRIPTION)

Lease Application No.: 635113

QNT	Equipment Description	New/Used	Make	Model	Serial Number
-----	-----------------------	----------	------	-------	---------------

Location: 169 Davenport Ave, New Haven, CT 06519-1320

1-4003i
8-M2540dw
2-M3645idn
2-P3260dn

LESSEE: Advanced Center for Nursing and Rehabilitation
LLC
BY: _____
PRINT NAME: MARK Sylva
TITLE: President
DATE: 2/11/21

LEAF CAPITAL FUNDING, LLC

BY: Delane Wilson
PRINT NAME: _____
TITLE: _____
DATE: 2/26/2021

General Information and Questionnaire

Accounting Basis

Name of Facility Advanced Center for Nursing & Re	License No. 2434	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this

period the same as for the Yes If "No," explain.
previous period? No

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 Stephen O'Neill, CPA 3 4	Address (No. & Street, City, State, Zip Code) 555 Longwharf Dr., New Haven, CT 06511 30 Newbridge Rd., Suite 104 East Meadow, NY 11554
---	--

Services Provided by This Firm (*describe fully*)

1 Medicaid / Medicare cost reporting and Medicaid compliance	\$ 12,370
2 Accounting Services	\$ 39,900
3	\$
4	\$
	Charge for Services Provided \$ 52,270

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

Yes No |Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Attached 7a 2 3 4 5	Telephone Number See Attached 7a
--	-------------------------------------

Address (No. & Street, City, State, Zip Code)

1 See Attached 7a (Disallowed \$18,061 on Pg. 28)	\$ 83,016
2	\$
3	\$
4	\$
5	\$

Services Provided by This Firm (*describe fully*)

1 See Attached 7a (Disallowed \$18,061 on Pg. 28)	\$ 83,016
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 83,016

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

Yes No |Page 15, Line 1e

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility Advanced Center for Nursing & Rehabilitation, LLC	License No. 2434	Report for Year Ended 9/30/2022	Page 7a	of 37
Legal Services Information				
Name of Legal Firm or Independent Attorney				Telephone Number
1 Ruth D. Raisfeld				212-506-5000
2 Jackson Lewis P.C.				212-545-4000
3 Murtha Cullina				203-772-7700
4 Goldman, Gruder & Wood				203-880-5333
5 NY Rytes, LLC				914-232-0590
6 Allinson & Associates				203-871-3964
7 Morris Tuchman LLC				212-213-8899
8 Various				Various
Address (No. & Street, City, State, Zip Code)				
1 666 5th Avenue #2, New York, NY 10103				
2 666 Third Avenue, New York, NY 10017				
3 265 Church St., New Haven, CT 06510				
4 105 Technology Dr, Trumbull, CT 06611				
5 584 Cross River Rd Katonah, NY				
6 439 Main St, Wallingford, CT 06492				
7 134 Lexington Avenue 2nd Floor New York, NY 10016				
8 Various				
Services Provided by This Firm (<i>describe fully</i>)				
1 Arbitration fee			\$ 1,250	
2 General Legal Fees			\$ 10,294	
3 General Legal Fees			\$ 30,177	
4 General Legal Fees			\$ 7,655	
5 General Legal Fees			\$ 12,043	
6 General Legal Fees			\$ 3,113	
7 General Legal Fees			\$ 423	
8 Conservatorship / Marshall / Lobbying (Disallowed / Other Pg. 28)			\$ 18,061	
		Charge for Services Provided		
			\$ 83,016	

Schedule of Resident Statistics

Name of Facility Advanced Center for Nursing & Rehabilitation, LLC			License No. 2434				Report for Year Ended 9/30/2022				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					226	226						
A. On last day of PREVIOUS report period	226	226										
B. On last day of THIS report period	226	226							226	226		
2. Number of Residents					198	198						
A. As of midnight of PREVIOUS report period	198	198										
B. As of midnight of THIS report period	213	213							213	213		
3. Total Number of Days Care Provided During Period					4,541	4,541			1,580	1,580		
A. Medicare	6,121	6,121										
B. Medicaid (Conn.)	62,196	62,196			46,384	46,384			15,812	15,812		
C. Medicaid (other states)												
D. Private Pay	1,039	1,039			949	949			90	90		
E. State SSI for RCH												
F. Other (Specify) Insurance / Hospice	1,981	1,981			1,211	1,211			770	770		
G. Total Care Days During Period (3A thru F)	71,337	71,337			53,085	53,085			18,252	18,252		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	71,337	71,337			53,085	53,085			18,252	18,252		

Schedule of Resident Statistics (Cont'd)

Name of Facility Advanced Center for Nursing & Rehabilitation	License No. 2434	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?

 Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(1)	(2)	(3)	(1)	(2)	(3)					

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)
2nd change						
3rd change						
4th change						

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	17	179		17				
Per Diem Rate								
a. One bed rm.	Various	326.38		395.00				
b. Two bed rms.	Various	326.38		395.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		908	908		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		3,260	3,260		
2. Restorative Treatments					
C. Other		2,818	2,818		
D. Total Physical Therapy Treatments		6,986	6,986		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		534	534		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		786	786		
2. Restorative Treatments					
C. Other		1,295	1,295		
D. Total Speech Therapy Treatments		2,615	2,615		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		1,695	1,695		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		3,901	3,901		
2. Restorative Treatments					
C. Other		3,004	3,004		
D. Total Occupational Therapy Treatments		8,600	8,600		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		10	37
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No					
		Total Cost and Hours			
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	196,500	2,080			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	253,484	8,187			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	733,790	34,621			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	548,818	27,734			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	87,550	4,180			
b. Other Maintenance Workers	92,046	3,412			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	192,702	10,944			
9. Barber and Beautician Services					
10. Protective Services	170,464	10,407			
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	63,560	612			
b. RN					
1. Direct Care	988,296	27,097			
2. Administrative**					
c. LPN					
1. Direct Care	2,550,384	69,915			
2. Administrative**					
d. Aides and Attendants	3,484,275	165,660			
e. Physical Therapists	363,112	6,525			
f. Speech Therapists	80,039	1,337			
g. Occupational Therapists	249,199	6,203			
h. Recreation Workers	91,814	4,294			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	216,832	5,206			
n. Marketing					
o. Other (Specify) See Attached Schedule					
<i>A-13. Total Salary Expenditures</i>	10,362,865	388,414			

* 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)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Advanced Center for Nursing & Rehabilitation, LLC			License No. 2434		Report for Year Ended 9/30/2022			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Mordejai Salamon	25,220			Non Discrim	Bookkeeper	520	A4			
Menajem Salamon	37,500			Non Discrim	Fiscal	520	A4			
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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Advanced Center for Nursing & Rehabilitation, LLC				2434		9/30/2022			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
James Christofori (10/1/2021 - 6/25/2022)	113,641			Non Discrim	Administrator	1,140	A2			
Katarina Zhao (6/24/2022 - 9/30/2022)	82,859			Non Discrim	Administrator	940	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2434	9/30/2022		13	37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	166,598	3,904			
2. Dentist	9,912	84			
3. Pharmacist	47,006	405			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	60,000	600			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care					
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	142,553	950			
2. Administrative***	155,606	2,248			
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	581,675	8,191			

* 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 Advanced Center for Nursing & Rehabilitation, LLC	License No. 2434	Report for Year Ended 9/30/2022		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
NutraSource	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Goldman Managing Service, 10110 220th St, Queens Village, NY 11429	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Levi Argust	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Healthdrive Dental, 888 Worcester St, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
LTC Management	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Guardian Consultant Services, 3333 New Hyde Park Rd, St 202, New Hyde Park, NY 11042	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Adedayo O. Adetola, 1453 Whalley Ave, New Haven, CT 06515	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Lazaros Lazarides, 1453 Whalley Ave, New Haven, CT 06515	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Zella Staffing Solutions, LLC	RN staffing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Joan Raymond-Jeudi	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Margaret Rose Garcia	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dynamic Reimbursement Services	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Christopher Rowlett	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Ben Esguerra	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Vanessa Brogden	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Hershi Bauer	Infection Control	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
QRM, 4949 Westgrov Dr, Suite 200, Dallas TX, 75248	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehabilitation, I	2434	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 656,434	656,434		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 140,532	140,532		
4. Social Security (F.I.C.A.)	\$ 770,986	770,986		
5. Health Insurance	\$ 1,796,651	1,796,651		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 600,466	600,466		
8. Uniform Allowance	\$ 5,292	5,292		
9. Other (Specify) See Attached Schedule	\$ 89,412	89,412		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 55,331	55,331		
d. Accounting and Auditing	\$ 52,270	52,270		
e. Legal (Services should be fully described on Page 7)	\$ 83,016	83,016		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 181,241	181,241		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 10,115	10,115		
2. Cellular Phones	\$ 11,322	11,322		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$ 160	160		
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$ 1,500	1,500		
2. Other (Specify) See Attached Schedule	\$ 19,523	19,523		
3. Resident Day User Fee	\$ 1,375,254	1,375,254		
Subtotal	\$ 5,849,505	5,849,505		

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	-		
Sales tax	\$ 19,523		
Total	\$ 19,523	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		16	37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		5,849,505	5,849,505		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	2,250	2,250		
3. Gifts to Staff and Residents	\$	2,250	2,250		
4. Employee Travel	\$	28,505	28,505		
5. Education Expenses Related to Seminars and Conventions	\$	1,900	1,900		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	37,669	37,669		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	8,827	8,827		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	17,096	17,096		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	15,586	15,586		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	5,944	5,944		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	189,763	189,763		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	31,037	31,037		
<i>C-14 Total Administrative & General Expenditures</i>	\$	6,190,332	6,190,332		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising (Disallowed)	-		
	\$ 8,827		
Total Other Advertising	\$ 8,827	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CT Association of Health Care Facilities	\$ 15,586		
Total Dues	\$ 15,586	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	-		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Routine bank charges	-		
Non-routine bank charges (Disallowed)	\$ 14,423		
Criminal background	847		
Licenses & permits	10,316		
Other direct (Disallowed)	4,128		
Penalties (Disallowed)	653		
Employee meals (Disallowed)	18		
Total Other Administrative and General	\$ 31,037	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Advanced Center for Nursing & Rehabilit	2434	9/30/2022	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 #

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

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

Name of Facility	License No.	Report for Year Ended		Page of
		9/30/2022		18 37
		Item	Total	CCNH RHNS (Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 493,990	493,990		
2. Non-Food Supplies	\$			
3. Other (Specify) _____	\$			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 1,907	1,907		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 495,897	495,897		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Advanced Center for Nursing & Rehabilitation, LLC	License No. 2434	Report for Year Ended 9/30/2022		Page of 19 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,194	1,194	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) Supplies and materials	\$	155	155	
3D. Total Laundry Expenditures (3a + b + c)	\$	1,349	1,349	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 98,940	98,940		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$ 22,606	22,606		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	121,546	121,546		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procare LTC Pharmacy of CT LLC	\$	391,444	391,444		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	257,669	257,669		
d. Ambulance/Limousine***	\$	33,354	33,354		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	37,929	37,929		
f. X-rays and Related Radiological Procedures***	\$	8,129	8,129		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	30,847	30,847		
i. Recreation	\$	24,990	24,990		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	45,673	45,673		
5M. Total Resident Care Expenditures (5a - 5j)	\$	830,035	830,035		

* 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

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

Name of Facility Advanced Center for Nursing & Rehabilitation, LLC				License No. 2434	Report for Year Ended 9/30/2022				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
MatrixCare	Floor, New York, NY 10018	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Software	66,868			16	m11
Ben Akselrod		<input type="radio"/>	<input checked="" type="radio"/>	N/A	A/R / Bookkeeper	12,400			16	m11
Asantino Consulting		<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT Consultant	18,357			16	m11
New Goldland Purchasing	263 N Main St, Spring Valley, NY 10977-3702	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Supplies	15,500			16	m11
BML Droste Consulting, LLC		<input type="radio"/>	<input checked="" type="radio"/>	N/A	A/R Purchased Services	60,000			16	m11
New Goldland Purchasing	263 N Main St, Spring Valley, NY 10977-3702	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Cleaning supplies	98,440			20	4a1
Coastal Mechanical Fire Protection		<input type="radio"/>	<input checked="" type="radio"/>	N/A	Boiler repairs & maintenance	14,568			22	6a
Facility Compliance Fire Protection	221 W Main St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sprinkler system	26,930			22	6a
Gold Star Restoration, LLC		<input type="radio"/>	<input checked="" type="radio"/>	N/A	Water damage demetiation & dryout	12,000			22	6a
Saucier Mechanical		<input type="radio"/>	<input checked="" type="radio"/>	N/A	Boiler repairs & maintenance	63,953			22	6a
Braman		<input type="radio"/>	<input checked="" type="radio"/>	N/A	Pest Control	11,792			22	6f
Paradise Tree Removal		<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow plow / sanding / salting	20,377			22	6f
Winterberry Group		<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	11,445			22	6f
Hartford Elevator		<input type="radio"/>	<input checked="" type="radio"/>	N/A	Elevator maintenance	21,459			22	6f

* 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).

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

Name of Facility Advanced Center for Nursing & Rehabilitation, LLC				License No. 2434	Report for Year Ended 9/30/2022				Page 21a	of 37
Name of Individual or Company	Address	Related ** to		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
All American Waste	19 Wheeler Street, New Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Waste Removal	64,640			22	6f

* 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 Advanced Center for Nursing & Rehabilitation	License No. 2434	Report for Year Ended 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	136,809	136,809			
b. Heat	\$	110,368	110,368			
c. Light & Power	\$	303,820	303,820			
d. Water	\$	89,246	89,246			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$	52,670	52,670			
f. Other <i>(itemize)</i>	\$	166,966	166,966			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	859,879	859,879			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	93,576	93,576			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	93,576	93,576			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	403,732	403,732			
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	403,732	403,732			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	8,657,182	8,657,182			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	128,530	128,530			
c. Personal property taxes	\$	13,987	13,987			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	9,297,007	9,297,007			

* 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

Depreciation Schedule

Name of Facility Advanced Center for Nursing & Rehabilitation, LLC				License No. 2434			Report for Year Ended 9/30/2022				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
D. Movable Equipment	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
	Yes	No	Month	Year									
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period	Var	Var	1,414,499		1,414,499		1,268,461	S/L	Var	71,418			
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative	Var	Var	50,937		50,937		S/L	Var		7,514			
d. Standard Resident	Var	Var	146,858		146,858		S/L	Var		14,644			
e. Specialized Resident													
Total Acquired during this report period			197,795		197,795					22,158			
D-3. Subtotal													
E. Total Depreciation													

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

**Ties to Page 23, Line C3

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
See attached	See attached schedules	Standard Resident	\$ 146,858		\$ 14,644
See attached	See attached schedules	Administrative	50,937		7,514
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 197,795		\$ 22,158
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
See attached	See attached schedule	\$ 717,140	Various	\$ 41,414
Total additions for Leasehold Improvements		\$ 717,140		\$ 41,414
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Advanced Center for Nursing & Rehabilitation, LLC			License No. 2434		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Various	5,943,293	2,443,176	S/L	Var	362,318	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	717,140		S/L	Var	41,414	
C-4. Subtotal									403,732
D. Total Amortization									403,732

* Straight-line method must be used.

** Specify which of the following bases were used:

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

Advanced Nursing & Rehabilitation of New Haven
Depreciation Schedule
9/30/2022

Acquisition Date	Description	Historical Costs	Life	Method Life	End of 2021 A/D	2022 Deprec.	End of 2022 A/D	Net Book Value
LEASEHOLD IMPROVEMENTS								
8/4/2011	Facility Sign	2,151	20	S/L	1,095	108	1,203	947
8/25/2010	Replace Section of Roof	19,500	10	S/L	19,500	-	19,500	-
8/26/2011	Replace Section of Roof	8,500	10	S/L	8,500	-	8,500	-
9/2/2011	Replaced Condensing Unit in Refrigerator	1,985	15	S/L	1,342	132	1,474	512
9/6/2011	Replace Section of Roof	16,800	10	S/L	16,800	-	16,800	-
9/6/2011	Replace Section of Roof	16,500	10	S/L	16,500	-	16,500	-
9/6/2011	Replace Doors for Walk-In Refrigerator	2,815	15	S/L	1,893	188	2,081	734
9/21/2011	Replace Motor/Compressor on Walk-In	4,530	15	S/L	3,027	302	3,329	1,201
8/31/2011	Change of Ownership Procedures (Various Items)	9,462	15	S/L	6,361	631	6,992	2,470
8/31/2011	Change of Ownership Procedures (Various Items)	1,750	15	S/L	1,179	117	1,296	454
8/31/2011	Change of Ownership Procedures (Various Items)	3,150	15	S/L	2,117	210	2,327	823
8/1/2011	ClimateMaster Heat Pumps	31,905	10	S/L	31,905	-	31,905	-
9/1/2011	Replace Boilers	193,200	15	S/L	129,823	12,880	142,703	50,497
9/19/11	Paving in Courtyard	9,066	8	S/L	9,066	-	9,066	-
Total 2011 Leasehold Improvement Additions		321,315			249,110	14,568	263,678	57,637
9/1/11	LHI from 2011 (Roof/Oil Tank Testing)	14,693	10	S/L	14,693	-	14,693	-
10/3/11	Custom Doors for Walk-ins	3,244	15	S/L	1,946	216	2,162	1,082
10/8/11	Replace Piping, Wiring Compressor for Walk-in	8,158	15	S/L	4,908	544	5,452	2,706
10/18/11	Replace Piping, Wiring Compressor for Walk-in	5,296	15	S/L	3,195	353	3,548	1,749
12/15/11	Jeron Pro-Alert 640 Communication System	1,351	10	S/L	1,243	108	1,351	-
12/16/11	Jeron Pro-Alert 640 Communication System	10,563	10	S/L	9,727	835	10,563	-
12/18/11	Remove and Pave 1,768 sq ft, Line Stripe	13,198	8	S/L	13,198	-	13,198	-
12/22/11	Jeron Pro-Alert 640 Communication System	10,563	10	S/L	9,745	818	10,563	-
2/14/12	Additional Billing on Replacing Boilers	87,000	15	S/L	54,377	5,800	60,177	26,823
5/14/12	Boilers - Commercial Mixing Valve	5,242	15	S/L	3,359	349	3,708	1,533
5/15/12	Removal & Install of Fuel/Oil Tank	26,613	20	S/L	12,809	1,331	14,140	12,472
6/12/12	Boilers - Circulators and Aquastat Control	4,800	15	S/L	3,104	320	3,424	1,376
7/1/12	Install Combustion Air Fan in Boiler Room	24,707	12	S/L	20,082	2,059	22,141	2,566
6/9/12	Remove and Replace 2 Boilers	181,675	15	S/L	117,403	12,112	129,515	52,160
8/17/12	New Tandem Compressor for Air Unit	9,650	12	S/L	7,946	804	8,750	900
8/16/12	Materials for New Boiler Installation	3,906	15	S/L	2,570	260	2,830	1,076
Total 2012 Leasehold Improvement Additions		410,657			280,305	25,909	306,214	104,443
2/18/2013	8 - ClimateMaster water source heat pumps	16,732	10	S/L	14,416	1,673	16,089	644
4/17/2013	Progress #1: Nurse call system (Jeron Pro-Alert)	11,679	10	S/L	9,878	1,168	11,046	633
3/20/2013	4 - ClimateMaster water source heat pumps	8,366	10	S/L	7,143	837	7,980	387
3/25/2013	25% - New freight elevator (new machine assembly)		15	S/L	-	-	-	-
4/17/2013	Progress #2: Nurse call system (Jeron Pro-Alert)	11,679	10	S/L	9,878	1,168	11,046	633
5/21/2013	Installed rubber roofing on section of roof	2,659	10	S/L	2,225	266	2,491	168
6/4/2013	Proposal - Installed new motor on elevator		15	S/L	-	-	-	-
6/12/2013	New tile in elevators	1,296	10	S/L	1,079	130	1,209	87
Total 2013 Leasehold Improvement Additions		52,412			44,619	5,242	49,861	2,551
3/25/2013	25% - New freight elevator (new machine assembly)	14,971	20	S/L	5,992	749	6,741	8,230
6/4/2013	Proposal - Installed new motor on elevator	12,941	15	S/L	6,904	863	7,767	5,174
10/15/2013	25% - New freight elevator (Second Payment)	14,971	20	S/L	5,992	749	6,741	8,230
11/6/2013	50% - New freight elevator	29,942	20	S/L	11,976	1,497	13,473	16,469
12/4/2013	Dwn Pmt - Grease trap work in kitchens (105,000 total)	40,000	15	S/L	21,336	2,667	24,003	15,997
2/6/2014	New governor for elevator	7,500	10	S/L	6,000	750	6,750	750
3/26/2014	Elevator project	27,948	7	S/L	27,948		27,948	-
4/1/2014	Kitchen Upgrade	10,000	10	S/L	8,000	1,000	9,000	1,000
5/1/2014	Kitchen Upgrade	10,000	10	S/L	8,000	1,000	9,000	1,000
6/1/2014	Kitchen Upgrade	10,000	10	S/L	8,000	1,000	9,000	1,000
6/5/2014	Invacare adjustable bed	5,097	5	S/L	5,096	0	5,097	-
7/1/2014	Kitchen Upgrade	10,000	10	S/L	8,000	1,000	9,000	1,000
8/1/2014	Kitchen Upgrade	10,000	10	S/L	8,000	1,000	9,000	1,000
9/1/2014	Kitchen Upgrade	10,000	10	S/L	8,000	1,000	9,000	1,000
Total 2014 Leasehold Improvement Additions		213,370			139,243	13,275	152,518	60,851
10/1/2014	Kitchen Upgrade	5,000	10	S/L	3,500	500	4,000	1,000
1/9/2015	Water Source Heat Pumps	15,525	15	S/L	7,245	1,035	8,280	7,245
1/30/2015	Water Source Heat Pumps	15,525	15	S/L	7,245	1,035	8,280	7,245
3/12/2015	50% Deposit on rubberized base roof coating	3,500	5	S/L	3,500	-	3,500	-
3/31/2015	Ceiling Tiles	4,650	5	S/L	4,650	(0)	4,650	-
4/28/2015	Rubberized base roof coating	3,945	5	S/L	3,945	(0)	3,945	-
10/22/2014	Elevator Repairs	7,459	15	S/L	3,479	497	3,976	3,483
5/7/2015	Elevator Repairs	2,574	15	S/L	1,204	172	1,376	1,198
9/21/2015	Elevator Repairs	2,552	15	S/L	1,190	170	1,360	1,192
Total 2015 Leasehold Improvement Additions		63,281			37,148	3,578	40,726	22,555
10/2/15	New motor and condensing unit for air conditioner	7,994	7	S/L	6,852	1,142	7,994	-
10/3/15	Rebuilt blower and new condenser fan on air conditioner	19,087	7	S/L	16,362	2,725	19,087	-
10/3/15	New evaporator coil for air conditioner	15,554	7	S/L	13,332	2,222	15,554	-
11/2/15	Steam Boiler and Boiler Feed Pump	3,000	7	S/L	2,574	426	3,000	-

1/5/16	Boiler Motor Actuator	1,096	5	S/L	1,096	1,096	-
1/12/16	(1st) 50% deposit Water Source Heat Pumps	8,072	7	S/L	6,918	1,154	8,072
1/12/16	Change Sprinkler Head and replace with 6 butterfly Valve	6,683	5	S/L	6,683	-	6,683
1/14/16	117 Gallon Steel Receiver Boiler	12,641	7	S/L	10,836	1,805	12,641
1/18/16	Security System	30,000	5	S/L	30,000	-	30,000
1/23/16	Complete pump for ModCon boiler room	8,243	7	S/L	7,068	1,175	8,243
1/23/16	Complete pump for ModCon boiler room	7,757	7	S/L	6,648	1,109	7,757
1/29/16	Elevator door replacements	88,354	7	S/L	75,732	12,622	88,354
2/1/16	Front Entrance Stucco	2,500	5	S/L	2,500	-	2,500
2/4/16	Install new fire communicator	1,057	3	S/L	1,057	-	1,057
2/6/16	Heat Pump Condensing Units	8,400	5	S/L	8,400	-	8,400
2/8/16	Mold Inspection	1,150	5	S/L	1,150	-	1,150
2/9/16	Mold Remediation	7,500	5	S/L	7,500	-	7,500
2/11/16	3 alarm locks and 3 cylinders	925	3	S/L	925	-	925
2/15/16	(2nd) 50% Payment Water Source Heat Pumps	8,072	7	S/L	6,918	1,154	8,072
2/19/16	replaced two smoke detectors/ installed Pilfergard on kitchen doc	1,438	3	S/L	1,438	0	1,438
2/22/16	8 Water heaters	21,525	7	S/L	18,450	3,075	21,525
2/23/16	HD Camera System Part Pay	2,050	5	S/L	2,050	-	2,050
2/26/16	Replacement of 4 sprinkler heads	2,129	3	S/L	2,129	-	2,129
2/29/16	HD Camera System	13,000	5	S/L	13,000	-	13,000
3/2/16	New Boiler Pilot Ignitor	2,032	5	S/L	2,032	-	2,032
3/7/16	Glass Replacement	14,500	5	S/L	14,500	-	14,500
3/7/16	Interior Design Contract	70,000	5	S/L	70,000	-	70,000
3/9/16	Replace 4th Floor Ceiling	19,575	7	S/L	16,776	2,799	19,575
3/10/16	Flushometer	1,496	5	S/L	1,496	-	1,496
3/10/16	Climate Compressor	1,607	5	S/L	1,607	-	1,607
3/14/16	Kitchen pipe and flushometer	1,676	5	S/L	1,676	-	1,676
3/20/16	Materials for new roof	13,324	7	S/L	11,418	1,906	13,324
3/21/16	Update Wet Sprinkler System	2,014	5	S/L	2,014	-	2,014
3/22/16	Flat Roof Partial Payment	26,500	7	S/L	22,716	3,784	26,500
3/24/16	Replaced Bearing assembly in heating unit	2,341	5	S/L	2,341	-	2,341
3/27/16	Drywall repair and insulation on 4th floor	25,000	7	S/L	21,426	3,574	25,000
4/5/16	HVAC System	2,400	7	S/L	2,058	342	2,400
4/7/16	Wired Heaters and Thermostats	2,207	7	S/L	1,890	317	2,207
4/21/16	Roofing Materials	872	7	S/L	750	122	872
4/21/16	Installation of 4 new doors related relays for freight elevator	3,573	7	S/L	3,060	513	3,573
4/26/16	Work performed on 500KW emergency generator	2,425	7	S/L	2,076	349	2,425
4/29/16	50% Downpayment New Duct, connectors and damper	5,470	7	S/L	4,686	784	5,470
5/2/16	Stairwell Wall Insulation	15,000	7	S/L	12,858	2,142	15,000
5/4/16	Magnetic lock and door strike	4,451	5	S/L	4,451	-	4,451
5/4/16	Fire Alarm Service	5,668	7	S/L	4,860	808	5,668
5/10/16	Locate all shut-off valves 2nd and 3rd floor - Replace faucet	5,000	5	S/L	5,000	-	5,000
5/17/16	New 8,000 sqft Roof	4,000	7	S/L	3,426	574	4,000
5/20/16	Definity Console	1,426	5	S/L	1,426	-	1,426
5/24/16	HVAC System	20,000	7	S/L	17,142	2,858	20,000
5/24/16	Roofing Materials	11,986	7	S/L	10,272	1,714	11,986
5/31/16	Exterior Power Washing	6,328	5	S/L	6,328	-	6,328
6/7/16	Update Elevator 6 key switches, button and jewels/light	4,903	7	S/L	4,200	703	4,903
6/7/16	Robear MP LLC	5,000	5	S/L	5,000	-	5,000
6/9/16	Landscape Contract	1,800	3	S/L	1,800	-	1,800
6/19/16	Materials for projects	4,886	5	S/L	4,886	-	4,886
6/19/16	Repair 7500 sq feet of flat roof	22,500	7	S/L	19,284	3,216	22,500
6/22/16	HD Camera System Project	11,450	5	S/L	11,450	-	11,450
6/23/16	HVAC System	20,000	7	S/L	17,142	2,858	20,000
6/24/16	Repair Exhaust Fans	3,382	7	S/L	2,898	484	3,382
6/24/16	Repair Chiller Condensser 1 and 2	14,812	7	S/L	12,696	2,116	14,812
6/28/16	New Capacitot and Motor	2,213	7	S/L	1,896	317	2,213
7/1/16	Landscape Contract 3rd Installment	1,800	3	S/L	1,800	-	1,800
7/7/16	Terminal package - replace terminal for telephone system	1,275	3	S/L	1,275	-	1,275
7/11/16	Lobby Rending	2,000	5	S/L	2,000	-	2,000
7/14/16	New Breaker Installation	6,250	5	S/L	6,250	-	6,250
7/15/16	Sketch Deposit	1,000	3	S/L	1,000	-	1,000
7/19/16	Repair ceiling and drywall due to leak 3rd floor 3 rooms	22,670	7	S/L	19,434	3,236	22,670
7/21/16	Security Doors	3,100	7	S/L	2,658	442	3,100
7/22/16	Removal and replacement of A/C Units and Heat Pumps	2,856	7	S/L	2,448	408	2,856
7/26/16	Loading Dock Doors	4,676	7	S/L	4,008	668	4,676
7/27/16	Interior Design Fee	22,500	5	S/L	22,500	-	22,500
8/2/16	Exterior Signage	45,000	5	S/L	45,000	-	45,000
8/9/16	Water Cource Heat Pumps x3	8,072	7	S/L	6,918	1,154	8,072
8/18/16	Roof Repair	35,014	10	S/L	21,006	3,501	24,507
8/31/16	Plumbing faucets	2,316	3	S/L	2,316	-	2,316
9/2/16	Processor Voicemail System	3,700	3	S/L	3,700	-	3,700
9/10/16	Ceiling and wall replacement on 1st Floor	58,330	7	S/L	49,998	8,332	58,330
9/16/16	Plumbing Water Heater and Aquastat	3,280	5	S/L	3,280	-	3,280
9/19/16	Mounting all purchased TV's	2,550	3	S/L	2,550	-	2,550
9/20/16	Site Measurements and floor plans	5,120	7	S/L	4,386	734	5,120
9/21/16	25 LED TV	3,200	3	S/L	3,200	-	3,200
9/21/16	25 LED HDTV	3,000	3	S/L	3,000	-	3,000
9/21/16	invoices that are outstanding for flat roof due to materials paid f	(24,002)	7	S/L	(20,574)	(3,428)	(24,002)
9/22/16	Interior Design Fee	12,500	7	S/L	10,716	1,784	12,500
9/26/16	Design (Purchase Hours)	3,510	5	S/L	3,510	-	3,510
9/30/16	Evaco Cooling Tower Replacement	134,006	7	S/L	114,864	19,142	134,006
9/30/16	A/C Roof Top Unit	38,355	7	S/L	32,874	5,481	38,355
Total 2016 Leasehold Improvement Additions					929,272	102,343	1,031,616
							10,507

12/29/2016	Remove Buttons	2,691	20	S/L	675	135	810	1,881
12/8/2016	Extend Power	3,400	20	S/L	850	170	1,020	2,380
11/22/2016	Balancing Heat	15,155	20	S/L	3,790	758	4,548	10,607
12/16/2016	New Photo Eye	3,105	20	S/L	775	155	930	2,175
12/20/2016	Boiler Repairs	5,760	20	S/L	1,440	288	1,728	4,032
10/31/2016	Firestop Survey	6,300	20	S/L	1,575	315	1,890	4,410
12/6/2016	Elder Wing Piping	14,771	20	S/L	3,695	739	4,434	10,337
12/28/2016	Boiler Repairs	4,257	20	S/L	1,065	213	1,278	2,979
12/28/2016	Boiler Repairs	10,527	20	S/L	2,630	526	3,156	7,371
12/8/2016	Boiler Repairs	11,697	20	S/L	2,925	585	3,510	8,187
12/16/2016	Install 2nd Co	5,566	20	S/L	1,390	278	1,668	3,898
6/30/2017	LI	2,577,154	20	S/L	644,290	128,858	773,148	1,804,006
9/30/2017	Deduction of Assets from Insurance Proceeds	(499,803)	20	S/L	(124,950)	(24,990)	(149,940)	(349,863)
Total 2017 Leasehold Improvement Additions		2,160,580			540,150	108,030	648,180	1,512,400
6/30/2018	LI	189,783	20	S/L	37,956	9,489	47,445	142,338
6/30/2017	LI	(308,902)	20	S/L	(61,780)	(15,445)	(77,225)	(231,677)
Total 2018 Leasehold Improvement Additions		(119,119)			(23,824)	(5,956)	(29,780)	(89,339)
10/1/2018	ACCRAUL	(3,150)	20	S/L	(474)	(158)	(632)	(2,519)
10/18/2018	DEMO BRICK WALLS	7,500	20	S/L	1,125	375	1,500	6,000
11/7/2018	REPLACE NON COMPLIANT CABLES	21,000	20	S/L	3,150	1,050	4,200	16,800
11/7/2018	CEILING GRID	18,200	20	S/L	2,730	910	3,640	14,560
3/1/2018	OUTLETS FOR KIOSKS	3,150	20	S/L	474	158	632	2,519
9/28/2018	INSTALL SUMP PUMP	851	20	S/L	129	43	172	679
12/1/2018	DEMO LAUNDRY WALL	1,000	20	S/L	150	50	200	800
10/31/2018	FENCE	3,600	15	S/L	720	240	960	2,640
12/10/2018	REMOUNT SMOKE DETECTORS TO NEW CEILING	444	20	S/L	66	22	88	356
10/5/2018	AIR HANDLER	11,000	15	S/L	2,199	733	2,932	8,068
11/13/2018	CREDIT FOR SAUCIER	(968)	20	S/L	(144)	(48)	(192)	(776)
11/21/2018	DIFFUSERS & RETURN GRILLS	2,030	20	S/L	306	102	408	1,623
12/31/2018	CREDIT FOR SAUCIER	(770)	20	S/L	(114)	(38)	(152)	(617)
11/25/2018	COVE BASE, DOOR LEVERS	1,470	20	S/L	222	74	296	1,175
12/10/2018	STAINLESS STEEL KICKPLATES	1,560	20	S/L	234	78	312	1,248
12/19/2018	ROOM SIGNS	2,107	20	S/L	315	105	420	1,686
12/27/2018	COVE BASE, DOOR LEVERS	1,530	20	S/L	231	77	308	1,223
10/5/2018	HEAT PUMPS	4,900	15	S/L	981	327	1,308	3,592
10/18/2018	RELOCATE FRONT DESK TO TEMPORARY LOCATION	750	20	S/L	114	38	152	599
10/9/2018	RELOCATE SECURITY PANELS	742	20	S/L	111	37	148	594
10/18/2018	BACKFLOW PREVENTER	4,944	20	S/L	741	247	988	3,956
11/13/2018	COOL STUFF	968	20	S/L	144	48	192	776
12/4/2018	STEAM BOILER BLOW DOWN VALVES	2,495	20	S/L	375	125	500	1,995
10/31/2018	NEW OUTLETS	2,156	15	S/L	432	144	576	1,581
12/13/2018	NEW OUTLETS	1,270	15	S/L	255	85	340	930
5/9/2019	SKYLIGHT FLASHING	7,000	20	S/L	1,050	350	1,400	5,600
5/9/2019	SKYLIGHT FLASHING	(667)	20	S/L	(99)	(33)	(132)	(534)
5/13/2019	SKYLIGHT GLASS	980	20	S/L	147	49	196	784
7/31/2019	DEPOSIT ON ELEVATOR DOOR	3,056	20	S/L	459	153	612	2,444
6/19/2019	FLOORING & COVE BASE	5,481	20	S/L	822	274	1,096	4,385
9/12/2019	WALL IN PARKING LOT	6,000	20	S/L	900	300	1,200	4,800
5/14/2019	REWIRE ELEVATOR, DETECTOR, SMOKE DETECTORS	9,321	20	S/L	1,398	466	1,864	7,457
5/14/2019	DUCT DETECTOR & LINES	3,222	20	S/L	483	161	644	2,578
5/21/2019	TEST FIRE ALARM DEVICES	5,911	20	S/L	888	296	1,184	4,727
8/23/2019	REMOUNT SMOKES AFTER RENOVATION	1,607	20	S/L	240	80	320	1,287
1/25/2019	FROM ASCENTIUM CAPITAL - BSD	(21,571)	20	S/L	(3,237)	(1,079)	(4,316)	(17,255)
02/12/2019	FROM ASCENTIUM CAPITAL - GATEWAY	(80,457)	20	S/L	(12,069)	(4,023)	(16,092)	(64,365)
4/15/2019	FROM ASCENTIUM CAPITAL - GATEWAY	(160,914)	20	S/L	(24,138)	(8,046)	(32,184)	(128,731)
7/3/2019	REIMBURSED FROM ASCENTIUM	(65,000)	20	S/L	(9,750)	(3,250)	(13,000)	(52,000)
7/12/2019	REIMBURSED FROM ASCENTIUM	(80,000)	20	S/L	(12,000)	(4,000)	(16,000)	(64,000)
3/31/2019	EXIT DEVICES	2,850	20	S/L	429	143	572	2,279
3/28/2019	ROOF DRAINS	2,250	20	S/L	339	113	452	1,799
9/5/2019	ROOF (DEPOSIT??)	64,773	20	S/L	9,717	3,239	12,956	51,818
3/20/2019	HEAT PUMPS DEPOSIT	21,144	15	S/L	4,230	1,410	5,640	15,504
2/14/2019	GFCI OUTLETS, OC SENSORS	2,800	20	S/L	420	140	560	2,240
2/14/2019	REIMBURSED FROM ASCENTIUM	80,457	20	S/L	12,069	4,023	16,092	64,365
4/18/2019	QUAD OUTLETS, DEDICATED LINE	1,900	20	S/L	285	95	380	1,520
5/6/2019	EMERGENCY LIGHTING BACKUP	10,104	20	S/L	1,515	505	2,020	8,084
5/6/2019	BASEBOARD HEATER COVERS	1,400	20	S/L	210	70	280	1,120
6/30/2019	RENOVATION COMPLETION	80,000	20	S/L	12,000	4,000	16,000	64,000
7/2/2019	RENOVATION 90%	65,000	20	S/L	9,750	3,250	13,000	52,000
5/22/2019	TILES FOR SHOWER ROOM	1,100	20	S/L	165	55	220	880
5/24/2019	TILES FOR SHOWER ROOM	290	20	S/L	42	14	56	233
4/11/2019	ELEVATOR MODERNIZATION	18,806	20	S/L	2,820	940	3,760	15,046
8/9/2019	ELEVATOR MODERNIZATION	18,806	20	S/L	2,820	940	3,760	15,046
8/22/2019	ELEVATOR MODERNIZATION	18,806	20	S/L	2,820	940	3,760	15,046
9/5/2019	ELEVATOR MODERNIZATION	4,703	20	S/L	705	235	940	3,763
6/13/2019	KEY DOOR LEVERS	450	20	S/L	69	23	92	359
6/12/2019	NEW KEYPAD	815	20	S/L	123	41	164	651
5/28/2019	EGRESS LOCK SYSTEM	3,658	20	S/L	549	183	732	2,926
6/12/2019	NEW KEYPAD	815	20	S/L	123	41	164	651
5/1/2019	REPLACE CONDENSOR FAN MOTOR	879	20	S/L	132	44	176	703
5/14/2019	BOILER OVERHAUL	9,500	20	S/L	1,425	475	1,900	7,600
6/24/2019	DEPOSIT ON MINI SPLIT ELEVATOR ROOM	2,565	20	S/L	384	128	512	2,053
8/2/2019	DEPOSIT INSULATE GENERATOR EXHAUST	2,825	20	S/L	423	141	564	2,281
8/7/2019	DEPOSIT MAIN DUCT TO GENERTOR	6,800	20	S/L	1,020	340	1,360	5,440

5/31/2019	CONDUIT & WIRE FOR ELEVATOR ROOM	9,018	20	S/L	1,353	451	1,804	7,214
7/15/2019	REPLACE BROKEN GLASS	890	20	S/L	135	45	180	711
7/15/2019	FINAL PAYMENT ON GLASS	5,849	20	S/L	876	292	1,168	4,681
9/10/2019	WINDOW HARDWARE	7,264	20	S/L	1,089	363	1,452	5,811
3/18/2019	THERAPY ENTRANCE DOOR	6,562	20	S/L	984	328	1,312	5,250
3/20/2019	DESIGN WORK	2,065	20	S/L	309	103	412	1,653
1/30/2019	NEW SPRINKLER HEADS	1,669	20	S/L	249	83	332	1,336
8/28/2019	Cool Stuff Inc	21,144	20	S/L	3,171	1,057	4,228	16,915
3/21/2019	BALANCE OF HEAT PUMPS	(380)	20	S/L	(57)	(19)	(76)	(304)
4/8/2019	REIMBURSED FROM ASCENTIUM	160,914	20	S/L	24,138	8,046	32,184	128,731
1/10/2019	PTRAP COVERS	569	20	S/L	84	28	112	457
2/5/2019	FAUCETS, SINKS	890	15	S/L	177	59	236	653
3/6/2019	FLOORING	235	10	S/L	69	23	92	142
1/4/2019	PHOTO EYES	5,840	20	S/L	876	292	1,168	4,672
1/24/2019	ELEVATOR MODERNIZATION	23,507	20	S/L	3,525	1,175	4,700	18,807
1/23/2019	DOOR EQUIPMENT	2,500	20	S/L	375	125	500	2,000
1/2/2019	CIRCULATOR PUMP	2,257	20	S/L	339	113	452	1,805
1/10/2019	FLUE PIPING	745	20	S/L	111	37	148	597
1/10/2019	DISH MACHINE EXHAUST	3,400	10	S/L	1,020	340	1,360	2,040
1/15/2019	REPIPE KITCHEN SINK	645	10	S/L	192	64	256	388
1/25/2019	RADIATOR VALVE	703	10	S/L	210	70	280	423
1/28/2019	NEW WIRING	959	15	S/L	192	64	256	703
1/31/2019	NEW WIRING	1,454	15	S/L	291	97	388	1,066
2/5/2019	CONDENSATE TRAP	770	20	S/L	114	38	152	617
2/19/2019	HOT WATER TANK	5,813	20	S/L	873	291	1,164	4,649
2/26/2019	EXHAUST FANS	6,000	20	S/L	900	300	1,200	4,800
3/11/2019	BURNER FOR BOILER	3,365	20	S/L	504	168	672	2,693
3/13/2019	NEW POWER FEED	888	20	S/L	132	44	176	711
3/19/2019	NEW BEARING & PRESSURE REDUCING VALVE	2,905	20	S/L	435	145	580	2,325
3/19/2019	BLOWER MOTOR	760	20	S/L	114	38	152	608
3/20/2019	AUTO FEEDER	498	20	S/L	75	25	100	398
3/21/2019	MOTOR FOR PUMP	4,939	10	S/L	1,482	494	1,976	2,963
4/19/2019	EXHAUST FANS	7,685	20	S/L	1,152	384	1,536	6,149
9/11/2019	MIXING VALVES	1,573	20	S/L	237	79	316	1,257
1/24/2019	REPLACE ELEVATOR TRANSFORMERS	4,800	20	S/L	720	240	960	3,840
1/21/2019	NEW FAX LINE, VOICE LINE	557	20	S/L	84	28	112	445
9/30/2019	FROMCIP	741,187	20	S/L	111,177	37,059	148,236	592,951
3/20/2019	LOAD BANK	2,499	20	S/L	375	125	500	1,999
8/21/2019	NEW CABLE RUNS	851	15	S/L	171	57	228	623
8/12/2019	SHORTENED DUCTS	680	20	S/L	102	34	136	544
8/12/2019	REPLACE DRAIN PANS	765	20	S/L	114	38	152	613
8/13/2019	MINI SPLIT FOR MACHINE ROOM	3,140	20	S/L	471	157	628	2,512
8/23/2019	WIRE MINI SPLIT	3,188	20	S/L	477	159	636	2,551
9/3/2019	REPLACE DRAIN PANS	765	10	S/L	231	77	308	458
4/11/2019	RESELECTIONS	706	20	S/L	105	35	140	566
6/12/2019	RESELECTIONS	578	20	S/L	87	29	116	462
8/5/2019	SIGHT GUARDS	1,200	20	S/L	180	60	240	960
9/30/2019	BALANCE OF GATEWAY PREPAID	84,555	20	S/L	12,684	4,228	16,912	67,643
9/30/2019	ACCRUAL ACCURATE COMMERCIAL DOOR	3,250	20	S/L	489	163	652	2,599
9/30/2019	ACCRUAL SAUCIER MECHANICAL	2,825	20	S/L	423	141	564	2,261
9/30/2019	ACCRUAL SAUCIER MECHANICAL	13,200	20	S/L	1,980	660	2,640	10,560

Total 2019 Leasehold Improvement Additions 1,304,881 199,746 66,582 266,328 1,038,553

10/1/2019	ACCRUAL	(3,250)	20	S/L	(326)	(163)	(489)	(2,761)
10/1/2019	ACCRUAL	(2,825)	20	S/L	(282)	(141)	(423)	(2,402)
10/1/2019	ACCRUAL	(13,200)	20	S/L	(1,320)	(660)	(1,980)	(11,220)
12/12/2019	REIMBURSED FROM ASCENTIUM	(24,689)	20	S/L	(2,468)	(1,234)	(3,702)	(20,987)
11/8/2019	COVE BASE	1,230	20	S/L	124	62	186	1,044
10/4/2019	BALANCE OF ELEVATOR DOOR	3,250	20	S/L	326	163	489	2,761
10/25/2019	NEW STROBES	2,401	20	S/L	240	120	360	2,041
11/30/2019	WALKWAY	1,800	20	S/L	180	90	270	1,530
11/25/2019	FINAL BALANCE OF RENOVATIONS	15,914	20	S/L	1,592	796	2,388	13,526
11/25/2019	LIGHTS	1,700	20	S/L	170	85	255	1,445
11/25/2019	KITCHEN DOOR	1,375	20	S/L	138	69	207	1,168
11/26/2019	BASEBOARD HEATER COVERS	1,400	20	S/L	140	70	210	1,190
12/5/2019	STARIGHTEN STRIKE JAM, PHOTO EYE	6,300	20	S/L	630	315	945	5,355
12/27/2019	HEAT PUMPS	5,150	20	S/L	516	258	774	4,376
12/31/2019	CABLING FOR GYM	4,126	20	S/L	412	206	618	3,508
10/1/2019	CONDENSOR FAN MOTOR	3,160	20	S/L	316	158	474	2,686
10/1/2019	CONDENSOR FAN MOTOR	2,800	20	S/L	280	140	420	2,380
10/7/2019	ELEVATOR LIGHT, CONDUIT & WIRE	1,636	20	S/L	164	82	246	1,390
11/25/2019	NEW DOORWAY	875	20	S/L	88	44	132	743
10/4/2019	EXTRA VENT	961	20	S/L	96	48	144	817
10/4/2019	MIXING VALVE	1,186	20	S/L	118	59	177	1,009
10/4/2019	GENERATOR MUFFLER INSULATION	2,825	20	S/L	282	141	423	2,402
10/4/2019	COOLING TOWER MAIN DUCT	13,200	20	S/L	1,320	660	1,980	11,220
10/4/2019	SPRAY PUMP MOTOR	4,570	20	S/L	458	229	687	3,883
12/4/2019	EXPAND SPRINKLERS	2,671	20	S/L	268	134	402	2,269
9/2/2020	ELEVATOR RECALL INSTALLED	3,500	20	S/L	350	175	525	2,975
9/30/2020	WALL PROTECTOR	10,750	20	S/L	1,076	538	1,614	9,136
7/14/2020	ELEVATOR MODERNIZATION	22,500	20	S/L	2,250	1,125	3,375	19,125
7/21/2020	DOOR OPERATOR	9,496	20	S/L	950	475	1,425	8,071
7/24/2020	EXPANSION TANK	4,895	20	S/L	490	245	735	4,160
9/11/2020	1ST INSTALLMENT OF HOT WATER TANK	5,930	20	S/L	594	297	891	5,039
9/17/2020	BASEMENT SUMP PUMP	1,640	20	S/L	164	82	246	1,394

1/2/2018	SEE PRIOR PERIOD LIST	408	20	S/L	40	20	60	348
1/15/2018	SEE PRIOR PERIOD LIST	1,670	20	S/L	168	84	252	1,418
1/26/2018	SEE PRIOR PERIOD LIST	3,000	20	S/L	300	150	450	2,550
1/26/2018	SEE PRIOR PERIOD LIST	340	20	S/L	34	17	51	289
4/27/2018	SEE PRIOR PERIOD LIST	6,706	20	S/L	670	335	1,005	5,701
1/20/2020	INSTALL PTACS	4,678	20	S/L	468	234	702	3,976
1/31/2020	NEW ROOF	43,182	20	S/L	4,318	2,159	6,477	36,705
1/31/2020	NEW ROOF	43,182	20	S/L	4,318	2,159	6,477	36,705
2/28/2020	NEW ROOF	43,182	20	S/L	4,318	2,159	6,477	36,705
7/20/2020	NEW ANSUL COMPRESSED CYLINDERS	5,800	20	S/L	580	290	870	4,930
4/22/2020	PHOTOEYE	5,460	20	S/L	546	273	819	4,641
5/8/2020	ELEVATOR MODERNIZATION	45,000	20	S/L	4,500	2,250	6,750	38,250
1/7/2020	COVE BASE	1,305	20	S/L	130	65	195	1,110
1/13/2020	WALL GUARD	3,650	20	S/L	366	183	549	3,101
2/19/2020	WALL GUARD	4,400	20	S/L	440	220	660	3,740
3/31/2020	HEAT PUMPS	7,725	20	S/L	772	386	1,158	6,567
1/6/2020	REPLACE BEARING ASSEMBLY	3,031	20	S/L	304	152	456	2,575
1/7/2020	MOP SINK FAUCETS	1,700	20	S/L	170	85	255	1,445
1/16/2020	REPLACE DRAINAGE PIPE	3,541	20	S/L	354	177	531	3,010
1/21/2020	REPLACE GAS VALVES	2,650	20	S/L	266	133	399	2,251
2/7/2020	REPLACE CIRCULATOR PUMPS	2,945	20	S/L	294	147	441	2,504
1/15/2020	TRACE/LABEL CIRCUITS IN RENOVATION	8,681	20	S/L	868	434	1,302	7,379
5/6/2020	REPAIR MAIN BREAKER	6,452	20	S/L	646	323	969	5,483
12/27/2017	SEE PRIOR PERIOD LIST	(5,801)	20	S/L	(580)	(290)	(870)	(4,931)
3/3/2020	NEW WINDOW	850	20	S/L	86	43	129	721
8/19/2020	METAL DOOR	651	20	S/L	66	33	99	552
9/30/2020	ACCRUAL	29,500	20	S/L	2,950	1,475	4,425	25,075
9/30/2020	ACCRUAL	5,930	20	S/L	594	297	891	5,039
Total 2020 Leasehold Improvement Additions		373,095			37,322	18,661	55,983	317,112

12/8/2020	Gutters	4,000	20	S/L	200	200	400	3,600
12/4/2020	Elevator inspection	1,061	3	S/L	354	354	708	353
10/26/2020	Steam converter reset	1,310	10	S/L	131	131	262	1,048
11/24/2020	Storage tank	1,320	20	S/L	66	66	132	1,188
10/12/2020	New line & receptacle	1,014	15	S/L	68	68	136	878
12/31/2020	Steam converter reset	1,605	10	S/L	161	161	322	1,283
8/5/2021	Drywall replacement	3,669	20	S/L	183	183	366	3,303
7/7/2021	Install carpet	8,699	5	S/L	1,740	1,740	3,480	5,219
4/29/2021	Boiler	25,917	20	S/L	1,296	1,296	2,592	23,325
1/18/2021	Final inspection	1,557	3	S/L	519	519	1,038	519
6/1/2021	Replace mixing valve	1,075	10	S/L	108	108	216	859
5/15/2021	Install roof drain system	2,100	10	S/L	210	210	420	1,680
1/13/2021	Piston packing	4,740	20	S/L	237	237	474	4,266
3/4/2021	Piston packing	4,740	20	S/L	237	237	474	4,266
4/29/2021	Hinge rollers	9,048	20	S/L	452	452	904	8,144
3/4/2021	Wall guards	4,435	20	S/L	222	222	444	3,991
5/11/2021	Tiles	8,835	20	S/L	442	442	884	7,951
3/1/2021	Heat pumps	5,390	10	S/L	539	539	1,078	4,312
5/20/2021	Parking lot sealing	5,775	8	S/L	722	722	1,444	4,331
6/30/2021	Parking lot sealing	10,725	8	S/L	1,341	1,341	2,682	8,043
3/12/2021	Replace boiler head mechanism	2,751	20	S/L	138	138	276	2,475
5/14/2021	Replace seals on pump	1,934	10	S/L	193	193	386	1,548
7/15/2021	Expansion tank - 1st Pmt	2,735	20	S/L	137	137	274	2,461
8/9/2021	Expansion tank - 2nd Pmt	3,345	20	S/L	167	167	334	3,011
1/7/2021	New lines for elevator	5,910	20	S/L	296	296	592	5,318
11/1/2020	Install of new phone line in building	1,508	10	S/L	151	151	302	1,206
9/30/2020	ACCRUAL REVERSAL	(4,500)	20	S/L	(225)	(225)	(450)	(4,050)
Total 2021 Leasehold Improvement Additions / Disposals		120,698			10,085	10,085	20,170	100,528

11/26/2021	INSTALL LINE FOR CAR CHARGER	2,875	15	S/L	-	192	192	2,683
6/25/2021	INSTALL EGRESS LOCK, KEY PAD	2,393	10	S/L	-	239	239	2,154
10/5/2021	ELEVATOR GOVERNOR ROPE, SAFETY INSPECTION	9,600	20	S/L	-	480	480	9,120
4/20/2021	MODIFY LARGE BEDROOMS PROJECT	250,000	20	S/L	-	12,500	12,500	237,500
1/31/2021	MBH ARCHITECTURE	7,358	20	S/L	-	368	368	6,990
5/31/2021	BED CONVERSION DOCS	1,892	20	S/L	-	95	95	1,797
3/11/2021	APPLICATION FEE	565	20	S/L	-	28	28	537
2/7/2022	NEW CEILING IN MACHINE ROOM	4,807	20	S/L	-	240	240	4,567
1/22/2022	BASEBOARD HEATERS	3,090	15	S/L	-	206	206	2,884
1/29/2022	WALL HEATERS	3,616	15	S/L	-	241	241	3,375
5/30/2022	NEW COMPRESSOR	12,795	12	S/L	-	1,066	1,066	11,729
9/27/2022	CARPETING	2,005	5	S/L	-	401	401	1,604
2/28/2022	REPLACE WATER HOSES	6,783	10	S/L	-	678	678	6,105
9/12/2022	NEW STEAM TRAP	4,613	15	S/L	-	308	308	4,305
4/25/2022	INSTALL NEW KITCHEN SINK	6,347	20	S/L	-	317	317	6,030
2/8/2022	DEPOSIT ON NEW ROOF	71,750	20	S/L	-	3,588	3,588	68,162
3/2/2022	PERMIT FOR ROOF	5,497	20	S/L	-	275	275	5,222
5/5/2022	BALANCE ON ROOF	218,770	20	S/L	-	10,939	10,939	207,831
1/10/2022	REPLACE ROILER, FILE TRACKS	5,249	10	S/L	-	525	525	4,724
7/26/2022	REPLACE ROLLERS	2,786	10	S/L	-	279	279	2,507
1/21/2022	HEAT PUMPS	12,613	10	S/L	-	1,261	1,261	11,352
1/17/2022	REPLACE UV CONTROLS ON BOILER	3,611	10	S/L	-	361	361	3,250
2/9/2022	1ST PMT BEARING ASSEMBLY	2,260	10	S/L	-	226	226	2,034
2/9/2022	1ST PMT ON STARTER	2,645	10	S/L	-	265	265	2,380
3/14/2022	BEARING ASSEMBLY	4,341	10	S/L	-	434	434	3,907
3/16/2022	FRESH AIR ACTUATOR	2,175	10	S/L	-	218	218	1,957

9/7/2022	FINAL BAL ON STARTER	2,645	10	S/L	-	265	265	2,380
9/7/2022	FINAL BAL ON BEARING ON PUMP	2,288	10	S/L	-	229	229	2,059
8/18/2022	REPAIR/PAINT SOFFITS, VENT PIPES	4,467	20	S/L	-	223	223	4,244
8/31/2022	REPAIR/PAINT SOFFITS, VENT PIPES	10,422	20	S/L	-	521	521	9,901
3/31/2022	KITCHEN SINK	1,863	20	S/L	-	93	93	1,770
12/20/2021	INSTALL BOILER	32,290	10	S/L	-	3,229	3,229	29,061
1/7/2022	REPLACE HOSES ON HEAT PUMPS	1,585	10	S/L	-	159	159	1,426
1/18/2022	REPLACE HOSES ON HEAT PUMPS	2,122	10	S/L	-	212	212	1,910
5/16/2022	HIGH TEMP SPRINKLER HEADS	4,474	15	S/L	-	298	298	4,176
4/5/2022	BEARING ASSEMBLY - 1ST PMT	2,288	10	S/L	-	229	229	2,059
5/19/2022	FINAL BAL ON BEARING ON PUMP	2,260	10	S/L	-	226	226	2,034
Total 2022 Leasehold Improvement Additions / Disposals		717,140			-	41,414	41,414	675,726

Total Leasehold Improvements	6,660,433	2,443,175	403,732	2,846,907	3,813,525
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MOVEABLE EQUIPMENT								
7/29/2011	Accounting Software	20,423	3	S/L	20,423	-	20,423	-
8/17/2011	5 - Timedclocks	17,183	10	S/L	17,183	-	17,183	-
8/19/2011	Labeling Machine for Clothes	1,626	10	S/L	1,626	-	1,626	-
8/26/2011	5 - Beds	6,580	12	S/L	5,534	548	6,082	498
8/29/2011	6 - Washers	47,538	10	S/L	47,538	-	47,538	-
8/30/2011	Various Equipment for Dietary	24,492	10	S/L	24,492	-	24,492	-
8/30/2011	5 - Bedside Tables	791	10	S/L	791	-	791	-
8/11/2011	4 - Beds	5,264	12	S/L	4,449	439	4,888	377
8/11/2011	1 - Bed	1,316	12	S/L	1,113	110	1,223	93
Total 2011 Equipment Additions		125,214			123,150	1,097	124,247	967
9/1/2011	Equip from 2011 that s/b LHI	(5,990)	10	S/L	(5,990)	-	(5,990)	-
10/27/11	Camduction Base Charger	8,971	5	S/L	7,177	1,794	8,971	-
11/22/11	Fire Extinguishers	2,242	10	S/L	2,049	193	2,242	-
11/30/11	1 - Stepper 1 - Swivel Set	8,050	10	S/L	7,380	670	8,050	-
12/12/11	1 - Electric Bed	1,405	12	S/L	1,077	328	1,405	-
12/15/11	Heavy-Duty Griddle - 6 Burners	3,618	10	S/L	3,332	285	3,618	-
12/20/11	4 - Patient Lifts, 2 - Digital Scales	9,304	10	S/L	8,578	726	9,304	-
12/20/11	1 - Milnor 95-100 lb Tumble Dryer	7,960	10	S/L	7,341	620	7,960	-
12/21/11	3 - Computers	1,950	3	S/L	1,950	-	1,950	-
3/3/12	Floor Buffer, Utira Speed 1500DC	1,258	5	S/L	1,258	-	1,258	-
3/1/12	Returned Dishwasher purchased in 2011	(3,000)	10	S/L	(2,826)	(174)	(3,000)	-
1/28/12	Wood Chest and Nightstand	1,787	10	S/L	1,669	118	1,787	-
4/24/12	1 - Electric Bed w/ Side Rails	1,650	12	S/L	1,318	138	1,456	194
4/24/12	10 - Electric Beds w/ Side Rails	10,685	12	S/L	8,517	890	9,407	1,278
8/22/12	Security Equipment, Cameras, Monitor, Recorder	5,248	5	S/L	5,248	-	5,248	-
Total 2012 Equipment Additions		55,138			48,077	5,588	53,665	1,472
12/31/12	10 - Electric Beds	12,985	12	S/L	9,469	1,082	10,551	2,434
5/30/2013	36 Oxygen Concentrators	17,245	10	S/L	14,379	1,724	16,103	1,141
6/25/2013	Meal Delivery Cart	2,798	10	S/L	2,315	280	2,595	204
4/22/2013	Office Furniture	3,434	10	S/L	2,898	343	3,241	193
5/16/2013	6 - Bedside cabinets	1,248	10	S/L	1,047	125	1,172	76
9/30/2013	2 Bariatric beds and mattresses	2,174	12	S/L	1,449	181	1,630	545
Total 2012 Equipment Additions		39,884			31,555	3,735	35,290	4,594
10/8/2013	Smart Therm Base	2,233	5	S/L	2,233	-	2,233	-
12/19/2013	2 - Bariatric Bed Package	6,656	5	S/L	6,656	-	6,656	-
1/9/2014	Compact Knife Slicer	1,044	5	S/L	1,044	-	1,044	-
8/28/2014	Induction Charger	6,667	5	S/L	6,667	-	6,667	-
Total 2014 Equipment Additions		16,600			16,600	-	16,600	-
10/11/2014	2 - Bariatric Beds	8,095	12	S/L	4,725	675	5,400	2,695
2/17/2015	Low air loss Mattress	3,382	3	S/L	3,382	-	3,382	-
3/27/2015	Refrigerator swing doors 12 shelf	4,126	5	S/L	4,126	-	4,126	-
4/20/2015	Drive Bari Hi/Low LTC Bed	8,320	5	S/L	8,320	-	8,320	-
8/25/2015	Convection Oven	5,583	5	S/L	5,583	-	5,583	-
Total 2015 Equipment Additions		29,507			26,137	675	26,812	2,695
10/29/15	Slicer 14" With Guard	2,180.73	5	S/L	2,181	-	2,181	-
11/13/15	Nurse Call Management System	20,875.00	3	S/L	20,875	-	20,875	-
1/18/16	Battery Powered Lift with Low Base	1,327.79	3	S/L	1,328	-	1,328	-
1/27/16	Reliant 450 Battery Powered Lift	1,362.74	3	S/L	1,363	-	1,363	-
1/29/16	Implementation and subscription	6,364.00	3	S/L	6,364	-	6,364	-
2/1/16	Zoll AED Plus	4,390.00	3	S/L	4,390	-	4,390	-
2/9/16	Counter Top Steamers	7,590.48	3	S/L	7,590	-	7,590	-
2/12/16	Direct TV Analog Head End System	8,500.00	3	S/L	8,500	-	8,500	-
2/24/16	50% Downpayment Dish Machine	16,915.00	5	S/L	16,915	-	16,915	-
2/24/16	Computer Laptop	1,393.57	3	S/L	1,394	-	1,394	-
2/29/16	6 - Mattresses	2,790.00	3	S/L	2,790	-	2,790	-
2/29/16	Electric Bed	1,349.00	5	S/L	1,349	-	1,349	-
2/29/16	6-Electric Beds	4,440.00	5	S/L	4,440	-	4,440	-
2/29/16	Zoll AED Plus Defibrillator	4,390.00	3	S/L	4,390	-	4,390	-
3/1/16	Nurse Call Management System	1,325.56	3	S/L	1,326	-	1,326	-
3/1/16	Security System	1,202.29	3	S/L	1,202	-	1,202	-
3/1/16	Nurse Call Management System	3,245.16	3	S/L	3,245	-	3,245	-

3/1/16	Security System	30,210.74	5	S/L	30,211	-	30,211	-
3/17/16	50% Final Payment Dish Machine	12,656.00	5	S/L	12,656	-	12,656	-
3/31/16	Direct TV Analog Head End System - Cancelled	(8,500.00)	3	S/L	(8,500)	-	(8,500)	-
3/31/16	Motorola UHF Radio Walkie Talkie	1,079.63	3	S/L	1,080	-	1,080	-
3/31/16	6 - Alterpeutic Mattress with pump	2,790.00	3	S/L	2,790	-	2,790	-
3/31/16	2 - Alterpeutic Mattress with pump	930.00	3	S/L	930	-	930	-
4/21/16	Implementation Project Mahangement	927.00	3	S/L	927	-	927	-
5/3/16	New servers/PC's and Implementation	23,154.64	5	S/L	23,155	-	23,155	-
5/9/16	5 electric beds	3,700.00	5	S/L	3,700	-	3,700	-
5/31/16	Meal delivery carts	9,045.00	5	S/L	9,045	-	9,045	-
6/20/16	Implementation Project Mangement	2,374.00	3	S/L	2,374	-	2,374	-
6/30/16	Low 3 function Electric Bed	1,750.00	5	S/L	1,750	-	1,750	-
7/11/16	Computer Remote Support Setup	7,046.26	3	S/L	7,046	-	7,046	-
7/31/16	6 Electric Low Beds	4,440.00	5	S/L	4,440	-	4,440	-
7/31/16	Bariatric Electric Bed	1,349.00	5	S/L	1,349	-	1,349	-
7/31/16	Bariatric Mattress	970.00	3	S/L	970	-	970	-
7/12/16	Booster Heater	5,218.56	3	S/L	5,219	-	5,219	-
8/1/16	Desk Top Computers and Displays	2,804.92	3	S/L	2,805	-	2,805	-
8/18/16	4 Electric beds	2,960.00	5	S/L	2,960	-	2,960	-
8/19/16	8 Laptops	1,199.92	3	S/L	1,200	-	1,200	-
8/19/16	LED TV	1,279.90	3	S/L	1,280	-	1,280	-
8/19/16	25 LED HDTV	2,999.75	3	S/L	3,000	-	3,000	-
8/19/16	25 LED HDTV	2,999.75	3	S/L	3,000	-	3,000	-
9/8/16	5 electric beds	3,700.00	5	S/L	3,700	-	3,700	-
9/16/16	Facility Furniture (Bedrooms and Dining Room)	70,000.00	5	S/L	70,000	-	70,000	-
Total 2016 Equipment Additions		276,726			276,726	-	276,726	-

10/1/2016	Zoll AED	4,390	5	S/L	4,390	-	4,390	-
10/1/2016	Counter Top S	7,590	5	S/L	7,590	-	7,590	-
10/1/2016	Defibilator	11,620	5	S/L	11,620	-	11,620	-
10/1/2016	Meal Delivery Carts	12,475	5	S/L	12,475	-	12,475	-
10/1/2016	Beds - Goldland	4,440	5	S/L	4,440	-	4,440	-
10/1/2016	Beds - Goldland	2,960	5	S/L	2,960	-	2,960	-
10/1/2016	Beds - Goldland	3,700	5	S/L	3,700	-	3,700	-
10/1/2016	Alterpeutic Mattress	2,700	5	S/L	2,700	-	2,700	-
10/1/2016	HD Camera System	29,450	5	S/L	29,450	-	29,450	-
10/1/2016	Processor Voice	3,700	5	S/L	3,700	-	3,700	-
10/1/2016	Nurse Call System	3,245	5	S/L	3,245	-	3,245	-
10/1/2016	Security System	30,211	5	S/L	30,211	-	30,211	-
10/1/2016	Dishmachine	29,571	5	S/L	29,571	-	29,571	-
10/1/2016	Wall Mounts	17,410	5	S/L	17,410	-	17,410	-
10/1/2016	Processor	3,700	5	S/L	3,700	-	3,700	-
12/8/2016	Program and Install	2,854	5	S/L	2,854	-	2,854	-
6/30/2017	Equipment	48,449	5	S/L	48,449	-	48,449	-
10/1/2016	TV's - Amex	3,200	5	S/L	3,200	-	3,200	-
10/1/2016	TV's	5,550	5	S/L	5,550	-	5,550	-
10/1/2016	TV's	300	5	S/L	300	-	300	-
11/1/2016	TV's - Amex	5,999	5	S/L	5,999	-	5,999	-
6/30/2017	F&F	247,674	5	S/L	247,674	-	247,674	-
10/1/2016	Computers	7,046	5	S/L	7,046	-	7,046	-
10/1/2016	Desk Top Computers	2,805	5	S/L	2,805	-	2,805	-
10/1/2016	Matrix Subscription	6,364	5	S/L	6,364	-	6,364	-
10/1/2016	Matrix Post Goli	16,630	5	S/L	16,630	-	16,630	-
10/1/2016	Computers	2,805	5	S/L	2,805	-	2,805	-
10/1/2016	Computers	7,046	5	S/L	7,046	-	7,046	-
10/6/2016	Cisco Meraki	3,200	5	S/L	3,200	-	3,200	-
10/1/2016	Computers, Monitors	23,155	5	S/L	23,155	-	23,155	-
12/14/2016	Computers	12,175	5	S/L	12,175	-	12,175	-
6/30/2017	Computers	1,342	5	S/L	1,342	-	1,342	-
Total 2017 Equipment Additions/Disposals		563,756			563,756	-	563,756	-

6/30/2018	Computers	9,081	5	S/L	7,264	1,817	9,081	-
6/30/2018	MME	20,903	5	S/L	16,724	4,179	20,903	-
6/30/2018	F&F	20,042	5	S/L	16,032	4,010	20,042	-
6/30/2017	Computers	(1,342)	5	S/L	(1,342)	-	(1,342)	-
6/30/2017	Equipment	7,167	5	S/L	5,732	1,435	7,167	-
6/30/2017	F&F	4,274	5	S/L	3,420	854	4,274	-
Total 2018 Equipment Additions		60,125			47,830	12,295	60,125	-

11/1/2018	Computers	1,073	5	S/L	645	215	860	213
6/30/2019	Computers	2,495	5	S/L	1,497	499	1,996	499
11/1/2018	FFE	34,593	5	S/L	20,757	6,919	27,676	6,917
6/30/2019	FFE	133,644	5	S/L	80,187	26,729	106,916	26,728
11/1/2018	Movable Equipment	4,889	5	S/L	2,934	978	3,912	977
6/30/2019	Movable Equipment	21,489	5	S/L	12,894	4,298	17,192	4,297
Total 2019 Equipment Additions		198,183			118,913	39,638	158,551	39,632

11/25/2019	TV FOR THERAPY	1,685	5	S/L	674	337	1,011	674
10/17/2019	DESKS, CHAIRS	4,941	5	S/L	1,976	988	2,964	1,977
12/2/2019	DESK, FILE CABINETS, CHAIRS	5,519	5	S/L	2,208	1,104	3,312	2,207
11/25/2019	ARTWORK	4,740	5	S/L	1,896	948	2,844	1,896
2/28/2020	SAFE	733	5	S/L	293	147	440	293
1/17/2020	OFFICE FURNITURE	2,836	5	S/L	1,134	567	1,701	1,135
8/3/2020	OUTDOOR DINING CHAIRS	660	5	S/L	264	132	396	264
7/31/2020	ASCENTIUM	(50,331)	5	S/L	(20,132)	(10,066)	(30,198)	(20,133)

9/24/2020	LAPTOP	1,277	5	S/L	511	255	766	511
1/31/2020	MME=\$2,317.56 NS=\$643.50	2,961	5	S/L	1,184	592	1,776	1,185
1/31/2020	ICE MAKER	3,542	5	S/L	1,417	708	2,125	1,417
2/29/2020	MME=\$7,000.85 NS=\$1,599.69	8,601	5	S/L	3,440	1,720	5,160	3,441
3/31/2020	MME=\$19,200.00 NS=\$357.70	19,558	5	S/L	7,823	3,912	11,735	7,823
4/30/2020	MME=\$971.00 NS=\$17,436.49	18,407	5	S/L	7,363	3,681	11,044	7,363
4/30/2020	NURSING SUPPLIES	125	5	S/L	50	25	75	50
5/31/2020	MME=\$1,875.00 NS=\$457.60	2,333	5	S/L	933	467	1,400	933
6/30/2020	MME=\$4,770.00 NS=\$1,361.99	6,132	5	S/L	2,453	1,226	3,679	2,453
6/30/2020	NURSING SUPPLIES	859	5	S/L	344	172	516	343
7/31/2020	MME=\$1,900.00 NS=\$279.00	2,179	5	S/L	872	436	1,308	871
8/31/2020	MME=\$1,410.54 NS=\$99.20	1,510	5	S/L	604	302	906	604
9/30/2020	NURSING SUPPLIES	3,184	5	S/L	1,274	637	1,911	1,273
1/23/2020	METAL TRASH CANS	1,786	5	S/L	714	357	1,071	715
9/30/2020	JE #7	(27,681)	5	S/L	(11,072)	(5,536)	(16,608)	(11,073)
10/23/2019	LAPTOPS	1,946	5	S/L	778	389	1,167	779
1/31/2020	COMPUTERS	17,844	5	S/L	7,138	3,569	10,707	7,137
9/24/2020	LAPTOP	1,277	5	S/L	511	255	766	511
Total 2020 Equipment Additions		36,623			14,649	7,324	21,973	14,650
11/1/2020	Cleaning equipment	349	5	S/L	70	70	140	209
11/1/2020	Overbed table	780	15	S/L	52	52	104	676
11/1/2020	Label printer	646	10	S/L	65	65	130	516
11/1/2020	Thermal printer	187	5	S/L	37	37	74	113
11/1/2020	Hand rails	679	15	S/L	45	45	90	589
11/1/2020	Time clock	2,630	15	S/L	175	175	350	2,280
11/1/2020	Time clock	2,630	15	S/L	175	175	350	2,280
6/30/2021	Wound Vac Pump	3,720	10	S/L	372	372	744	2,976
6/30/2021	12 overbed tables	1,122	15	S/L	75	75	150	972
Total 2021 Equipment Additions		12,743			1,066	1,066	2,132	10,611
10/21/2021	BED PACKAGES	8,151	10	S/L	-	815	815	7,336
12/8/2021	3 DRAWER CHESTS	3,283	10	S/L	-	328	328	2,955
12/28/2021	FURNITURE	4,859	10	S/L	-	486	486	4,373
1/19/2022	WARDROBES	6,811	10	S/L	-	681	681	6,130
10/25/2021	FURNITURE	95,445	10	S/L	-	9,545	9,545	85,900
10/7/2021	FREEZER DOOR (1ST INSTALLMENT)	2,921	10	S/L	-	292	292	2,629
6/24/2022	FREEZER DOOR (2ND & LAST PMT)	3,570	10	S/L	-	357	357	3,213
10/20/2021	BED SPREADS	19,250	10	S/L	-	1,925	1,925	17,325
12/6/2021	BED PACKAGES	7,789	10	S/L	-	779	779	7,010
3/31/2022	VARIOUS EQUIPMENT	3,727	10	S/L	-	373	373	3,354
6/30/2022	VARIOUS EQUIPMENT	1,099	10	S/L	-	110	110	989
7/31/2022	VARIOUS EQUIPMENT	2,019	10	S/L	-	202	202	1,817
8/31/2022	VARIOUS EQUIPMENT	13,608	10	S/L	-	1,361	1,361	12,247
7/19/2022	NURSE CALL STATIONS	1,270	15	S/L	-	85	85	1,185
7/19/2022	KEY MACHINE	1,100	10	S/L	-	110	110	990
8/1/2022	PORTABLE AC UNIT	7,444	5	S/L	-	1,489	1,489	5,955
1/10/2022	PHONE LINES FOR ROOMS	1,272	10	S/L	-	127	127	1,145
1/3/2022	TV'S & CABLE RUNS (ROOM CONVERSION)	2,284	5	S/L	-	457	457	1,827
3/24/2022	TIME CLOCK	5,693	10	S/L	-	569	569	5,124
4/1/2022	PRINTER & LAPTOP	2,102	3	S/L	-	701	701	1,401
6/1/2022	LAPTOP	1,748	3	S/L	-	583	583	1,165
9/1/2022	LAPTOP	990	3	S/L	-	330	330	660
3/17/2022	LAPTOPS	1,360	3	S/L	-	453	453	907
Total 2022 Equipment Additions		197,795			-	22,158	22,158	175,637
Total Movable Equipment		\$ 1,612,294			\$ 1,268,459	\$ 93,576	\$ 1,362,035	\$ 250,259

Total Assets/Depreciation according to Cost Report	8,272,727	3,711,634	497,308	4,208,942	4,063,784
Prior Operator's Assets	2,646,227	2,201,942	176,011	2,377,953	268,274
Total Assets/Depreciation according to Trial Balance	6,364,646	264,977	1,262,124	5,102,522	
Rounding variance	-	(2)	(2)	2	
Carry forward variance	(238,346)	-	-	-	
Variance from TB	(499,800) C	3,711,636	232,331	2,946,820	(1,038,740)
		B			A

A F/S vs C/R NBV - Page 31, Line B9 of Cost Report

B F/S vs C/R Depreciation - Page 36, Line F1 of Cost Report

C Deduction of Assets from Insurance Proceeds from FY2017

1,038,740

(232,331)

(499,803)

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

Name of Facility Advanced Center for Nursing & Rehab	License No. 2434	Report for Year Ended 9/30/2022	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility
or leased from a Related Party?*

Yes

No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	226			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	12/31/20			
c. Interest Rate for the Cost Year	3.62%			
d. Term of Mortgage (number of years)	25 Years			
e. Amount of Principal Borrowed	20,000,000			
f. Principal balance outstanding as of 9/30/2022	19,158,938			

Complete if Mortgage was Refinanced

During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	19,598	19,598		
Loan interest						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	19,598	19,598		
14. Insurance						
a. Insurance on Property (buildings only)		\$	52,940	52,940		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$	306,898	306,898		
General insurance						
14d. Total Insurance Expenditures (14a + b + c)		\$	359,838	359,838		
15. Total All Expenditures (A-13 thru C-14)		\$	29,120,021	29,120,021		

D. Adjustments to Statement of Expenditures

Name of Facility Advanced Center for Nursing & Rehabilitation, LLC			License No. 2434	Report for Year Ended 9/30/2022		Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 249,199	249,199		
4.			Other - See attached Schedule	\$			
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<i>Pages 15 & 16 - Administrative and General</i>							
8.	15	1a9	Discriminatory Benefits	\$ 756	756		
9.	15	1c	Bad Debts	\$ 55,331	55,331		
10.			Accounting	\$			
10a.			Legal	\$ 18,061	18,061		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 7,522	7,522		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 2,250	2,250		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L4	Automobile Expense (e.g. personal use)	\$ 28,505	28,505		
18.	16	m3	Unallowable Advertising *	\$ 8,827	8,827		
19.	15	1k1	Income Tax / Corporate Business Tax	\$ 1,500	1,500		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 3,170	3,170		
<i>Page 18 - Dietary Expenditures</i>							
24.			Meals to employees, guests and others who are not residents	\$			
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 375,121	375,121			

* 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m9	IV training subscription	\$ 1,000		
16	m13	Non-routine bank charges	847		
16	m13	Other direct	653		
16	m13	Penalties	18		
16	m13	Employee meals	652		
Total Other A&G Adjustments			\$ 3,170	\$ -	\$ -

	<u>Amount</u>
Total Cell Phone Expense (Pg. 15, Ln. 1h2)	\$ 11,322 TB Linked
Annual Allowable amount	3,800
Disallowed Cell Phone	<u>\$ 7,522</u>

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility			License No.	Report for Year Ended		Page of	
Advanced Center for Nursing & Rehabilitation, LLC			2434	9/30/2022		29 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 375,121	375,121		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 391,444	391,444		
28.	20	5d	Ambulance/Limousine	\$ 33,354	33,354		
29.	20	5f	X-rays, etc	\$ 8,129	8,129		
30.	20	5h	Laboratory	\$ 30,847	30,847		
31.			Medical Supplies	\$			
32.		5e2	Oxygen (non emergency)	\$ 37,929	37,929		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 37,379	37,379		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 15,554	15,554		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 10,638	10,638		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest -				
			See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 940,395	940,395		

*** 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

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

	<u>Amount</u>
Total Cable TV Expense (Acct. #Marcum 107)	17,838 TB Linked
Monthly Allowable amount	\$ 600
Months in Cost Report Year	12
Total Allowable Cost	<hr/> \$ 7,200
Disallowed Cable TV	<hr/> <u>\$ 10,638</u>

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 20,319,232	20,319,232				
b. Medicaid Room and Board Contractual Allowance **	\$ (729,180)	(729,180)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 7,397,064	7,397,064				
b. Medicare Room and Board Contractual Allowance **	\$ (12,811)	(12,811)				
4. a. Private-Pay Residents and Other	\$ 1,183,370	1,183,370				
b. Private-Pay Room and Board Contractual Allowance **	\$ (294,358)	(294,358)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 3,485	3,485				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 109,769	109,769				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
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	\$ 310,623	310,623				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 273,657	273,657				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 189,629	189,629				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 89,652	89,652				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 447,831	447,831				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 341,849	341,849				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (1,597,917)	(1,597,917)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 952,719	952,719				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 28,984,614	28,984,614				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 33,117	33,117				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,931,789	2,931,789				
V. Total Other Revenue (1 thru 8)	\$ 2,964,906	2,964,906				
VI. Total All Revenue (III +V)	\$ 31,949,520	31,949,520				

* 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	Medicare A - X-Ray	\$ 7,050		
30 II 6a	Medicare A - Lab	18,336		
30 II 6a	Medicare A - Contractual Adjustment	(1,569,476)		
30 II 6a	Medicare B - Vaccines	(50)		
30 II 6a	Medicare B - Lab	436		
30 II 6a	Medicare B - Contractual Adjustment	(54,213)		
Total Other Resident Revenue - Medicare		\$ (1,597,917)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	Medicaid Cert - Current Year Adjust	\$ 951,191		
30 II 6b	Insurance Cert - X-Ray	279		
30 II 6b	Insurance Cert - Lab	1,249		
Total Other Resident Revenue		\$ 952,719	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest income - ERC	N/A	\$ 33,099		
30 IV 5	Interest income - MM		18		
Total Interest Income		\$ 33,117	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Employee Retention Credits (No disallowance necessary)	\$ 2,931,674		
30 IV 8	Prior period / Misc. (No disallowance necessary)	115		
Total Other Revenue		\$ 2,931,789	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
		9/30/2022	31 37
		Account	Amount
Assets			
A. Current Assets			
1. Cash (<i>on hand and in banks</i>)			\$ 2,956,101
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 3,939,214
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$
4. Inventories			\$ 36,386
5. Prepaid Expenses			\$ 104,927
a. Insurance	51,277		
b. Service contracts	12,137		
c. Workers comp	37,680		
d. See Schedule	3,833		
6. Interest Receivable			\$
7. Medicare Final Settlement Receivable			\$
8. Other Current Assets (<i>itemize</i>)			\$
See Schedule			
A-9. Total Current Assets (Lines A1 thru 8)			\$ 7,036,628
B. Fixed Assets			
1. Land			\$
2. Land Improvements	*Historical Cost	_____	\$
	Accum. Depreciation	_____	Net
3. Buildings	*Historical Cost	_____	\$
	Accum. Depreciation	_____	Net
4. Leasehold Improvements	*Historical Cost	6,660,433	\$ 3,813,525
	Accum. Depreciation	2,846,908	Net
5. Non-Movable Equipment	*Historical Cost	_____	\$
	Accum. Depreciation	_____	Net
6. Movable Equipment	*Historical Cost	1,612,294	\$ 250,257
	Accum. Depreciation	1,362,037	Net
7. Motor Vehicles	*Historical Cost	_____	\$
	Accum. Depreciation	_____	Net
8. Minor Equipment-Not Depreciable			\$
9. Other Fixed Assets (<i>itemize</i>)			\$ 1,838,007
FS vs CR NBV	1,038,740		
See Schedule	799,267		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 5,901,789

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
		9/30/2022	32 37
Account		Amount	
		Total Brought Forward:	\$ 12,938,417
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____	Net	\$
3. Buildings	*Historical Cost _____ Accum. Depreciation _____	Net	\$
4. Non-Movable Equipment	*Historical Cost _____ Accum. Depreciation _____	Net	\$
5. Movable Equipment	*Historical Cost _____ Accum. Depreciation _____	Net	\$
6. Motor Vehicles	*Historical Cost _____ Accum. Depreciation _____	Net	\$
7. Minor Equipment-Not Depreciable			\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost _____ Accum. Depreciation _____	Net	\$
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care (<i>itemize</i>)			\$
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ 495,281
Name and Address	Amount	Loan Date	
Related Entities	495,281		
7. Other Assets (<i>itemize</i>)			\$
See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 495,281
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 13,433,698

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

G. Balance Sheet (cont'd)

Name of Facility Advanced Center for Nursing & Rehabilitation	License No. 2434	Report for Year Ended 9/30/2022	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 1,892,140
2. Notes Payable (<i>itemize</i>)				\$
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$
Name of Lender		Purpose	Amount	Date Due
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 944,314
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 103,081
7. Medicare Final Settlement Payable				\$
8. Medicare Current Financing Payable				\$
9. Mortgage Payable (<i>Current Portion</i>)				\$
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$
11. Accrued Income Taxes*				\$
12. Other Current Liabilities (<i>itemize</i>)				\$ 2,658,956
Garnishments		(767)	Due to Medicaid NAMI .	430,000
Life Insurance		895	Due to Medicare - 1135 \	2,100,000
Resident Refunds		(2,166)		
Resident Trust		130,994	See Schedule	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 5,598,491

* 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 Advanced Center for Nursing & Rehabilitation	License No. 2434	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			\$ 5,598,491	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)			\$ 126,745	
Name of Lender	Purpose	Amount	Date Due	
Ascentium		126,745		
2. Mortgages Payable			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)			\$	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 126,745	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 5,725,236	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Advanced Center for Nursing & Rehab	2434	9/30/2022	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 4,646,632
6. Gain or Loss for Period 10/1/2021 thru 9/30/2022				\$ 3,061,830
7. Total Net Worth				\$ 7,708,462
C. Total Reserves and Net Worth				\$ 7,708,462
D. Total Liabilities, Reserves, and Net Worth				\$ 13,433,698

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Advanced Center for Nursing & Rehabilitati	2434	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ 4,646,631		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 31,949,520		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 28,887,690		
D. Net Income or Deficit				\$ 3,061,830		
E. Balance				\$ 7,708,461		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Expenses Per Page 27 \$29,120,021						
CR vs FS Depreciation (232,331)						
Total Expenses \$28,887,690						
2. Other (<i>itemize</i>)				1		
Rounding						
F-3. Total Additions				\$ 1		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ 7,708,462		

I. Preparer's/Reviewer's Certification

Name of Facility Advanced Center for Nursing &	License No. 2434	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		

Preparer/Reviewer Certification

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 <i>Matthew S Bavolack</i>	Title Principal/National Healthcare Services Leader	Date Signed 02/09/2023
Printed Name of Preparer Matthew S. Bavolack		
Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report Mark Salamon		Phone Number 718-882-6400 x217
Contact Email Address Msalamon@goldcrestcc.com		