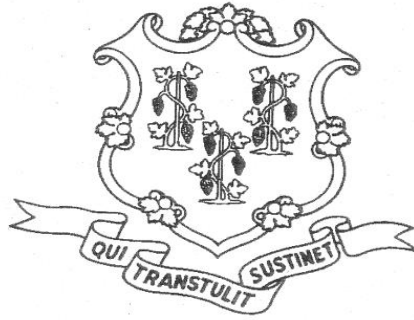


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

| | |
|--|-------------------------------------|
| Name of Facility (as licensed) St. John Paul II Care and Rehabilitation Center | |
| Address (No. & Street, City, State, Zip Code) 33 Lincoln Avenue, Danbury, CT 06810 | |
| Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify) | |
| Report for Year Beginning 10/1/2022 | Report for Year Ending 9/30/2023 |

| | | | | |
|------------------|-----------------------|-----------|-----------|------------------------------|
| License Numbers: | CCNH / RHNS 2324-C | (Specify) | (Specify) | Medicare Provider 07-5354 |
|------------------|-----------------------|-----------|-----------|------------------------------|

| | | | |
|----------------------------|----------------------|-----------|-----------|
| Medicaid Provider Numbers: | CCNH / RHNS 10678 | (Specify) | (Specify) |
|----------------------------|----------------------|-----------|-----------|

General Information

| | | | | |
|---|-------------|------------------------------------|-----------|----------|
| Name of Facility (as licensed) St. John Paul II Care and Rehabilitation Center | License No. | Report for Year Ended 9/30/2023 | Page 1 | of 37 |
|---|-------------|------------------------------------|-----------|----------|

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for _____ [facility name], for the cost report period beginning _____ and ending _____, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

| | | | | | |
|--|----------|------|---|----------------------|------|
| Signed (Administrator) | | Date | Signed (Owner) | | Date |
| Printed Name (Administrator) Aleem,Asif | | | Printed Name (Owner) Diane Morris - VP Reimbursement | | |
| Subscribed and Sworn to before me: | State of | Date | Signed (Notary Public) | Comm. Expires / / | |
| Address of Notary Public | | | | | |

(Notary Seal)

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

| Data Required for Real Wage Adjustment | | | Page 1A | of 37 |
|---|-------|------------------------------|--------------------|-----------------|
| Name of Facility St. John Paul II Care and Rehabilitation Center | | Period Covered: | From 10/1/2022 | To 9/30/2023 |
| Address of Facility 33 Lincoln Avenue, Danbury, CT 06810 | | | | |
| Report Prepared By Rick Fink | | Phone Number 410-494-7657 | Date 12/28/2023 | |
| Item | Total | CCNH / RHNS | (Specify) | (Specify) |
| 1. Dietary wages paid | \$ | | | |
| 2. Laundry wages paid | \$ | | | |
| 3. Housekeeping wages paid | \$ | | | |
| 4. Nursing wages paid | \$ | 4,595,174 | 4,595,174 | |
| 5. All other wages paid | \$ | 980,665 | 980,665 | |
| 6. Total Wages Paid | \$ | 5,575,839 | 5,575,839 | |
| 7. Total salaries paid | \$ | 275,608 | 275,608 | |
| 8. Total Wages and Salaries Paid (As per page 10 of Report) | \$ | 5,851,448 | 5,851,448 | |

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 203-797-9300 | | Report for Year Ended 9/30/2023 | Page 2 | of 37 |
| Name of Facility (as shown on license) St. John Paul II Care and Rehabilitation Center | | Address (No. & Street, City, State, Zip) 33 Lincoln Avenue, Danbury, CT 06810 | | |
| License Numbers: | CCNH / RHNS 2324-C | (Specify) | (Specify) | Medicare Provider No. 07-5354 |
| Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify) | | | | |
| Type of Ownership (Check appropriate box) <input type="checkbox"/> Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully. | | | | |
| Administrator | | | | |
| Name of Administrator Aleem,Asif | | Nursing Home Administrator's License No.: | 2099 | |
| Other Operators/Owners who are assistant administrators (full or part time) of this facility. | | | | |
| Name | | License No.: | | |
| | | | | |
| | | | | |
| | | | | |

**General Information and Questionnaire
 Corporate Owners**

| | | | | |
|---|-------------|------------------------------------|------------|----------|
| Name of Facility St. John Paul II Care and Rehabilitation Cent | License No. | Report for Year Ended 9/30/2023 | Page 3A | of 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 | |
|---------------------------|------------------|--------------------------------|--|
| | | | |

| Name of Directors, Officers | Business Address | Title | No. Shares Held by Each |
|-----------------------------|------------------|-------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|--|--|--|
| Names of Stockholders Owning at Least 10% of Shares | | | |
|---|--|--|--|

| | | | |
|------------------|--|--|--|
| See the attached | | | |
|------------------|--|--|--|

| | | | |
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**General Information and Questionnaire
 Related Parties***

| | | | | |
|---|-------------|------------------------------------|-----------|----------|
| Name of Facility St. John Paul II Care and Rehabilitation Center | License No. | Report for Year Ended 9/30/2023 | Page 4 | of 37 |
|---|-------------|------------------------------------|-----------|----------|

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

| Name of Related Individual or Company | Business Address | Also Provides Goods/Services to Non-Related Parties | | | Description of Goods/Services Provided | Indicate Where Costs are Included in Annual Report Page # / Line # | Cost Reported | Actual Cost to the Related Party |
|---|---|---|----------------------------------|-----|--|--|---------------|----------------------------------|
| | | Yes | No | %** | | | | |
| Genesis Administrative Services LLC | 101 East State Street, Kennett Square, PA 19348 | <input type="radio"/> | <input checked="" type="radio"/> | | Home Office | Pg 16/m12 | 804,591 | 804,591 |
| Genesis ElderCare Rehabilitation Services GRS | 101 East State Street, Kennett Square, PA 19348 | <input checked="" type="radio"/> | <input type="radio"/> | 73% | PT/OT/ST- Direct and Indirect Cost | Pg 13/B5, 9,10 | 862,933 | 862,933 |
| Genesis ElderCare Physician Services GPS_C | 101 East State Street, Kennett Square, PA 19348 | <input checked="" type="radio"/> | <input type="radio"/> | 86% | Medical Director /NP | Pg 13/B8, Pg 10/A12 | | |
| Career Staffing Carstaff_C | 101 East State Street, Kennett Square, PA 19348 | <input checked="" type="radio"/> | <input type="radio"/> | 60% | Nursing Agency/ Temporary Services | Pg 13/B11 pg 10-12, 1 | 1,432,492 | 1,432,492 |
| Respiratory Health Services NCRHS C | 101 East State Street, Kennett Square, PA 19348 | <input checked="" type="radio"/> | <input type="radio"/> | 50% | Respiratory Therapy | Pg 13/B12, Pg 20/C5E | 1,259 | 1,259 |
| Genesis Healthcare Ins Program | 101 East State Street, Kennett Square, PA 19348 | <input type="radio"/> | <input checked="" type="radio"/> | | Insurance | Pg 27/14 | 228,581 | 228,581 |
| | | <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.

General Information and Questionnaire

Basis for Allocation of Costs

| | | | | |
|---|-------------|------------------------------------|-----------|----------|
| Name of Facility St. John Paul II Care and Rehabilitation Center | License No. | Report for Year Ended 9/30/2023 | Page 5 | of 37 |
|---|-------------|------------------------------------|-----------|----------|

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire
Other Lines of Business

| | | | | |
|---|---|------------------------------------|-----------|----------|
| Name of Facility St. John Paul II Care and Rehabilitati | License No. 0 | Report for Year Ended 9/30/2023 | Page 6 | of 37 |
| Square footage of entire facility. | | 76,760 | | |
| Outpatient Therapy | | | | |
| Does the Facility provide outpatient therapy services? | | No | | |
| <i>If yes, please complete the following:</i> | | | | |
| Square footage of therapy space. | | | | |
| Meals on Wheels | | | | |
| Does the facility provide Meals on Wheels? | | No | | |
| <i>If yes, please complete the following:</i> | | | | |
| Square footage of kitchen | | | | |
| Number of meals served per week | | | | |
| No | Are meals included in meals served on page 18 of the Annual Report? | | | |
| No | Are direct costs included in the Annual Report? | | | |
| <i>If yes, please state where costs are reported.</i> | | | | |
| No | Are drivers for the program included in the facility's payroll? | | | |
| <i>If yes, please complete the following:</i> | | | | |
| Amount Reported | | | | |
| Annual Report page and line | | | | |
| Please state the salary amounts of specific cooks and/or dietary aides | | | | |
| Please state where the cooks and/or dietary aides are reported in the Annual Report | | | | |
| Apartments, Independent Living, Assisted Living | | | | |
| Does the facility have apartments, independent living, and/or assisted living? | | No | | |
| <i>If yes, please complete the following:</i> | | | | |
| Square footage of apartments | | | | |
| Square footage of independent living | | | | |
| Square footage of assisted living | | | | |
| Please identify the services provided: | | | | |

General Information and Questionnaire
Other Lines of Business (Continued)

| | | | | |
|---|------------------|------------------------------------|-----------|----------|
| Name of Facility St. John Paul II Care & | License No. 0 | Report for Year Ended 9/30/2023 | Page 7 | of 37 |
|---|------------------|------------------------------------|-----------|----------|

Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

| | |
|--|---|
| | Square footage of child day care space. |
| | Average number of daily participants. |
| | Number of meals per day provided to child day care. |
| | Nature of services provided: |
| | |

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

| | |
|--|---|
| | Square footage of adult day care space. |
| | Please state where it is located in relation to the facility. |
| | Average number of daily participants. |
| | Number of meals per day provided to adult day care. |
| | Nature of services provided: |
| | |

Schedule of Resident Statistics

| Name of Facility St. John Paul II Care and Rehabilitation Center | | | License No. | | Report for Year Ended 9/30/2023 | | | | Page 8 | of 37 | | |
|--|------------------|-------------------------|-----------------|-----------------|------------------------------------|-------------|-----------|-----------|----------------------|-------------|-----------|-----------|
| | Total All Levels | Total CCNH / RHNS Level | Total (Specify) | Total (Specify) | Period 10/1 Thru 6/30 | | | | Period 7/1 Thru 9/30 | | | |
| | | | | | Total | CCNH / RHNS | (Specify) | (Specify) | Total | CCNH / RHNS | (Specify) | (Specify) |
| 1. Certified Bed Capacity | | | | | | | | | | | | |
| A. On last day of PREVIOUS report period | 141 | 141 | | | 141 | 141 | | | | | | |
| B. On last day of THIS report period | 141 | 141 | | | | | | | 141 | 141 | | |
| 2. Number of Residents | | | | | | | | | | | | |
| A. As of midnight of PREVIOUS report period | 128 | 128 | | | 128 | 128 | | | | | | |
| B. As of midnight of THIS report period | 117 | 117 | | | | | | | 117 | 117 | | |
| 3. Total Number of Days Care Provided During Period | | | | | | | | | | | | |
| A. Medicare | 3,522 | 3,522 | | | 3,120 | 3,120 | | | 402 | 402 | | |
| B. Medicaid (Conn.) | 37,809 | 37,809 | | | 28,240 | 28,240 | | | 9,569 | 9,569 | | |
| C. Medicaid (other states) | | | | | | | | | | | | |
| D. Private Pay | 2,617 | 2,617 | | | 1,952 | 1,952 | | | 665 | 665 | | |
| E. State SSI for RCH | | | | | | | | | | | | |
| F. Other (Specify) | 1,565 | 1,565 | | | 1,298 | 1,298 | | | 267 | 267 | | |
| G. Total Care Days During Period (3A thru F) | 45,513 | 45,513 | | | 34,610 | 34,610 | | | 10,903 | 10,903 | | |
| 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 | 9 | 9 | | | 9 | 9 | | | | | | |
| 5. Total Resident Days (3G + 4A + 4B) | 45,522 | 45,522 | | | 34,619 | 34,619 | | | 10,903 | 10,903 | | |

Schedule of Resident Statistics (Cont'd)

| | | | | |
|---|-------------|------------------------------------|-----------|----------|
| Name of Facility St. John Paul II Care and Rehabilitation Center | License No. | Report for Year Ended 9/30/2023 | Page 9 | of 37 |
|---|-------------|------------------------------------|-----------|----------|

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) | (Specify) | Lost | | | Gained | | | CCNH / RHNS | (Specify) | (Specify) | |
| | (1) | (2) | (3) | (1) | (2) | (3) | (1) | (2) | (3) | CCNH / RHNS | (Specify) | (Specify) | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

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

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

| Item | Medicare | Medicaid | | Self-Pay | | | Other State Assisted | |
|---------------------------|-------------|-------------|-----------|-------------|-----------|-----------|----------------------|--------|
| | CCNH / RHNS | CCNH / RHNS | (Specify) | CCNH / RHNS | (Specify) | (Specify) | R.C.H. | ICF-MR |
| No. of Residents | 3 | 102 | | 12 | | | | |
| Per Diem Rate | | | | | | | | |
| a. One bed rm. | | | | | | | | |
| b. Two bed rms. | 717.29 | ##### | | 480.24 | | | | |
| c. Three or more bed rms. | | | | | | | | |

| 7. Total Number of Physical Therapy Treatments | TOTAL | CCNH / RHNS | (Specify) | Outpatient | (Specify) |
|--|--------|-------------|-----------|------------|-----------|
| A. Medicare - Part B | 4,929 | 4,929 | | | |
| B. Medicaid (Exclusive of Part B) | | | | | |
| 1. Maintenance Treatments | | | | | |
| 2. Restorative Treatments | 2,479 | 2,479 | | | |
| C. Other | 9,076 | 9,076 | | | |
| D. Total Physical Therapy Treatments | 16,484 | 16,484 | | | |
| 8. Total Number of Speech Therapy Treatments | | | | | |
| A. Medicare - Part B | 494 | 494 | | | |
| B. Medicaid (Exclusive of Part B) | | | | | |
| 1. Maintenance Treatments | | | | | |
| 2. Restorative Treatments | 480 | 480 | | | |
| C. Other | 1,897 | 1,897 | | | |
| D. Total Speech Therapy Treatments | 2,871 | 2,871 | | | |
| 9. Total Number of Occupational Therapy Treatments | | | | | |
| A. Medicare - Part B | 3,182 | 3,182 | | | |
| B. Medicaid (Exclusive of Part B) | | | | | |
| 1. Maintenance Treatments | | | | | |
| 2. Restorative Treatments | 2,429 | 2,429 | | | |
| C. Other | 9,213 | 9,213 | | | |
| D. Total Occupational Therapy Treatments | 14,824 | 14,824 | | | |

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

| | | | | |
|---|-------------|------------------------------------|------------|----------|
| Name of Facility St. John Paul II Care and Rehabilitation Center | License No. | Report for Year Ended 9/30/2023 | Page 10 | of 37 |
|---|-------------|------------------------------------|------------|----------|

Are time records maintained by all individuals receiving compensation? Yes No

| Item | Total Cost and Hours | | | | | | | | | |
|--|----------------------|-----------------|----------------|-----------|------------|-------|-----------|------------|-------|--|
| | CCNH / RHNS | Adjustment | Hours | (Specify) | Adjustment | Hours | (Specify) | Adjustment | 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) | 144,379 | (29,757) | 2,208 | | | | | | | |
| 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) | | | | | | | | | | |
| 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) | 342,256 | | 12,410 | | | | | | | |
| 5. Dietary Service | | | | | | | | | | |
| a. Head Dietitian | | | | | | | | | | |
| b. Food Service Supervisor | | | | | | | | | | |
| c. Dietary Workers | | | | | | | | | | |
| 6. Housekeeping Service | | | | | | | | | | |
| a. Head Housekeeper | | | | | | | | | | |
| b. Other Housekeeping Workers | | | | | | | | | | |
| 7. Repairs & Maintenance Services | | | | | | | | | | |
| a. Engineer or Chief of Maintenance | 81,016 | | 2,126 | | | | | | | |
| b. Other Maintenance Workers | 61,695 | | 2,528 | | | | | | | |
| 8. Laundry Service | | | | | | | | | | |
| a. Supervisor | | | | | | | | | | |
| b. Other Laundry Workers | | | | | | | | | | |
| 9. Barber and Beautician Services | | | | | | | | | | |
| 10. Protective Services | | | | | | | | | | |
| 11. Accounting Services | | | | | | | | | | |
| a. Head Accountant | | | | | | | | | | |
| b. Other Accountants | | | | | | | | | | |
| 12. Professional Care of Residents | | | | | | | | | | |
| a. Directors and Assistant Director of Nurses | 131,229 | | 1,824 | | | | | | | |
| b. RN | | | | | | | | | | |
| 1. Direct Care | 1,296,019 | | 24,881 | | | | | | | |
| 2. Administrative** | 102,508 | | 2,242 | | | | | | | |
| c. LPN | | | | | | | | | | |
| 1. Direct Care | 1,044,434 | | 24,535 | | | | | | | |
| 2. Administrative** | | | | | | | | | | |
| d. Aides and Attendants | 2,055,659 | | 82,396 | | | | | | | |
| e. Physical Therapists | | | | | | | | | | |
| f. Speech Therapists | | | | | | | | | | |
| g. Occupational Therapists | | | | | | | | | | |
| h. Recreation Workers | 210,614 | | 8,821 | | | | | | | |
| i. Physicians | | | | | | | | | | |
| 1. Medical Director | | | | | | | | | | |
| 2. Utilization Review | | | | | | | | | | |
| 3. Resident Care*** | | | | | | | | | | |
| 4. Other (Specify) | | | | | | | | | | |
| j. Dentists | | | | | | | | | | |
| k. Pharmacists | | | | | | | | | | |
| l. Podiatrists | | | | | | | | | | |
| m. Social Workers/Case Management | 285,085 | | 8,655 | | | | | | | |
| n. Marketing | | | | | | | | | | |
| o. Other (Specify) See Attached Schedule | 96,555 | | 4,133 | | | | | | | |
| <i>A-13. Total Salary Expenditures</i> | <i>5,851,448</i> | <i>(29,757)</i> | <i>176,760</i> | | | | | | | |

* 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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

| Position | CCNH / RHNS | | | (Specify) | | | (Specify) | | |
|------------------------------|-------------|------------|----------|-----------|------------|-------|-----------|------------|-------|
| | \$ | Adjustment | Hours | \$ | Adjustment | Hours | \$ | Adjustment | Hours |
| Coordinator-Staffing Centers | \$ 41,482 | | \$ 2,036 | | | | | | |
| Central Supply | \$ - | | \$ - | | | | | | |
| Medical Records | \$ 55,072 | | \$ 2,097 | | | | | | |
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| | | | | | | | | | |
| Total | \$ 96,555 | \$ - | 4,133 | \$ - | \$ - | - | \$ - | \$ - | - |

Schedule of Other Fees (Page 13)

| Service | CCNH / RHNS | | | (Specify) | | | (Specify) | | |
|--------------------|-------------|-------------|-------|-----------|------------|-------|-----------|------------|-------|
| | \$ | Adjustment | Hours | \$ | Adjustment | Hours | \$ | Adjustment | Hours |
| Consulting Fees | \$ 5,479 | | N/A | | | | | | |
| Purchased Services | \$ 7,150 | \$ (7,150) | N/A | | | | | | |
| Purchased Services | \$ 6,988 | \$ (6,988) | N/A | | | | | | |
| Purchased Services | \$ 1,366 | \$ (1,366) | N/A | | | | | | |
| Purchased Services | \$ 8,270 | | N/A | | | | | | |
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| | | | | | | | | | |
| Total | \$ 29,252 | \$ (15,504) | - | \$ - | \$ - | - | \$ - | \$ - | - |

- 1020620010
- 3010620020
- 3015620020
- 3155620020
- 3080620020

correct
29,252
\$ -

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

| Name of Facility | | | | License No. | | Report for Year Ended | | | Page | of |
|---|-------------|-----------|-----------|--|---------------------------------------|-----------------------|-------------------------------|--|--------------------|-----------------------|
| St. John Paul II Care and Rehabilitation Center | | | | | | 9/30/2023 | | | 11 | 37 |
| Name | Salary Paid | | | Fringe Benefits and/or Other Payments (describe fully) | Full Description of Services Rendered | Total Hours Worked | Line Where Claimed on Page 10 | Name and Address of All Other Employment** | Total Hours Worked | Compensation Received |
| | CCNH / RHNS | (Specify) | (Specify) | | | | | | | |
| Section I - Operators/Owners | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12). | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

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

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

| Name of Facility (as licensed) | | | | License No. | Report for Year Ended | | | Page | of | |
|---|-------------|-----------|-----------|--|---------------------------------------|--------------------|-------------------------------|--|--------------------|-----------------------|
| St. John Paul II Care and Rehabilitation Center | | | | | 9/30/2023 | | | 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) | (Specify) | | | | | | | |
| Section III - Administrators*** | | | | | | | | | | |
| Aleem,Asif | 127,675 | | | | Management of Center | 1,944 | 2 | | | |
| Serrano,Maria Ann | 16,704 | | | | Management of Center | 264 | 2 | | | |
| | | | | | | | | | | |
| Section IV - Assistant Administrators | | | | | | | | | | |
| | | | | | Management of Center | | 2 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

*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 |
|---|------------------|-----------------------|---------------|-----------|------------|-------|-----------|------------|-------|
| St. John Paul II Care and Rehabilitation Center | | 9/30/2023 | | | | | | 13 | 37 |
| Total Cost and Hours | | | | | | | | | |
| Item | CCNH / RHNS | Adjustment | Hours | (Specify) | Adjustment | Hours | (Specify) | Adjustment | Hours |
| *B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1) | | | | | | | | | |
| 1. Dietitian | | | | | | | | | |
| 2. Dentist | 40,630 | | 278 | | | | | | |
| 3. Pharmacist | 23,940 | | 489 | | | | | | |
| 4. Podiatrist | | | | | | | | | |
| 5. Physical Therapy | | | | | | | | | |
| a. Resident Care | 329,942 | (329,942) | 4,520 | | | | | | |
| b. Other | | | | | | | | | |
| 6. Social Worker | | | | | | | | | |
| 7. Recreation Worker | | | | | | | | | |
| 8. Physicians | | | | | | | | | |
| a. Medical Director (entire facility) | 40,176 | | 213 | | | | | | |
| 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 | 223,662 | (223,662) | 2,867 | | | | | | |
| b. Other | | | | | | | | | |
| 10. Occupational Therapist | | | | | | | | | |
| a. Resident Care | 349,512 | (349,512) | 4,788 | | | | | | |
| b. Other | | | | | | | | | |
| 11. Nurses and aides and attendants | | | | | | | | | |
| a. RN | | | | | | | | | |
| 1. Direct Care | 8,052 | (350) | 134 | | | | | | |
| 2. Administrative*** | | | | | | | | | |
| b. LPN | | | | | | | | | |
| 1. Direct Care | 1,092,456 | (47,522) | 25,796 | | | | | | |
| 2. Administrative*** | | | | | | | | | |
| c. Aides | 397,132 | (17,275) | 16,256 | | | | | | |
| d. Other | | | | | | | | | |
| 12. Other (Specify) | | | | | | | | | |
| See Attached Schedule | 29,252 | (15,504) | | | | | | | |
| B-13 Total Fees Paid in Lieu of Salaries | 2,534,753 | (983,767) | 55,341 | | | | | | |

* 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 in the Adjustment column.

*** 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 St. John Paul II Care and Rehabilitation Center | | License No. | | Report for Year Ended 9/30/2023 | | Page 14 | of 37 |
|---|--|---|----------------------------------|------------------------------------|--|------------|----------|
| Name & Address of Individual | Full Explanation of Service | Related** to Owners, Operators, Officers | | Explanation of Relationship | | | |
| | | Yes | No | | | | |
| Career Staffing | Nursing Agency | <input checked="" type="radio"/> | <input type="radio"/> | Common Ownership | | | |
| Genesis Eldercare Rehabilitation Services | Physical, Occupational, and Speech Therapy | <input checked="" type="radio"/> | <input type="radio"/> | Common Ownership | | | |
| Genesis Eldercare Physician Services | Medical Director | <input checked="" type="radio"/> | <input type="radio"/> | Common Ownership | | | |
| Genesis Eldercare Staffing Services | Nursing Pool | <input checked="" type="radio"/> | <input type="radio"/> | Common Ownership | | | |
| Respiratory Health Services | Respiratory and Oxygen Supplies | <input checked="" type="radio"/> | <input type="radio"/> | Common Ownership | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | |
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* 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 |
|--|----------------------------|-----------------------|------------|-----------|------------|-----------|------------|----|
| St. John Paul II Care and Rehabilitation Center | | 9/30/2023 | | | | | 15 | 37 |
| Item | Total Including Adjustment | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment | |
| I. Administrative and General | | | | | | | | |
| a. Employee Health & Welfare Benefits | | | | | | | | |
| 1. Workmen's Compensation | \$ 174,735 | 191,337 | (16,602) | | | | | |
| 2. Disability Insurance | \$ | | | | | | | |
| 3. Unemployment Insurance | \$ 43,284 | 43,284 | | | | | | |
| 4. Social Security (F.I.C.A.) | \$ 434,750 | 434,750 | | | | | | |
| 5. Health Insurance | \$ 220,152 | 220,152 | | | | | | |
| 6. Life Insurance (employees only) (not-owners and not-operators) | \$ | | | | | | | |
| 7. Pensions (Non-Discriminatory) (not-owners and not-operators) | \$ 259,349 | 259,349 | | | | | | |
| 8. Uniform Allowance | \$ | | | | | | | |
| 9. Other (<i>Specify</i>) See Attached Schedule | \$ 27,658 | 27,658 | | | | | | |
| b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* | \$ | | | | | | | |
| c. Bad Debts* | \$ | 422,619 | (422,619) | | | | | |
| d. Accounting and Auditing | \$ | | | | | | | |
| e. Legal (<i>Services should be fully described on Page 15b</i>) | \$ 0 | 0 | | | | | | |
| f. Insurance on Lives of Owners and Operators (<i>Specify</i>)* | \$ | | | | | | | |
| g. Office Supplies | \$ 29,772 | 29,772 | | | | | | |
| h. Telephone and Cellular Phones | | | | | | | | |
| 1. Telephone & Pagers | \$ 20,498 | 20,498 | | | | | | |
| 2. Cellular Phones | \$ 1,272 | 1,272 | | | | | | |
| i. Appraisal (<i>Specify purpose and attach copy</i>)* | \$ | | | | | | | |
| j. Corporation Business Taxes (<i>franchise tax</i>) | \$ | | | | | | | |
| k. Other Taxes (<i>Not related to property - See Page 22</i>) | | | | | | | | |
| 1. Income* | \$ | | | | | | | |
| 2. Other (<i>Specify</i>) See Attached Schedule | \$ 2,735 | 2,735 | | | | | | |
| 3. Resident Day User Fee | \$ 853,629 | 853,629 | | | | | | |
| Subtotal | \$ 2,067,834 | 2,507,055 | (439,221) | | | | | |

* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
|------------------------|-------------|------------|-----------|------------|-----------|------------|
| Union Health & Welfare | \$ - | | | | | |
| Union Health & Welfare | \$ - | | | | | |
| Union Health & Welfare | \$ - | | | | | |
| Union Health & Welfare | \$ 8,976 | | | | | |
| Union Health & Welfare | \$ 18,682 | | | | | |
| Union Health & Welfare | \$ - | | | | | |
| Union Health & Welfare | \$ - | | | | | |
| Benefit Allocations | \$ - | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | \$ 27,658 | \$ - | \$ - | \$ - | \$ - | \$ - |

| | | |
|------------|---------------------|----------|
| 1020520020 | 10205200: Union Hea | 5.57 |
| 3080520020 | 30055200: Union Hea | 327.34 |
| 3210520020 | 30805200: Union Hea | 151.77 |
| 3215520020 | 32155200: Union Hea | 5662.56 |
| 3225520020 | 32255200: Union Hea | 12980.05 |
| 5035520020 | 50355200: Union Hea | 466.59 |
| 3005520020 | | |
| 1020520060 | | |

correct

Schedule of Other Taxes

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
|--------------|-------------|------------|-----------|------------|-----------|------------|
| Sales Tax | \$ 2,735 | | | | | |
| Sales Tax | \$ - | | | | | |
| | | | | | | |
| Total | \$ 2,735 | \$ - | \$ - | \$ - | \$ - | \$ - |

| |
|------------|
| 1020640110 |
|------------|

correct

General Information and Questionnaire
Accounting Basis

| | | | | |
|--|-------------|------------------------------------|-------------|----------|
| Name of Facility St. John Paul II Care and Rehabilita | License No. | Report for Year Ended 9/30/2023 | Page 15b | of 37 |
|--|-------------|------------------------------------|-------------|----------|

The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

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

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

- Yes No

Legal Services Information

| | |
|---|------------------|
| Name of Legal Firm or Independent Attorney 1 2 3 4 5 | Telephone Number |
|---|------------------|

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

| |
|---|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |

Services Provided by This Firm (*describe fully*)

| | | |
|--|------------------------------|---|
| 1 Probate court fee for the conservatorship & Marshall Fee | \$ | 0 |
| 2 | \$ | |
| 3 | \$ | |
| 4 | \$ | |
| 5 | \$ | |
| | Charge for Services Provided | |
| | \$ | 0 |

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

- Yes No

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

| Name of Facility | License No. | Report for Year Ended | | | | Page | of |
|--|-----------------------------|-----------------------|------------|-----------|------------|-----------|------------|
| St. John Paul II Care and Rehabilitation Center | | 9/30/2023 | | | | 16 | 37 |
| Item | Total Including Adjustments | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
| Subtotals Brought Forward: | 2,067,834 | 2,507,055 | (439,221) | | | | |
| I. Travel and Entertainment | | | | | | | |
| 1. Resident Travel and Entertainment | \$ | | | | | | |
| 2. Holiday Parties for Staff | \$ 390 | 390 | | | | | |
| 3. Gifts to Staff and Residents | \$ | | | | | | |
| 4. Employee Travel | \$ 757 | 757 | | | | | |
| 5. Education Expenses Related to Seminars and Conventions | \$ | | | | | | |
| 6. Automobile Expense (not purchase or depreciation) | \$ | | | | | | |
| 7. Other (Specify) See Attached Schedule | \$ | | | | | | |
| m. Other Administrative and General Expenses | | | | | | | |
| 1. Advertising Help Wanted (all such expenses) | \$ | | | | | | |
| 2. Advertising Telephone Directory (all such expenses)** | \$ | | | | | | |
| 3. Advertising Other (Specify)*** See Attached Schedule | \$ | 19,023 | (19,023) | | | | |
| 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 | \$ 1,882 | 1,882 | | | | | |
| * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule | \$ 5,571 | 5,571 | | | | | |
| 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** | \$ | | | | | | |
| 9. Subscriptions | \$ 42,256 | 42,256 | | | | | |
| 10. Contributions*** See Attached Schedule | \$ | 116 | (116) | | | | |
| 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) | \$ 3,225 | 3,225 | | | | | |
| 12. Administrative Management Services** | \$ 804,591 | 568,460 | 236,131 | | | | |
| 13. Other (Specify) See Attached Schedule | \$ 135,068 | 223,777 | (88,710) | | | | |
| C-14 Total Administrative & General Expenditures | \$ 3,061,573 | 3,372,513 | (310,939) | | | | |

* 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 in the Adjustment column.

Schedule of Other Travel and Entertainment

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

correct

Schedule of Other Advertising

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
|--------------------------------|-------------|-------------|-----------|------------|-----------|------------|
| Advertising | \$ 8,679 | \$ (8,679) | | | | |
| Marketing Expense | \$ 2,686 | \$ (2,686) | | | | |
| Marketing Exp- Corporate Spend | \$ 6,163 | \$ (6,163) | | | | |
| Marketing Exp- Corporate Spend | \$ - | \$ - | | | | |
| Marketing Expense | \$ 1,495 | \$ (1,495) | | | | |
| Total Other Advertising | \$ 19,023 | \$ (19,023) | \$ - | \$ - | \$ - | \$ - |

1020630020
1020630330
1020630331
3165630330
3080630330

correct

Schedule of Dues

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
|-----------------------------|-------------|------------|-----------|------------|-----------|------------|
| Licenses & Certifications | \$ 5,571 | | | | | |
| Dues to Chamber of Commerce | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| Total Dues | \$ 5,571 | \$ - | \$ - | \$ - | \$ - | \$ - |

1020630310

correct

Schedule of Contributions

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
|----------------------------|-------------|------------|-----------|------------|-----------|------------|
| Contributions | \$ 116 | \$ (116) | | | | |
| Political Contributions | \$ - | | | | | |
| | \$ - | | | | | |
| Total Contributions | \$ 116 | \$ (116) | \$ - | \$ - | \$ - | \$ - |

1020630130
1020630135

correct

Schedule of Other Administrative and General

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
|---|-------------|-------------|-----------|------------|-----------|------------|
| Bank Service Charges | \$ 30,123 | | | | | |
| Collection Fees | \$ 73,441 | \$ (73,441) | | | | |
| Education Expense | \$ - | | | | | |
| Employee Physicals | \$ 10,334 | | | | | |
| Employee Relations | \$ 6,535 | | | | | |
| Printing | \$ 307 | | | | | |
| Training Expense | \$ 76 | | | | | |
| Fines & Penalties | \$ 15,269 | \$ (15,269) | | | | |
| Miscellaneous | \$ (239) | | | | | |
| Rental Expense | \$ 4,070 | | | | | |
| Accrued Expense Estimation | \$ - | \$ - | | | | |
| Landlord Operating Taxes | \$ - | | | | | |
| State Tax Annual Report Filing | \$ 900 | | | | | |
| Recruiting Fees | \$ 78,222 | | | | | |
| Recruiting Fees | \$ - | | | | | |
| Non-recurring Charges | \$ - | \$ - | | | | |
| Interest Expense | \$ - | | | | | |
| Uniforms | \$ - | | | | | |
| Equipment Non-Capitalized | \$ 128 | | | | | |
| Rental Expense | \$ 1,612 | | | | | |
| Recruiting Fees | \$ - | | | | | |
| Software Maintenance | \$ 3,000 | | | | | |
| Recruiting Fees | \$ - | | | | | |
| | \$ - | | | | | |
| | \$ - | | | | | |
| Total Other Administrative and General | 223,777 | \$ (88,710) | \$ - | \$ - | \$ - | \$ - |

1020630060 1020630060 Bank Servic 30,122.60 C01M13
1020630120 1020630120 Collection F 34,763.56 C01M13
1020630140 1020630120 Collection F 51.31 C01M13
1020630180 1020630180 Employee P 10,333.51 C01M13
1020630200 1020630200 Employee R 6,534.62 C01M13
1020630380 1020630380 Printing 307.15 C01M13
1020630610 1020630440 Recruiting F 1,612.32 C01M13
3080630440 3080630440 Recruiting F 78,222.47 C01M13
1020640090 1020630610 Training Exp 76.22 C01M13
1020660080 1020640060 Equipment I (3,499.69) C01M13
1020660990 1020640060 Equipment I 3,628.03 C01M13
5095720090 1020640080 Fines & Per 15,268.50 C01M13
1020720070 1020640090 Miscellaneo (239.99) C01M13
3080630440 1020640090 Miscellaneo 0.59 C01M13
3080630441 1020660080 Rental Expe 3,794.08 C01M13
7010800030 1020660080 Rental Expe 275.42 C01M13
7010730010 1020660100 Repairs & M 2,748.38 C01M13
1020630640 1020660100 Repairs & M 251.95 C01M13
1020640060 1020660990 Accrued Exj 0.00 C01M13
1020630440 1020720070 State Tax A 900.00 C01M13
1020660520 C01M13
1020660100 C01M13
3210630440 C01M13

185,151
#####

correct

Schedule C-1 - Management Services*

| Name of Facility | License No. | Report for Year Ended | Page of |
|---|----------------------------|--|--|
| St. John Paul II Care and Rehabilitation C | | 9/30/2023 | 17 37 |
| Name & Address of Individual or Company Supplying Service | Cost of Management Service | Full Description of Mgmt. Service Provided | Indicate Where Costs are Included in Annual Report Page #/Line # |
| Genesis Administrative Services LLC | 804,591 | Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance | pg 16 m-12 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*** 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 |
|---|---------------------------|-------------------------------------|-----------------------|-----------|------------|-----------|------------|----|
| St. John Paul II Care and Rehabilitation Center | | | 9/30/2023 | | | | 18 | 37 |
| Item | Including Adjustments | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment | |
| 2. Dietary | | | | | | | | |
| a. In-House Preparation & Service | | | | | | | | |
| 1. Raw Food | \$ 270,019 | 270,019 | | | | | | |
| 2. Non-Food Supplies | \$ 35,739 | 35,739 | | | | | | |
| 3. Other (Specify) _____ Contra Meal Expense | \$ (12) | (12) | | | | | | |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | \$ 777,581 | 777,581 | | | | | | |
| c. Other (Specify) _____ Books, Dues & Subscriptions | \$ | | | | | | | |
| 2D. Total Dietary Expenditures | \$ 1,083,327 | 1,083,327 | | | | | | |
| 2E. Dietary Questionnaire | Total | CCNH / RHNS | (Specify) | | (Specify) | | | |
| F. Resident Meals: Total no. of meals served per day | | | | | | | | |
| G. Is cost of employee meals included in 2D? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | | | | | | |
| H. Did you receive revenue from employees? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify amt. | | | | | |
| I. Where is the revenue received reported in the Cost Report? (Page/Line Item) | | | | | | | | |
| J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify cost. | | | | | |
| K. Is any revenue collected from these people? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify amt. | | | | | |
| L. Where is the revenue received reported in the Cost Report? (Page/Line Item) | | | | | | | | |
| M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify cost. | | | | | |
| N. Is any revenue collected from employees? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify amt. | | | | | |
| O. Where is the revenue received reported in the Cost Report? (Page/Line Item) | | | | | | | | |

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

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

| Name of Facility | | License No. | Report for Year Ended | | | | Page | of |
|--|--|---------------------------|-----------------------|-------------------------------------|-----------|-----------------------|-----------|------------|
| St. John Paul II Care and Rehabilitation Center | | | 9/30/2023 | | | | 19 | 37 |
| Item | | Including Adjustments | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
| 3. Laundry | | | | | | | | |
| a. In-House Processing* | | Lbs. | | | | | | |
| 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** | | Amt. \$ | 6,353 | 6,353 | | | | |
| 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. \$ | 14,825 | 14,825 | | | | |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | | \$ | 260,332 | 260,332 | | | | |
| c. Other (Specify) | | \$ | | | | | | |
| 3D. Total Laundry Expenditures | | \$ | 281,510 | 281,510 | | | | |
| 3E. Laundry Questionnaire | | | | | | | | |
| F. Is cost of employee laundry included in 3E | | <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 | |
|---|---|----------------------------------|-----------------------------------|----------------|------------|-----------|------------|-----------|------------|
| St. John Paul II Care and Rehabilitation Ce | | | 9/30/2023 | | | | 20 | 37 | |
| Item | | Sq. Ft. Serviced by Personnel | Total Including Adjustments | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
| 4. | Housekeeping | | | | | | | | |
| | a. In-House Care | | | | | | | | |
| | 1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>) | Amt. | \$ 23,181 | 23,181 | | | | | |
| | 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. | \$ 449,980 | 449,980 | | | | | |
| | c. Other (<i>Specify</i>) | | \$ | | | | | | |
| 4D. | Total Housekeeping Expenditures | | \$ 473,161 | 473,161 | | | | | |
| 5. | Resident Care (Supplies)** | | | | | | | | |
| | a. Prescription Drugs*** | | | | | | | | |
| | 1. Own Pharmacy | | \$ | | | | | | |
| | 2. Purchased from Omnicare | | \$ | 109,366 | (109,366) | | | | |
| | b. Medicine Cabinet Drugs | | \$ 25,456 | 25,456 | | | | | |
| | c. Medical and Therapeutic Supplies | | \$ 110,331 | 110,331 | | | | | |
| | d. Ambulance/Limousine*** | | \$ | 1,153 | (1,153) | | | | |
| | e. Oxygen | | | | | | | | |
| | 1. For Emergency Use | | \$ | | | | | | |
| | 2. Other*** | | \$ | 2,514 | (2,514) | | | | |
| | f. X-rays and Related Radiological Procedures*** | | \$ | 10,994 | (10,994) | | | | |
| | g. Dental (<i>Not dentists who should be included under salaries or fees</i>) | | \$ | | | | | | |
| | h. Laboratory*** | | \$ | 53,715 | (53,715) | | | | |
| | i. Recreation | | \$ 17,367 | 35,240 | (17,873) | | | | |
| | j. Direct Management Services* | | \$ | | | | | | |
| | k. Indirect Management Services* | | \$ | | | | | | |
| | l. Cable TV | | \$ | | | | | | |
| | m. Other (Specify)**** See Attached Schedule | | \$ 96,776 | 113,684 | (16,908) | | | | |
| | n. Physical Therapy Expense | | \$ | | | | | | |
| | o. Speech Therapy Expense | | \$ | | | | | | |
| 5P. | Total Resident Care Expenditures (5a - 5o) | | \$ 249,930 | 462,453 | (212,522) | | | | |

* 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 in the Adjustment column.

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

Schedule of Other Resident Care

| Description | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
|----------------------------------|-------------------|--------------------|-------------|-------------|-------------|-------------|
| Incontinency | \$ 47,437 | | | | | |
| Advertising-Help Wanted | \$ (8) | | | | | |
| Advertising-Help Wanted | \$ 10,467 | | | | | |
| Books, Dues & Subscriptions | \$ - | | | | | |
| Education Expense | \$ 270 | | | | | |
| Supplies | \$ 514 | | | | | |
| Respiratory Supplies | \$ 7,258 | \$ (7,258) | | | | |
| Supplies | \$ 65 | | | | | |
| Office Supplies | \$ 105 | | | | | |
| Office Supplies | \$ 490 | | | | | |
| Office Supplies | \$ 386 | | | | | |
| Training Expense | \$ 34,522 | | | | | |
| Rental Expense | \$ 1,010 | | | | | |
| Rental Expense | \$ 8,503 | \$ (8,503) | | | | |
| Consolidated Billing | \$ 1,148 | \$ (1,148) | | | | |
| Tuition Reimbursement | \$ 750 | | | | | |
| Tuition Reimbursement | \$ - | | | | | |
| Tuition Reimbursement | \$ (133) | | | | | |
| Office Supplies | \$ - | | | | | |
| Office Supplies | \$ - | | | | | |
| Supplies | \$ 13 | | | | | |
| T&E-Lodging/Transportation | \$ - | | | | | |
| Licenses & Certifications | \$ 888 | | | | | |
| Total Other Resident Care | \$ 113,684 | \$ (16,908) | \$ - | \$ - | \$ - | \$ - |

| | | |
|------------|-------------------------|------------|
| 3060610160 | 306061016 Incontinenc | 47,436.83 |
| 3060610161 | 306061016 Incontinenc | (8.10) |
| 3080630030 | 301061030 Consolidate | 1,147.64 |
| 3080630080 | 308063003 Advertising- | 10,466.55 |
| 3080630140 | 308063014 Education E | 133.74 |
| 3120630530 | 308063014 Education E | 136.17 |
| 3155630530 | 308063031 Licenses & | 888.00 |
| 3170630530 | 312063053 Supplies | 513.91 |
| 3090630535 | 315563053 Supplies | 7,231.70 |
| 3120630535 | 312063053 Supplies | 25.82 |
| 3165630535 | 316563053 Supplies | 12.60 |
| 3080630610 | 317063053 Supplies | 65.23 |
| 3120660080 | 309063053 Office Supp | 105.28 |
| 3155660080 | 312063053 Office Supp | 490.46 |
| 3010610300 | 316563053 Office Supp | 386.04 |
| 3080630630 | 308063061 Training Ex | 34,522.12 |
| 3210630630 | 308063063 Tuition Rein | 750.00 |
| 3225630630 | 322563063 Tuition Rein | (133.34) |
| 3150630535 | 312066008 Rental Expe | 1,010.32 |
| 3155630535 | 315566008 Rental Expe | 8,502.55 |
| 3165630530 | | 113,683.52 |
| 3080630550 | | \$ - |
| 3080630310 | | |
| errors | 113,683.52 | |

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

| Name of Facility St. John Paul II Care and Rehabilitation Center | | | License No. | | Report for Year Ended 9/30/2023 | | | | 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) | (Specify) | Pg | Line |
| Healthcare Services Group | Drive, Bensalem, PA 19020 | <input type="radio"/> | <input checked="" type="radio"/> | Vendor Contracted | Laundry Purchased Services | 260,332 | | | 19 | 3b |
| Healthcare Services Group | Drive, Bensalem, PA 19020 | <input type="radio"/> | <input checked="" type="radio"/> | Vendor Contracted | Housekeeping Purchased Services | 449,980 | | | 20 | 4b |
| Healthcare Services Group | Drive, Bensalem, PA 19020 | <input type="radio"/> | <input checked="" type="radio"/> | Vendor Contracted | Dietary Purchased Services | 772,397 | | | 18 | 2b |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |

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

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

| Name of Facility | License No. | Report for Year Ended | | | | | Page | of |
|--|-------------|-----------------------------|-------------|------------|-----------|------------|-----------|------------|
| St. John Paul II Care and Rehabilitatio | | 9/30/2023 | | | | | 22 | 37 |
| Item | | Total Including Adjustments | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
| 6. Maintenance & Operation of Plant | | | | | | | | |
| a. Repairs & Maintenance | \$ | 390,899 | 390,899 | | | | | |
| b. Heat | \$ | 78,010 | 78,010 | | | | | |
| c. Light & Power | \$ | 104,302 | 104,302 | | | | | |
| d. Water | \$ | 67,117 | 67,117 | | | | | |
| e. Equipment Lease (<i>Provide detail on page 22b</i>) | \$ | | | | | | | |
| f. Other (<i>itemize</i>) See Attached Schedule | \$ | | | | | | | |
| 6g. Total Maint. & Operating Expense (6a - 6f) | \$ | 640,328 | 640,328 | | | | | |
| 7. Depreciation (<i>complete schedule page 23*</i>) | | | | | | | | |
| a. Land Improvements | \$ | 12,027 | 9,709 | 2,318 | | | | |
| b. Building & Building Improvements | \$ | 44,941 | 31,902 | 13,040 | | | | |
| c. Non-Movable Equipment | \$ | 3,442 | 1,267 | 2,176 | | | | |
| d. Movable Equipment | \$ | 43,238 | 31,451 | 11,788 | | | | |
| *7e. Total Depreciation Costs (7a + b + c + d) | \$ | 103,649 | 74,328 | 29,321 | | | | |
| 8. Amortization (<i>Complete att. Schedule Page 24*</i>) | | | | | | | | |
| a. Organization Expense | \$ | | | | | | | |
| b. Mortgage Expense | \$ | | | | | | | |
| c. Leasehold Improvements | \$ | | | | | | | |
| d. Other (<i>Specify</i>) | \$ | | | | | | | |
| *8e. Total Amortization Costs (8a + b + c + d) | \$ | | | | | | | |
| 9. Rental payments on leased real property less real estate taxes included in item 10b | \$ | 834,842 | 834,842 | | | | | |
| 10. Property Taxes | | | | | | | | |
| a. Real estate taxes paid by owner | \$ | | | | | | | |
| b. Real estate taxes paid by lessor | \$ | 176,765 | 176,765 | | | | | |
| c. Personal property taxes | \$ | | | | | | | |
| 11. Total Property Expenses (7e + 8e + 9 + 10) | \$ | 1,115,256 | 1,085,935 | 29,321 | | | | |

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

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 St. John Paul II Care and Rehabilitation Center | | | License No. | | Report for Year Ended 9/30/2023 | | Page 22b | 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 | Amount Claimed | |
| | Yes | No | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input checked="" type="radio"/> | <input type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | | | | | | | Total *** | |

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

* 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.

Depreciation Schedule

| Name of Facility St. John Paul II Care and Rehabilitation Center | | | License No. | | Report for Year Ended 9/30/2023 | | | 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 | | | 70,272 | | 70,272 | 9,591 | S/L | Various | 9,709 | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | | | | | | | | | | | | |
| A-4. Subtotal | | | | | | | | | | 9,709 | | | |
| B. Building and Building Improvements | | | | | | | | | | | | | |
| 1. Acquired prior to this report period | | | 167,355 | | 167,355 | 21,649 | S/L | Various | 23,313 | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | | 69,700 | | 69,700 | | | | 8,589 | | | | |
| B-4. Subtotal | | | | | | | | | | 31,902 | | | |
| C. Non-Movable Equipment | | | | | | | | | | | | | |
| 1. Acquired prior to this report period | | | 9,275 | | 167,355 | 1,358 | S/L | Various | 1,267 | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | | | | | | | | | | | | |
| C-4. Subtotal | | | | | | | | | | 1,267 | | | |
| | | Is a mileage logbook maintained? | | Date of Acquisition | | Historical Cost Exclusive of Land | Less Salvage Value | Cost to Be Depreciated | Accumulated Depreciation to Beginning of Year's Operations | Method of Computing Depreciation | Useful Life | Depreciation for This Year | Totals |
| | | Yes | No | Month | Year | | | | | | | | |
| D. Movable Equipment | | | | | | | | | | | | | |
| 1. Motor Vehicles (Specify name, model and year of each vehicle) | | | | | | | | | | | | | |
| a. | | | | | | | | | | | | | |
| b. | | | | | | | | | | | | | |
| c. | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | |
| 2. Movable Equipment | | | | | | | | | | | | | |
| a. Acquired prior to this report period | | | | | | 188,472 | | 188,472 | 59,475 | S/L | Various | 28,737 | |
| b. Disposals (attach schedule) | | | | | | | | | | | | | |
| Acquired during this report period (attach schedule): | | | | | | | | | | | | | |
| c. Administrative | | | | | | 26,047 | | 26,047 | | | | 2,714 | |
| d. Standard Resident | | | | | | | | | | | | | |
| e. Specialized Resident | | | | | | | | | | | | | |
| Total Acquired during this report period | | | | | | 26,047 | | 26,047 | | | | 2,714 | |
| D-3. Subtotal | | | | | | | | | | | | | 31,451 |
| E. Total Depreciation | | | | | | | | | | | | | 74,328 |

Schedule of Land Improvements Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|--|---------------------|------|-------------|--------------|
| Additions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Land Improvements | | \$ - | | \$ - |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Land Improvements | | \$ - | | \$ - |

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation | | |
|--|---|-----------|-------------|--------------|--------|--------|
| Additions: | | | | | | |
| 2/28/2023 | Elevator Solid State Starter | \$ 18,974 | 05 10 | \$ 1,897 | 150055 | 016467 |
| 4/30/2023 | Hot water boiler | \$ 21,238 | 05 08 | \$ 1,562 | 150055 | 016523 |
| 4/30/2023 | LVT Flooring for Business Office | \$ 4,300 | 05 08 | \$ 316 | 150057 | 016524 |
| 10/31/2022 | Hot Water Holding Tank - Boiler Room | \$ 12,214 | 03 00 | \$ 3,732 | 150058 | 016324 |
| 4/30/2023 | Hot water Stroage Tank | \$ 8,779 | 05 00 | \$ 732 | 150058 | 016522 |
| 4/30/2023 | Isolate and Drain Existing Tank for New T | \$ 4,194 | 05 00 | \$ 350 | 150058 | 016525 |
| | | | | \$ - | | |
| Total additions for Building Improvements | | \$ 69,700 | | \$ 8,589 | | |
| Deletions: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total deletions for Building Improvements | | \$ - | | \$ - | | |

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|--|---------------------|------|-------------|--------------|
| Additions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Non-Movable Equipment | | \$ - | | \$ - |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Non-Movable Equipment | | \$ - | | \$ - |

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

Schedule of Movable Equipment Acquired during this report period

| Acquisition Date | Description of Item | Pick One | Cost | Useful Life | Depreciation |
|--|----------------------------|------------------|-----------|-------------|--------------|
| | | Movable Category | | | |
| Additions: | | | | | |
| 12/31/2022 | Wiring for Timeclocks | Administrative | \$ 21,092 | 06 00 | \$ 2,636 |
| 8/31/2023 | Wiring for New Time Clocks | Administrative | \$ 4,955 | 05 04 | \$ 77 |
| | | | | | |
| | | | | | |
| | | | | | |
| Total additions for Movable Equipment | | | \$ 26,047 | | \$ 2,714 * |
| Deletions: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total deletions for Movable Equipment | | | \$ - | | \$ - ** |

150117 016409
150117 016633

*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: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Leasehold Improvement | | \$ - | | \$ - * |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Leasehold Improvement | | \$ - | | \$ - ** |

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

St. John Paul II Care and Rehabilitatic
 Depreciation Expense Report
 As of September 30, 2023

9,856,216.00

| Locati | G/L Asset | Acct Desc | Sys | Ex | Description | In Svc Date |
|--------|-----------|-------------------|--------|-----|---------------|-------------|
| 57005 | 150075 | Non Movable Equip | 006814 | 000 | Sun Valuat | 12/1/2012 |
| 57005 | 150080 | Movable Equip | 006815 | 000 | Sun Valuat | 12/1/2012 |
| 57005 | 150088 | Movable Equip | 006816 | 000 | Sun Valuat | 12/1/2012 |
| 57005 | 150110 | Movable Equip | 006817 | 000 | Sun Valuat | 12/1/2012 |
| 57005 | 150085 | Movable Equip | 007056 | 000 | PARTS&M | 12/31/2012 |
| 57005 | 150085 | Movable Equip | 007057 | 000 | MATTRES | 12/31/2012 |
| 57005 | 150085 | Movable Equip | 007173 | 000 | C45 Hatco f | 2/28/2013 |
| 57005 | 150085 | Movable Equip | 007174 | 000 | Thermostst | 2/28/2013 |
| 57005 | 150080 | Movable Equip | 007270 | 000 | 2 Coby 23 in | 4/30/2013 |
| 57005 | 150080 | Movable Equip | 007271 | 000 | Coby 32 in l | 4/30/2013 |
| 57005 | 150080 | Movable Equip | 007361 | 000 | LED HDTV | 5/31/2013 |
| 57005 | 150088 | Movable Equip | 007360 | 000 | 12 MATTR | 5/31/2013 |
| 57005 | 150080 | Movable Equip | 007655 | 000 | LED HDTV | 7/31/2013 |
| 57005 | 150080 | Movable Equip | 007656 | 000 | LED HDTV | 7/31/2013 |
| 57005 | 150080 | Movable Equip | 007658 | 000 | Spot Vital S | 7/31/2013 |
| 57005 | 150085 | Movable Equip | 007657 | 000 | Double deck | 7/31/2013 |
| 57005 | 150100 | Movable Equip | 007787 | 000 | Abram Mid- | 8/31/2013 |
| 57005 | 150080 | Movable Equip | 007894 | 000 | 32 in LED F | 9/30/2013 |
| 57005 | 150080 | Movable Equip | 007895 | 000 | LED HD TV | 9/30/2013 |
| 57005 | 150080 | Movable Equip | 007978 | 000 | Spot Vital S | 10/31/2013 |
| 57005 | 150080 | Movable Equip | 008065 | 000 | LG 26i 720p | 11/30/2013 |
| 57005 | 150085 | Movable Equip | 008512 | 000 | Direct Choic | 3/31/2014 |
| 57005 | 150085 | Movable Equip | 008601 | 000 | Big Blue Bo | 4/30/2014 |
| 57005 | 150088 | Movable Equip | 008602 | 000 | 10 MATTR | 4/30/2014 |
| 57005 | 150100 | Movable Equip | 008731 | 000 | Credit Card | 5/31/2014 |
| 57005 | 150110 | Movable Equip | 008846 | 000 | printer | 6/30/2014 |
| 57005 | 150080 | Movable Equip | 008947 | 000 | BVI 6100 (t | 7/31/2014 |
| 57005 | 150110 | Movable Equip | 008948 | 000 | HP Laserjet | 7/31/2014 |
| 57005 | 150085 | Movable Equip | 009028 | 000 | 3 mini blind | 8/31/2014 |
| 57005 | 150085 | Movable Equip | 009067 | 000 | 4 Tracer Ex | 9/30/2014 |
| 57005 | 150085 | Movable Equip | 009175 | 000 | Electric rang | 10/31/2014 |
| 57005 | 150085 | Movable Equip | 009299 | 000 | (2) 1.6 cu m | 12/31/2014 |
| 57005 | 150080 | Movable Equip | 009388 | 000 | Sales and U | 1/31/2015 |
| 57005 | 150050 | Bldg Imp | 009434 | 000 | Motherboard | 2/28/2015 |
| 57005 | 150085 | Movable Equip | 009433 | 000 | window trea | 2/28/2015 |
| 57005 | 150080 | Movable Equip | 009851 | 000 | Insignia 32i | 7/31/2015 |

| | | | | | | |
|-------|--------|---------------|--------|-----|---------------|------------|
| 57005 | 150080 | Movable Equip | 009854 | 000 | Attendant V | 7/31/2015 |
| 57005 | 150080 | Movable Equip | 009855 | 000 | Attendant V | 7/31/2015 |
| 57005 | 150080 | Movable Equip | 009857 | 000 | Continu.us 2 | 7/31/2015 |
| 57005 | 150080 | Movable Equip | 009858 | 000 | Outdoor furn | 7/31/2015 |
| 57005 | 150085 | Movable Equip | 009856 | 000 | 2 Resident I | 7/31/2015 |
| 57005 | 150100 | Movable Equip | 009852 | 000 | Solutions Se | 7/31/2015 |
| 57005 | 150100 | Movable Equip | 009853 | 000 | HON Volt S | 7/31/2015 |
| 57005 | 150050 | Bldg Imp | 010007 | 000 | KABA Hear | 8/31/2015 |
| 57005 | 150080 | Movable Equip | 010009 | 000 | Rice Lake D | 8/31/2015 |
| 57005 | 150085 | Movable Equip | 010010 | 000 | 25 dining ch | 8/31/2015 |
| 57005 | 150085 | Movable Equip | 010011 | 000 | Height Adju | 8/31/2015 |
| 57005 | 150100 | Movable Equip | 010008 | 000 | Solutions Se | 8/31/2015 |
| 57005 | 150057 | Bldg Imp | 010035 | 000 | Ceiling fixtu | 9/30/2015 |
| 57005 | 150085 | Movable Equip | 010033 | 000 | Tracker II W | 9/30/2015 |
| 57005 | 150085 | Movable Equip | 010034 | 000 | 2 PANACE. | 9/30/2015 |
| 57005 | 150087 | Movable Equip | 010036 | 000 | Easy Tilt Sh | 9/30/2015 |
| 57005 | 150025 | Land Imp | 010136 | 000 | Concrete sid | 10/31/2015 |
| 57005 | 150050 | Bldg Imp | 010135 | 000 | Pressure swi | 10/31/2015 |
| 57005 | 150085 | Movable Equip | 010134 | 000 | 3 Tracer wh | 10/31/2015 |
| 57005 | 150025 | Land Imp | 010232 | 000 | Valencia Fo | 11/30/2015 |
| 57005 | 150085 | Movable Equip | 010229 | 000 | Maxwell Th | 11/30/2015 |
| 57005 | 150085 | Movable Equip | 010230 | 000 | 8 Bristol Ov | 11/30/2015 |
| 57005 | 150088 | Movable Equip | 010226 | 000 | MATTRES | 11/30/2015 |
| 57005 | 150088 | Movable Equip | 010227 | 000 | 3 MATTRE | 11/30/2015 |
| 57005 | 150088 | Movable Equip | 010228 | 000 | 4 MATTRE | 11/30/2015 |
| 57005 | 150100 | Movable Equip | 010231 | 000 | Concept 400 | 11/30/2015 |
| 57005 | 150050 | Bldg Imp | 010473 | 000 | 50% deposit | 2/29/2016 |
| 57005 | 150117 | Movable Equip | 010472 | 000 | Durafon phc | 2/29/2016 |
| 57005 | 150057 | Bldg Imp | 010630 | 000 | Innbrck 6 x | 3/31/2016 |
| 57005 | 150080 | Movable Equip | 010628 | 000 | Sales and U | 3/31/2016 |
| 57005 | 150080 | Movable Equip | 010629 | 000 | 2 Continu.us | 3/31/2016 |
| 57005 | 150085 | Movable Equip | 010627 | 000 | 5 Direct Ch | 3/31/2016 |
| 57005 | 150050 | Bldg Imp | 010760 | 000 | Added 4 spr | 4/30/2016 |
| 57005 | 150080 | Movable Equip | 010759 | 000 | Rice Lake F | 4/30/2016 |
| 57005 | 150057 | Bldg Imp | 010872 | 000 | WALLCOV | 5/31/2016 |
| 57005 | 150050 | Bldg Imp | 011014 | 000 | Final payme | 7/31/2016 |
| 57005 | 150085 | Movable Equip | 011012 | 000 | 4 Tracer EX | 7/31/2016 |
| 57005 | 150085 | Movable Equip | 011013 | 000 | WHIRLPOC | 7/31/2016 |
| 57005 | 150087 | Movable Equip | 011015 | 000 | BeasyTrans | 7/31/2016 |
| 57005 | 150080 | Movable Equip | 011146 | 000 | Kangaroo eI | 8/31/2016 |
| 57005 | 150085 | Movable Equip | 011145 | 000 | Meridian ice | 8/31/2016 |
| 57005 | 150080 | Movable Equip | 011182 | 000 | Attendant B | 9/30/2016 |
| 57005 | 150085 | Movable Equip | 011181 | 000 | Tracer IV W | 9/30/2016 |
| 57005 | 150088 | Movable Equip | 011180 | 000 | 6 MATTRE | 9/30/2016 |
| 57005 | 150115 | Movable Equip | 011289 | 000 | 1 Cisco Airc | 10/31/2016 |

| | | | | | | |
|-------|--------|-------------------|--------|------|---------------|------------|
| 57005 | 150110 | Movable Equip | 011525 | 000 | 1 HP LaserJ | 1/31/2017 |
| 57005 | 150110 | Movable Equip | 011526 | 000 | 1 Belkin WI | 1/31/2017 |
| 57005 | 150080 | Movable Equip | 011624 | 000 | Reliant 350 | 2/28/2017 |
| 57005 | 150080 | Movable Equip | 011625 | 000 | Attendant V | 2/28/2017 |
| 57005 | 150080 | Movable Equip | 011831 | 000 | 48i Round T | 3/31/2017 |
| 57005 | 150085 | Movable Equip | 011826 | 000 | 3 Direct Cho | 3/31/2017 |
| 57005 | 150085 | Movable Equip | 011829 | 000 | Single Unit | 3/31/2017 |
| 57005 | 150085 | Movable Equip | 011830 | 000 | MERIDIAN | 3/31/2017 |
| 57005 | 150100 | Movable Equip | 011828 | 000 | Jam Proof H | 3/31/2017 |
| 57005 | 150110 | Movable Equip | 011827 | 000 | 1 HP LaserJ | 3/31/2017 |
| 57005 | 150050 | Bldg Imp | 012931 | 000 | Roof Work | 6/30/2017 |
| 57005 | 150050 | Bldg Imp | 013009 | 000 | Roof Work | 6/30/2017 |
| 57005 | 150085 | Movable Equip | 012034 | 000 | Thera Glide | 6/30/2017 |
| 57005 | 150085 | Movable Equip | 012035 | 000 | 5-Thera Glic | 6/30/2017 |
| 57005 | 150080 | Movable Equip | 012108 | 000 | Haier Portab | 7/31/2017 |
| 57005 | 150088 | Movable Equip | 012109 | 000 | Aluminum I | 7/31/2017 |
| 57005 | 150088 | Movable Equip | 012238 | 000 | 61 MATTR | 9/30/2017 |
| 57005 | 150050 | Bldg Imp | 012474 | 000 | 3" Badger C | 12/31/2017 |
| 57005 | 150080 | Movable Equip | 012530 | 000 | Insignia Res | 1/31/2018 |
| 57005 | 150085 | Movable Equip | 012529 | 000 | GENESIS P | 1/31/2018 |
| 57005 | 150085 | Movable Equip | 012531 | 000 | Tracer SX5 | 1/31/2018 |
| 57005 | 150085 | Movable Equip | 012532 | 000 | Hotpoint 17 | 1/31/2018 |
| 57005 | 150075 | Non Movable Equip | 012605 | 000 | (1) 75lb cap | 2/28/2018 |
| 57005 | 150087 | Movable Equip | 012604 | 000 | 2 ComfortA | 2/28/2018 |
| 57005 | 150057 | Bldg Imp | 012677 | 000 | Video Surve | 3/31/2018 |
| 57005 | 150057 | Bldg Imp | 012678 | 000 | Aiphone Int | 3/31/2018 |
| 57005 | 150080 | Movable Equip | 012676 | 000 | Rice Lake D | 3/31/2018 |
| 57005 | 150085 | Movable Equip | 012675 | 000 | Hotpoint 17 | 3/31/2018 |
| 57005 | 150088 | Movable Equip | 012674 | 000 | DermaFloat | 3/31/2018 |
| 57005 | 150080 | Movable Equip | 012770 | 000 | 2 RCA 40" C | 4/30/2018 |
| 57005 | 150085 | Movable Equip | 012767 | 000 | KEURIG K | 4/30/2018 |
| 57005 | 150085 | Movable Equip | 012768 | 000 | OmniCycle | 4/30/2018 |
| 57005 | 150085 | Movable Equip | 012769 | 000 | 3 Tracer IV | 4/30/2018 |
| 57005 | 150080 | Movable Equip | 012852 | 000 | Garden Ben | 5/31/2018 |
| 57005 | 150050 | Bldg Imp | 012935 | 000 | Roof Replac | 6/30/2018 |
| 57005 | 150080 | Movable Equip | 012932 | 000 | Connecticut | 6/30/2018 |
| 57005 | 150080 | Movable Equip | 012934 | 000 | (2) 48" Garc | 6/30/2018 |
| 57005 | 150085 | Movable Equip | 012933 | 000 | Counter Top | 6/30/2018 |
| 57005 | 150110 | Movable Equip | 013169 | 000 | LED TV | 9/30/2018 |
| 57005 | 150057 | Bldg Imp | 013243 | 2019 | New floors ; | 10/31/2018 |
| 57005 | 150085 | Movable Equip | 013242 | 2019 | 24 curtains f | 10/31/2018 |
| 57005 | 150117 | Movable Equip | 013339 | 2019 | Cabling for | 11/30/2018 |
| 57005 | 150050 | Bldg Imp | 013325 | 2019 | Flooring | 12/31/2018 |
| 57005 | 150057 | Bldg Imp | 013326 | 2019 | New Floors | 12/31/2018 |
| 57005 | 150050 | Bldg Imp | 013497 | 2019 | Replaced 8' | 01/31/19 |

| | | | | | | |
|-------|--------|-------------------|--------|------|---------------|----------|
| 57005 | 150057 | Bldg Imp | 013580 | 2019 | Painting 1st | 01/31/19 |
| 57005 | 150050 | Bldg Imp | 013678 | 2019 | Upgrade to l | 03/31/19 |
| 57005 | 150055 | Bldg Imp | 013679 | 2019 | Main Power | 03/31/19 |
| 57005 | 150085 | Movable Equip | 013677 | 2019 | Stainless Ste | 03/31/19 |
| 57005 | 150110 | Movable Equip | 013676 | 2019 | Replaced DI | 03/31/19 |
| 57005 | 150080 | Movable Equip | 013786 | 2019 | Record Sale | 04/30/19 |
| 57005 | 150075 | Non Movable Equip | 013869 | 2019 | Upgrade Air | 05/31/19 |
| 57005 | 150085 | Movable Equip | 013868 | 2019 | 5 UCXT Be | 05/31/19 |
| 57005 | 150080 | Movable Equip | 013981 | 2019 | Record Sale | 06/30/19 |
| 57005 | 150020 | Land Imp | 015295 | 2020 | LED Lightir | 09/30/20 |
| 57005 | 150050 | Bldg Imp | 014773 | 2020 | Hollow Met | 03/31/20 |
| 57005 | 150057 | Bldg Imp | 014667 | 2020 | Vending Ma | 02/29/20 |
| 57005 | 150080 | Movable Equip | 014859 | 2020 | 6 - Reliant S | 04/30/20 |
| 57005 | 150080 | Movable Equip | 014860 | 2020 | 60 - Slings c | 04/30/20 |
| 57005 | 150080 | Movable Equip | 014861 | 2020 | 2 - Reliant 4 | 04/30/20 |
| 57005 | 150080 | Movable Equip | 014862 | 2020 | 3 - Reliant 4 | 04/30/20 |
| 57005 | 150080 | Movable Equip | 014863 | 2020 | Reliant 600 | 04/30/20 |
| 57005 | 150080 | Movable Equip | 014864 | 2020 | 6 - Digital L | 04/30/20 |
| 57005 | 150080 | Movable Equip | 014865 | 2020 | 4 - Reliant 3 | 04/30/20 |
| 57005 | 150080 | Movable Equip | 014950 | 2020 | Flat Panel T | 04/30/20 |
| 57005 | 150080 | Movable Equip | 015051 | 2020 | 3 - Connex | 06/30/20 |
| 57005 | 150080 | Movable Equip | 015052 | 2020 | 3 - Connex | 06/30/20 |
| 57005 | 150080 | Movable Equip | 015053 | 2020 | 15 - Invacar | 06/30/20 |
| 57005 | 150080 | Movable Equip | 015154 | 2020 | Rice Lake D | 07/31/20 |
| 57005 | 150080 | Movable Equip | 015294 | 2020 | Continu.us | 09/30/20 |
| 57005 | 150080 | Movable Equip | 015296 | 2020 | Reliant 450 | 09/30/20 |
| 57005 | 150080 | Movable Equip | 015297 | 2020 | Digital Lift | 09/30/20 |
| 57005 | 150085 | Movable Equip | 014580 | 2020 | Blixer 7 Lite | 01/31/20 |
| 57005 | 150085 | Movable Equip | 014581 | 2020 | 5 UltraCare | 01/31/20 |
| 57005 | 150085 | Movable Equip | 014771 | 2020 | 40 - Overbe | 03/31/20 |
| 57005 | 150085 | Movable Equip | 014772 | 2020 | UltraCare X | 03/31/20 |
| 57005 | 150085 | Movable Equip | 014866 | 2020 | Meal Transf | 04/30/20 |
| 57005 | 150085 | Movable Equip | 015050 | 2020 | 7 - UltraCar | 06/30/20 |
| 57005 | 150085 | Movable Equip | 015153 | 2020 | Meridian Cc | 07/31/20 |
| 57005 | 150088 | Movable Equip | 014348 | 2020 | Promatt Plu | 10/31/19 |
| 57005 | 150088 | Movable Equip | 014858 | 2020 | 7 - Panacea | 04/30/20 |
| 57005 | 150088 | Movable Equip | 014951 | 2020 | 28 - Panace | 05/31/20 |
| 57005 | 150110 | Movable Equip | 015049 | 2020 | Laptop for C | 06/30/20 |
| 57005 | 150117 | Movable Equip | 015152 | 2020 | Data Drop ii | 07/31/20 |
| 57005 | 150080 | Movable Equip | 015365 | 2021 | 2 - Continu. | 10/31/20 |
| 57005 | 150080 | Movable Equip | 015454 | 2021 | Continu.us | 11/30/20 |
| 57005 | 150080 | Movable Equip | 015455 | 2021 | Continu.us | 11/30/20 |
| 57005 | 150080 | Movable Equip | 015456 | 2021 | Continu.us | 11/30/20 |
| 57005 | 150080 | Movable Equip | 015553 | 2021 | Continu.us | 12/31/20 |
| 57005 | 150080 | Movable Equip | 015554 | 2021 | Continu.us | 12/31/20 |

| | | | | | |
|-------|--------|---------------|--------|--------------------|----------|
| 57005 | 150080 | Movable Equip | 015555 | 2021 Continu.us 2 | 12/31/20 |
| 57005 | 150080 | Movable Equip | 015612 | 2021 Record Sale | 01/31/21 |
| 57005 | 150080 | Movable Equip | 015613 | 2021 Continu.us 2 | 01/31/21 |
| 57005 | 150080 | Movable Equip | 015670 | 2021 Continu.us 2 | 02/28/21 |
| 57005 | 150080 | Movable Equip | 015671 | 2021 Continu.us 2 | 02/28/21 |
| 57005 | 150080 | Movable Equip | 015674 | 2021 New 75lb D | 02/28/21 |
| 57005 | 150080 | Movable Equip | 015723 | 2021 Continu.us 2 | 03/31/21 |
| 57005 | 150080 | Movable Equip | 015724 | 2021 Continu.us 2 | 03/31/21 |
| 57005 | 150080 | Movable Equip | 015725 | 2021 Continu.us 2 | 03/31/21 |
| 57005 | 150080 | Movable Equip | 015726 | 2021 Continu.us 2 | 03/31/21 |
| 57005 | 150080 | Movable Equip | 015805 | 2021 Continu.us 2 | 04/30/21 |
| 57005 | 150080 | Movable Equip | 015812 | 2021 Continu.us 2 | 04/30/21 |
| 57005 | 150080 | Movable Equip | 015813 | 2021 Continu.us 2 | 04/30/21 |
| 57005 | 150080 | Movable Equip | 015883 | 2021 Continu.us 2 | 05/31/21 |
| 57005 | 150080 | Movable Equip | 015885 | 2021 Performance | 05/31/21 |
| 57005 | 150085 | Movable Equip | 015558 | 2021 Refrigerator | 12/31/20 |
| 57005 | 150085 | Movable Equip | 015673 | 2021 SteamChef C | 02/28/21 |
| 57005 | 150085 | Movable Equip | 015728 | 2021 10 - Tracer I | 03/31/21 |
| 57005 | 150085 | Movable Equip | 015806 | 2021 Panacea Bar | 04/30/21 |
| 57005 | 150085 | Movable Equip | 015807 | 2021 Tracer IV H | 04/30/21 |
| 57005 | 150085 | Movable Equip | 015808 | 2021 13 - Maxwe | 04/30/21 |
| 57005 | 150085 | Movable Equip | 015809 | 2021 Meal Transp | 04/30/21 |
| 57005 | 150085 | Movable Equip | 015810 | 2021 Hobart Tray | 04/30/21 |
| 57005 | 150085 | Movable Equip | 015986 | 2021 Tracer EX2 | 07/31/21 |
| 57005 | 150085 | Movable Equip | 016042 | 2021 6 - UltraCar | 08/31/21 |
| 57005 | 150087 | Movable Equip | 015367 | 2021 Steel Rolling | 10/31/20 |
| 57005 | 150088 | Movable Equip | 015457 | 2021 2 - Genesis I | 11/30/20 |
| 57005 | 150088 | Movable Equip | 015557 | 2021 2 - Promatt I | 12/31/20 |
| 57005 | 150088 | Movable Equip | 015811 | 2021 Panacea Ori | 04/30/21 |
| 57005 | 150088 | Movable Equip | 015884 | 2021 27 - Panacea | 05/31/21 |
| 57005 | 150088 | Movable Equip | 015931 | 2021 Custom Foa | 06/30/21 |
| 57005 | 150088 | Movable Equip | 015985 | 2021 Panacea Cus | 07/31/21 |
| 57005 | 150100 | Movable Equip | 015672 | 2021 1 - Four Dra | 02/28/21 |
| 57005 | 150110 | Movable Equip | 015366 | 2021 HP Laserjet | 10/31/20 |
| 57005 | 150110 | Movable Equip | 016041 | 2021 HP Laserjet | 08/31/21 |
| 57005 | 150117 | Movable Equip | 015556 | 2021 Expansion c | 12/31/20 |
| 57005 | 150117 | Movable Equip | 015727 | 2021 Engenius Ph | 03/31/21 |
| 57005 | 150087 | Movable Equip | 015505 | 2021 (3) Genesis | 10/31/20 |
| 57005 | 150055 | Bldg Imp | 016043 | 2021 New Hollow | 08/31/21 |
| 57005 | 150025 | Land Imp | 016097 | 2022 Repaving Pa | 10/31/21 |
| 57005 | 150050 | Bldg Imp | 016131 | 2022 New 6" Chil | 01/31/22 |
| 57005 | 150050 | Bldg Imp | 016147 | 2022 Replaced Pa | 02/28/22 |
| 57005 | 150050 | Bldg Imp | 016168 | 2022 Domestic W | 03/31/22 |
| 57005 | 150050 | Bldg Imp | 016262 | 2022 2nd Floor Sl | 08/31/22 |
| 57005 | 150055 | Bldg Imp | 016206 | 2022 Electronic E | 05/31/22 |

| | | | | | |
|-------|--------|-------------------|--------|--------------------|----------|
| 57005 | 150055 | Bldg Imp | 016246 | 2022 Elevator Po | 07/31/22 |
| 57005 | 150055 | Bldg Imp | 016261 | 2022 Electronic C | 08/31/22 |
| 57005 | 150075 | Non Movable Equip | 016245 | 2022 Sump Pump | 07/31/22 |
| 57005 | 150085 | Movable Equip | 016167 | 2022 Hoshizaki C | 03/31/22 |
| 57005 | 150055 | Bldg Imp | 016467 | 2023 Elevator Sol | 02/28/23 |
| 57005 | 150055 | Bldg Imp | 016523 | 2023 Hot water bo | 04/30/23 |
| 57005 | 150057 | Bldg Imp | 016524 | 2023 LVT Floorir | 04/30/23 |
| 57005 | 150058 | Bldg Imp | 016324 | 2023 Hot Water F | 10/31/22 |
| 57005 | 150058 | Bldg Imp | 016522 | 2023 Hot water S | 04/30/23 |
| 57005 | 150058 | Bldg Imp | 016525 | 2023 Isolate and I | 04/30/23 |
| 57005 | 150117 | Movable Equip | 016409 | 2023 Wiring for T | 12/31/22 |
| 57005 | 150117 | Movable Equip | 016633 | 2023 Wiring for N | 08/31/23 |

on Center

Sch 23 Total Deprn
 Sch 22 total Deprn Adj
 Total Deprn Expense

74,328.20
 29,321.31
103,649.51

| | | | | 1,309,904.50 | 683,328.46 | 103,649.32 | |
|------------|------|------|----------|--------------|-----------------------------|--------------------------------|----------|
| | | | | | Prior Accum Depreciation | Current YTD Depreciation in | |
| Acquired | Valu | PT | DeprMeth | Est Life | Depreciable Basis | 10/1/2022 | 2,023.00 |
| 135,970.00 | P | SLMM | 10 00 | 135,970.00 | 133,703.83 | 2,266.17 | |
| 16,680.00 | P | SLMM | 07 00 | 16,680.00 | 16,680.00 | - | |
| 8,620.00 | P | SLMM | 03 00 | 8,620.00 | 8,620.00 | - | |
| 24,390.00 | P | SLMM | 02 00 | 24,390.00 | 24,390.00 | - | |
| 1,367.13 | P | SLMM | 10 00 | 1,367.13 | 1,332.92 | 34.21 | |
| 582.50 | P | SLMM | 10 00 | 582.50 | 567.94 | 14.56 | |
| 3,142.64 | P | SLMM | 10 00 | 3,142.64 | 3,011.67 | 130.97 | |
| 1,099.34 | P | SLMM | 10 00 | 1,099.34 | 1,053.50 | 45.84 | |
| 464.20 | P | SLMM | 07 00 | 464.20 | 464.20 | - | |
| 472.26 | P | SLMM | 07 00 | 472.26 | 472.26 | - | |
| 353.71 | P | SLMM | 07 00 | 353.71 | 353.71 | - | |
| 2,897.10 | P | SLMM | 03 00 | 2,897.10 | 2,897.10 | - | |
| 353.52 | P | SLMM | 07 00 | 353.52 | 353.52 | - | |
| 353.52 | P | SLMM | 07 00 | 353.52 | 353.52 | - | |
| 4,638.90 | P | SLMM | 07 00 | 4,638.90 | 4,638.90 | - | |
| 7,163.67 | P | SLMM | 10 00 | 7,163.67 | 6,566.73 | 596.94 | |
| 287.58 | P | SLMM | 10 00 | 287.58 | 261.24 | 26.34 | |
| 353.52 | P | SLMM | 07 00 | 353.52 | 353.52 | - | |
| 353.52 | P | SLMM | 07 00 | 353.52 | 353.52 | - | |
| 4,638.90 | P | SLMM | 07 00 | 4,638.90 | 4,638.90 | - | |
| 304.15 | P | SLMM | 07 00 | 304.15 | 304.15 | - | |
| 281.85 | P | SLMM | 09 09 | 281.85 | 245.73 | 28.91 | |
| 461.68 | P | SLMM | 09 08 | 461.68 | 401.98 | 47.76 | |
| 3,137.33 | P | SLMM | 03 00 | 3,137.33 | 3,137.33 | - | |
| 73.07 | P | SLMM | 09 07 | 73.07 | 63.58 | 7.63 | |
| 319.04 | P | SLMM | 03 00 | 319.04 | 319.04 | - | |
| 9,314.14 | P | SLMM | 07 00 | 9,314.14 | 9,314.14 | - | |
| 529.85 | P | SLMM | 03 00 | 529.85 | 529.85 | - | |
| 430.72 | P | SLMM | 09 04 | 430.72 | 373.04 | 46.15 | |
| 733.59 | P | SLMM | 09 03 | 733.59 | 634.48 | 79.31 | |
| 1,650.52 | P | SLMM | 09 02 | 1,650.52 | 1,425.48 | 180.06 | |
| 1,055.08 | P | SLMM | 09 00 | 1,055.08 | 908.53 | 117.23 | |
| 724.00 | P | SLMM | 07 00 | 724.00 | 724.00 | - | |
| 2,373.73 | R | SLMM | 08 10 | 2,373.73 | 2,037.87 | 268.73 | |
| 446.67 | P | SLMM | 08 10 | 446.67 | 383.49 | 50.57 | |
| 261.45 | P | SLMM | 07 00 | 261.45 | 261.45 | - | |

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|-----------|---|------|-------|-----------|-----------|----------|
| 2,155.74 | P | SLMM | 07 00 | 2,155.74 | 2,155.74 | - |
| 2,155.74 | P | SLMM | 07 00 | 2,155.74 | 2,155.74 | - |
| 722.41 | P | SLMM | 07 00 | 722.41 | 722.41 | - |
| 3,440.05 | P | SLMM | 07 00 | 3,440.05 | 3,440.05 | - |
| 812.61 | P | SLMM | 08 05 | 812.61 | 691.94 | 96.55 |
| 3,007.58 | P | SLMM | 08 05 | 3,007.58 | 2,560.94 | 357.34 |
| 356.35 | P | SLMM | 08 05 | 356.35 | 303.44 | 42.34 |
| 363.59 | R | SLMM | 08 04 | 363.59 | 309.04 | 43.63 |
| 1,136.93 | P | SLMM | 07 00 | 1,136.93 | 1,136.93 | - |
| 6,646.31 | P | SLMM | 08 04 | 6,646.31 | 5,649.38 | 797.56 |
| 398.38 | P | SLMM | 08 04 | 398.38 | 338.66 | 47.81 |
| 1,073.07 | P | SLMM | 08 04 | 1,073.07 | 912.12 | 128.77 |
| 1,419.77 | R | SLMM | 08 03 | 1,419.77 | 1,204.63 | 172.09 |
| 355.98 | P | SLMM | 08 03 | 355.98 | 302.05 | 43.15 |
| 352.98 | P | SLMM | 08 03 | 352.98 | 299.53 | 42.79 |
| 547.68 | P | SLMM | 05 00 | 547.68 | 547.68 | - |
| 19,422.00 | R | SLMM | 08 02 | 19,422.00 | 16,449.22 | 2,378.20 |
| 523.39 | R | SLMM | 08 02 | 523.39 | 443.29 | 64.09 |
| 560.68 | P | SLMM | 08 02 | 560.68 | 474.90 | 68.66 |
| 797.62 | R | SLMM | 08 01 | 797.62 | 674.31 | 98.68 |
| 794.43 | P | SLMM | 08 01 | 794.43 | 671.58 | 98.28 |
| 3,584.38 | P | SLMM | 08 01 | 3,584.38 | 3,030.10 | 443.43 |
| 364.41 | P | SLMM | 03 00 | 364.41 | 364.41 | - |
| 850.11 | P | SLMM | 03 00 | 850.11 | 850.11 | - |
| 1,133.48 | P | SLMM | 03 00 | 1,133.48 | 1,133.48 | - |
| 1,804.76 | P | SLMM | 08 01 | 1,804.76 | 1,525.68 | 223.27 |
| 478.95 | R | SLMM | 07 10 | 478.95 | 402.51 | 61.14 |
| 1,827.44 | P | SLMM | 07 00 | 1,827.44 | 1,718.65 | 108.79 |
| 409.83 | R | SLMM | 07 09 | 409.83 | 343.72 | 52.88 |
| 116.00 | P | SLMM | 07 00 | 116.00 | 107.71 | 8.29 |
| 742.45 | P | SLMM | 07 00 | 742.45 | 689.45 | 53.00 |
| 399.76 | P | SLMM | 07 09 | 399.76 | 335.28 | 51.58 |
| 2,545.99 | R | SLMM | 07 08 | 2,545.99 | 2,130.91 | 332.09 |
| 1,904.71 | P | SLMM | 07 00 | 1,904.71 | 1,745.98 | 158.73 |
| 884.36 | R | SLMM | 07 07 | 884.36 | 738.60 | 116.62 |
| 478.94 | R | SLMM | 07 05 | 478.94 | 398.25 | 64.58 |
| 699.92 | P | SLMM | 07 05 | 699.92 | 581.95 | 94.37 |
| 652.98 | P | SLMM | 07 05 | 652.98 | 542.92 | 88.04 |
| 350.94 | P | SLMM | 05 00 | 350.94 | 350.94 | - |
| 598.74 | P | SLMM | 07 00 | 598.74 | 520.37 | 78.37 |
| 3,741.36 | P | SLMM | 07 04 | 3,741.36 | 3,103.65 | 510.19 |
| 7,668.65 | P | SLMM | 07 00 | 7,668.65 | 6,573.12 | 1,095.52 |
| 1,661.88 | P | SLMM | 07 03 | 1,661.88 | 1,375.38 | 229.23 |
| 1,882.40 | P | SLMM | 03 00 | 1,882.40 | 1,882.40 | - |
| 454.21 | P | SLMM | 05 00 | 454.21 | 454.21 | - |

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|------------|---|------|-------|------------|-----------|----------|
| 276.92 | P | SLMM | 03 00 | 276.92 | 276.92 | - |
| 3.59 | P | SLMM | 03 00 | 3.59 | 3.59 | - |
| 5,319.50 | P | SLMM | 06 10 | 5,319.50 | 4,346.45 | 778.47 |
| 1,712.24 | P | SLMM | 06 10 | 1,712.24 | 1,399.02 | 250.57 |
| 2,214.00 | P | SLMM | 06 09 | 2,214.00 | 1,804.00 | 328.00 |
| 242.41 | P | SLMM | 06 09 | 242.41 | 197.51 | 35.91 |
| 372.15 | P | SLMM | 06 09 | 372.15 | 303.22 | 55.13 |
| 3,833.95 | P | SLMM | 06 09 | 3,833.95 | 3,123.95 | 567.99 |
| 437.50 | P | SLMM | 06 09 | 437.50 | 356.51 | 64.82 |
| 284.97 | P | SLMM | 03 00 | 284.97 | 284.97 | - |
| 96,252.99 | R | SLMM | 06 06 | 96,252.99 | 92,550.95 | 3,702.04 |
| 2,820.08 | R | SLMM | 06 06 | 2,820.08 | 2,711.65 | 108.43 |
| 897.00 | P | SLMM | 06 06 | 897.00 | 724.50 | 138.00 |
| 5,079.85 | P | SLMM | 06 06 | 5,079.85 | 4,102.98 | 781.52 |
| 347.43 | P | SLMM | 06 05 | 347.43 | 279.77 | 54.15 |
| 1,282.20 | P | SLMM | 03 00 | 1,282.20 | 1,282.20 | - |
| 14,726.93 | P | SLMM | 03 00 | 14,726.93 | 14,726.93 | - |
| 2,169.47 | R | SLMM | 6 | 2,169.47 | 1,717.50 | - |
| 213.00 | P | SLMM | 5 | 213.00 | 194.40 | - |
| 2,051.48 | P | SLMM | 5 | 2,051.48 | 1,872.34 | - |
| 198.98 | P | SLMM | 5 | 198.98 | 181.60 | - |
| 594.99 | P | SLMM | 5 | 594.99 | 543.03 | - |
| 8,425.05 | P | SLMM | 5 | 8,425.05 | 7,582.55 | - |
| 711.66 | P | SLMM | 5 | 711.66 | 652.36 | - |
| 15,925.91 | R | SLMM | 5 | 15,925.91 | 14,125.59 | - |
| 725.84 | R | SLMM | 5 | 725.84 | 643.79 | - |
| 1,975.52 | P | SLMM | 5 | 1,975.52 | 1,752.21 | - |
| 594.99 | P | SLMM | 5 | 594.99 | 527.73 | - |
| 2,143.14 | P | SLMM | 3 | 2,143.14 | 2,143.14 | - |
| 953.10 | P | SLMM | 5 | 953.10 | 832.56 | - |
| 304.32 | P | SLMM | 5 | 304.32 | 265.84 | - |
| 6,487.36 | P | SLMM | 5 | 6,487.36 | 5,666.90 | - |
| 776.94 | P | SLMM | 5 | 776.94 | 678.68 | - |
| 532.17 | P | SLMM | 5 | 532.17 | 457.51 | - |
| 167,645.00 | R | SLMM | 10 | 167,645.00 | 74,678.23 | - |
| 34.00 | P | SLMM | 5 | 34.00 | 28.75 | 5.25 |
| 1,112.79 | P | SLMM | 5 | 1,112.79 | 940.81 | 171.98 |
| 658.16 | P | SLMM | 5 | 658.16 | 556.45 | 101.71 |
| 287.98 | P | SLMM | 3 | 287.98 | 287.98 | - |
| 2,275.15 | R | SLMM | 5 | 2,275.15 | 1,782.20 | 455.03 |
| 4,736.38 | P | SLMM | 5 | 4,736.38 | 3,710.16 | 947.28 |
| 2,924.63 | P | SLMM | 5 | 2,924.63 | 2,242.22 | 584.93 |
| 11,613.42 | R | SLMM | 10 | 11,613.42 | 4,355.03 | 1,161.34 |
| 80,219.47 | R | SLMM | 10 | 80,219.47 | 30,082.30 | 8,021.95 |
| 3,307.34 | R | SLMM | 10 | 3,307.34 | 1,212.69 | 330.73 |

| | | | | | | |
|-----------|---|------|----|-----------|----------|----------|
| 3,900.00 | R | SLMM | 10 | 3,900.00 | 1,430.00 | 390.00 |
| 6,013.74 | R | SLMM | 10 | 6,013.74 | 2,104.81 | 601.37 |
| 13,648.35 | R | SLMM | 10 | 13,648.35 | 4,776.92 | 1,364.84 |
| 1,227.98 | P | SLMM | 10 | 1,227.98 | 429.79 | 122.80 |
| 465.31 | P | SLMM | 3 | 465.31 | 465.31 | - |
| 78.00 | P | SLMM | 7 | 78.00 | 38.07 | 11.14 |
| 3,469.40 | P | SLMM | 10 | 3,469.40 | 1,156.47 | 346.94 |
| 7,829.00 | P | SLMM | 10 | 7,829.00 | 2,609.67 | 782.90 |
| 497.00 | P | SLMM | 7 | 497.00 | 230.75 | 71.00 |
| 5,264.33 | R | SLMM | 20 | 5,264.33 | 526.43 | 263.22 |
| 4,679.40 | R | SLMM | 20 | 4,679.40 | 584.93 | 233.97 |
| 10,185.14 | P | SLMM | 10 | 10,185.14 | 2,631.16 | 1,018.51 |
| 663.50 | P | SLMM | 7 | 663.50 | 229.07 | 94.79 |
| 6,186.17 | P | SLMM | 7 | 6,186.17 | 2,135.70 | 883.74 |
| 3,041.57 | P | SLMM | 7 | 3,041.57 | 1,050.07 | 434.51 |
| 4,562.35 | P | SLMM | 7 | 4,562.35 | 1,575.10 | 651.76 |
| 2,564.08 | P | SLMM | 7 | 2,564.08 | 885.22 | 366.30 |
| 4,850.50 | P | SLMM | 7 | 4,850.50 | 1,674.58 | 692.93 |
| 10,294.59 | P | SLMM | 7 | 10,294.59 | 3,554.08 | 1,470.66 |
| 127.59 | P | SLMM | 7 | 127.59 | 44.05 | 18.23 |
| 9,107.56 | P | SLMM | 7 | 9,107.56 | 2,927.43 | 1,301.08 |
| 1,173.14 | P | SLMM | 7 | 1,173.14 | 377.08 | 167.59 |
| 8,191.29 | P | SLMM | 7 | 8,191.29 | 2,632.91 | 1,170.18 |
| 1,222.84 | P | SLMM | 7 | 1,222.84 | 378.50 | 174.69 |
| 254.25 | P | SLMM | 7 | 254.25 | 72.64 | 36.32 |
| 1,520.78 | P | SLMM | 7 | 1,520.78 | 434.51 | 217.25 |
| 825.25 | P | SLMM | 7 | 825.25 | 235.79 | 117.89 |
| 4,411.29 | P | SLMM | 10 | 4,411.29 | 1,176.34 | 441.13 |
| 8,326.14 | P | SLMM | 10 | 8,326.14 | 2,220.30 | 832.61 |
| 3,062.03 | P | SLMM | 10 | 3,062.03 | 765.51 | 306.20 |
| 1,787.87 | P | SLMM | 10 | 1,787.87 | 446.97 | 178.79 |
| 2,625.65 | P | SLMM | 10 | 2,625.65 | 634.53 | 262.57 |
| 11,675.17 | P | SLMM | 10 | 11,675.17 | 2,626.91 | 1,167.52 |
| 3,286.19 | P | SLMM | 10 | 3,286.19 | 712.01 | 328.62 |
| 1,866.42 | P | SLMM | 3 | 1,866.42 | 1,814.58 | 51.85 |
| 1,488.75 | P | SLMM | 3 | 1,488.75 | 1,199.27 | 289.48 |
| 6,146.43 | P | SLMM | 3 | 6,146.43 | 4,780.56 | 1,365.87 |
| 1,192.50 | P | SLMM | 3 | 1,192.50 | 894.38 | 298.13 |
| 255.00 | P | SLMM | 7 | 255.00 | 78.93 | 36.43 |
| \$ 482 | P | SLMM | 7 | 482.42 | 132.09 | 68.92 |
| \$ 254 | P | SLMM | 7 | 254.25 | 66.59 | 36.32 |
| \$ 254 | P | SLMM | 7 | 254.25 | 66.59 | 36.32 |
| \$ 254 | P | SLMM | 7 | 254.25 | 66.59 | 36.32 |
| \$ 254 | P | SLMM | 7 | 254.25 | 63.56 | 36.32 |
| \$ 254 | P | SLMM | 7 | 254.25 | 63.56 | 36.32 |

| | | | | | | |
|-----------|---|------|---|-----------|----------|----------|
| \$ 254 | P | SLMM | 7 | 254.25 | 63.56 | 36.32 |
| \$ 398 | P | SLMM | 7 | 398.00 | 94.76 | 56.86 |
| \$ 222 | P | SLMM | 7 | 222.26 | 52.92 | 31.75 |
| \$ 222 | P | SLMM | 7 | 222.26 | 50.27 | 31.75 |
| \$ 222 | P | SLMM | 7 | 222.26 | 50.27 | 31.75 |
| \$ 7,334 | P | SLMM | 7 | 7,334.24 | 1,658.94 | 1,047.75 |
| \$ 222 | P | SLMM | 7 | 222.26 | 47.63 | 31.75 |
| \$ 222 | P | SLMM | 7 | 222.26 | 47.63 | 31.75 |
| \$ 222 | P | SLMM | 7 | 222.26 | 47.63 | 31.75 |
| \$ 222 | P | SLMM | 7 | 222.26 | 47.63 | 31.75 |
| \$ 222 | P | SLMM | 7 | 222.26 | 44.98 | 31.75 |
| \$ 222 | P | SLMM | 7 | 222.26 | 44.98 | 31.75 |
| \$ 222 | P | SLMM | 7 | 222.26 | 44.98 | 31.75 |
| \$ 222 | P | SLMM | 7 | 222.26 | 42.34 | 31.75 |
| \$ 942 | P | SLMM | 7 | 942.26 | 179.48 | 134.61 |
| \$ 3,741 | P | SLMM | 8 | 3,741.37 | 818.42 | 467.67 |
| \$ 9,427 | P | SLMM | 7 | 9,426.84 | 2,132.26 | 1,346.69 |
| \$ 2,220 | P | SLMM | 7 | 2,219.80 | 475.67 | 317.11 |
| \$ 103 | P | SLMM | 7 | 102.98 | 20.84 | 14.71 |
| \$ 360 | P | SLMM | 7 | 359.98 | 72.85 | 51.43 |
| \$ 10,712 | P | SLMM | 7 | 10,712.31 | 2,167.97 | 1,530.33 |
| \$ 2,682 | P | SLMM | 7 | 2,681.79 | 542.74 | 383.11 |
| \$ 902 | P | SLMM | 7 | 901.84 | 182.52 | 128.83 |
| \$ 222 | P | SLMM | 7 | 221.98 | 37.00 | 31.71 |
| \$ 10,474 | P | SLMM | 7 | 10,473.64 | 1,620.92 | 1,496.23 |
| \$ 318 | P | SLMM | 5 | 318.40 | 122.05 | 63.68 |
| \$ 3,609 | P | SLMM | 3 | 3,609.32 | 2,205.70 | 1,203.11 |
| \$ 3,609 | P | SLMM | 3 | 3,609.32 | 2,105.44 | 1,203.11 |
| \$ 440 | P | SLMM | 3 | 440.00 | 207.78 | 146.67 |
| \$ 5,800 | P | SLMM | 3 | 5,799.75 | 2,577.67 | 1,933.25 |
| \$ 281 | P | SLMM | 3 | 280.74 | 116.98 | 93.58 |
| \$ 293 | P | SLMM | 3 | 293.24 | 114.04 | 97.75 |
| \$ 729 | P | SLMM | 7 | 729.34 | 164.97 | 104.19 |
| \$ 485 | P | SLMM | 3 | 484.91 | 309.80 | 161.64 |
| \$ 401 | P | SLMM | 3 | 400.99 | 144.80 | 133.66 |
| \$ 6,275 | P | SLMM | 7 | 6,275.00 | 1,568.75 | 896.43 |
| \$ 3,323 | P | SLMM | 7 | 3,322.77 | 712.02 | 474.68 |
| \$ 760 | P | SLMM | 5 | 760.40 | 291.49 | 152.08 |
| \$ 3,125 | P | SLMM | 7 | 3,125.00 | 483.63 | 446.43 |
| 65,008.03 | R | SLMM | 7 | 65,008.03 | 8,512.96 | 9,286.86 |
| 31,084.37 | R | SLMM | 7 | 31,084.37 | 2,960.42 | 4,440.62 |
| 11,393.28 | R | SLMM | 7 | 11,393.28 | 949.44 | 1,627.61 |
| 29,439.00 | R | SLMM | 7 | 29,439.00 | 2,102.79 | 4,205.57 |
| 26,768.23 | R | SLMM | 7 | 26,768.23 | 318.67 | 3,824.03 |
| 2,418.72 | R | SLMM | 7 | 2,418.72 | 115.18 | 345.53 |

| | | | | | | |
|-----------|---|------|---|-----------|--------|----------|
| 18,974.05 | R | SLMM | 7 | 18,974.05 | 451.76 | 2,710.58 |
| 2,418.72 | R | SLMM | 7 | 2,418.72 | 28.79 | 345.53 |
| 5,805.65 | P | SLMM | 7 | 5,805.65 | 138.23 | 829.38 |
| 5,200.77 | P | SLMM | 7 | 5,200.77 | 371.48 | 742.97 |
| 18,974.04 | R | SLMM | 6 | 18,974.04 | - | 1,844.70 |
| 21,238.10 | R | SLMM | 6 | 21,238.10 | - | 1,474.87 |
| 4,300.16 | P | SLMM | 6 | 4,300.16 | - | 298.62 |
| 12,214.30 | P | SLMM | 3 | 12,214.30 | - | 3,732.15 |
| 8,779.19 | P | SLMM | 5 | 8,779.19 | - | 731.60 |
| 4,194.45 | P | SLMM | 5 | 4,194.45 | - | 349.54 |
| 21,091.70 | P | SLMM | 6 | 21,091.70 | - | 2,636.46 |
| 4,955.43 | P | SLMM | 6 | 4,955.43 | - | 68.83 |

786,977.78

**Current Accum
Depreciation
9/30/2023**

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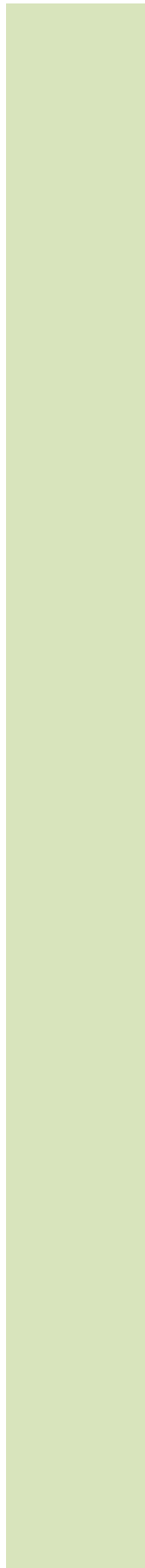
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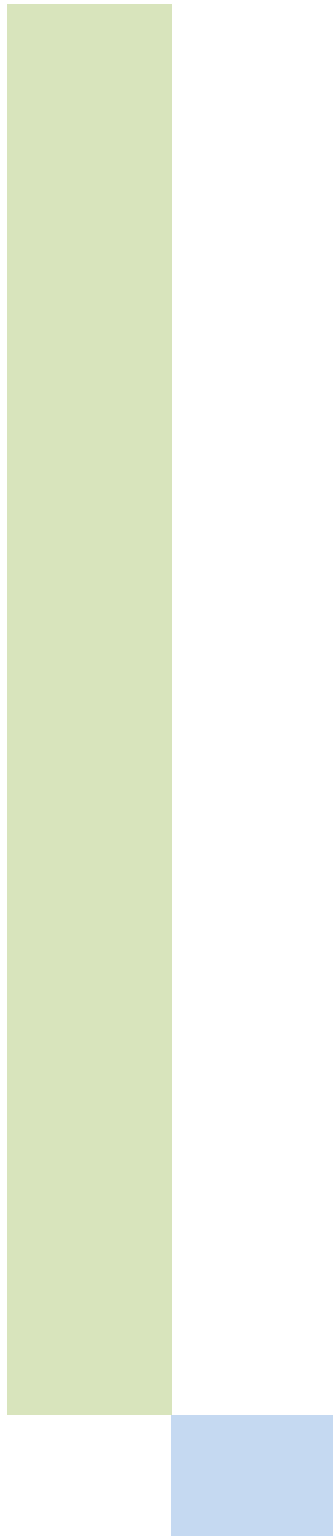
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349.54
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68.83

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

| Name of Facility St. John Paul II Care and Rehabilitation Center | | | License No. | | Report for Year Ended 9/30/2023 | | | 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 | | | | | | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | | | | | | | | |
| C-4. Subtotal | | | | | | | | | |
| D. Total Amortization | | | | | | | | | |

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

| | | | | |
|---|-----------------|------------------------------------|-------------------------------------|---|
| Name of Facility St. John Paul II Care and Rehabilitatio | License No. | Report for Year Ended 9/30/2023 | Page 25 | of 37 |
| 11. Property Questionnaire | | | | |
| Part A | | | | |
| Is the property either owned by the Facility or leased from a Related Party?* | | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If "Yes," complete Part B. If "No," complete Part C. |
| *If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. | | | | |
| Description | | Total | | |
| 1. Date Land Purchased | | n/a | | |
| 2. Date Structure Completed | | n/a | | |
| 3. If NOT Original Owner, Date of Purchase | | | | |
| 4. Date of Initial Licensure | | | | |
| 5. Total Licensed Bed Capacity | | 141 | | |
| 6. Square Footage | | | | |
| 7. Acquisition Cost | | | | |
| a. Land | | n/a | | |
| b. Building | | n | | |
| Part B - Owner and Related Parties | | 1st Mortgage | 2nd Mortgage | 3rd Mortgage |
| 1. Financing | | | | |
| a. Type of Financing (e.g., fixed, variable) | | | | |
| b. Date Mortgage Obtained | | | | |
| c. Interest Rate for the Cost Year | | | | |
| d. Term of Mortgage (number of years) | | | | |
| e. Amount of Principal Borrowed | | | | |
| f. Principal balance outstanding as of _____ | | | | |
| Complete if Mortgage was Refinanced During Current Cost Year | | | | |
| g. Type of Financing (e.g., fixed, variable) | | | | |
| h. Date of Refinancing | | | | |
| i. New Interest Rate | | | | |
| j. Term of Mortgage (number of years) | | | | |
| k. Amount of Principal Borrowed | | | | |
| l. Principal Outstanding on Note Paid-Off | | | | |
| Part C - Arms-Length Leases for Real Property Improvements Only | | | | |
| Name and Address of Lessor | Property Leased | Date of Lease | Term of Lease | Annual Amount of Lease |
| GMF | Facility Lease | 12/21/2018-12 | 10 years | 834,842 |
| 650 Madison Avenue New York, NY 10022 | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

| Name of Facility | | License No. | Report for Year Ended | | | | Page | of |
|---|--|-----------------------------|-----------------------|------------|-----------|------------|-----------|------------|
| St. John Paul II Care and Rehabilitation | | | 9/30/2023 | | | | 26 | 37 |
| Item | | Total Including Adjustments | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
| 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 | | \$ | | | | | | |

(Carry Subtotals forward to next page)

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

| Name of Facility | | | License No. | Report for Year Ended | | | | Page | of |
|---|--|------|-----------------------------|-----------------------|------------|-------------|------------|-----------|------------|
| St. John Paul II Care and Rehabilita | | | | 9/30/2023 | | | | 27 | 37 |
| Item | | | Total Including Adjustments | CCNH / RHNS | Adjustment | (Specify) | Adjustment | (Specify) | Adjustment |
| Subtotals Brought Forward: | | | | | | | | | |
| 12. C. Movable Equipment | | | | | | | | | |
| 1. Automotive Equipment | | | \$ | | | | | | |
| A. Item | | Rate | Amount | | | | | | |
| Lender | | | | | | | | | |
| Address of Lender | | | | | | | | | |
| 2. Other (Specify) | | | \$ | | | | | | |
| A. Item | | Rate | Amount | | | | | | |
| Lender | | | | | | | | | |
| Address of Lender | | | | | | | | | |
| B. Item | | Rate | Amount | | | | | | |
| Lender | | | | | | | | | |
| Address of Lender | | | | | | | | | |
| 12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) | | | \$ | | | | | | |
| 12. D. Other Interest Expense (Specify) | | | \$ | | | | | | |
| 13. Total All Interest Expense | | | | | | | | | |
| 14. Insurance | | | | | | | | | |
| a. Insurance on Property (buildings only) | | | \$ 44,379 | 44,379 | | | | | |
| b. Insurance on Automobiles | | | \$ | | | | | | |
| c. Insurance other than Property (as specified above) | | | | | | | | | |
| 1. Umbrella (Blanket Coverage) | | | \$ 128,059 | 184,202 | (56,143) | | | | |
| 2. Fire and Extended Coverage | | | \$ | | | | | | |
| 3. Other (Specify) | | | \$ | | | | | | |
| 14d. Total Insurance Expenditures | | | \$ | 172,438 | 228,581 | (56,143) | | | |
| 15. Total All Expenditures (A-13 thru C-14) | | | \$ | 14,450,201 | 16,014,008 | (1,563,807) | | | |

F. Statement of Revenue

| Name of Facility | License No. | Report for Year Ended | | Page | of |
|--|----------------|-----------------------|-----------|-----------|----|
| St. John Paul II Care and Rehabilitation C | | 9/30/2023 | | 30 | 37 |
| Item | Total | CCNH / RHNS | (Specify) | (Specify) | |
| I. Resident Room, Board & Routine Care Revenue | | | | | |
| 1. a. Medicaid Residents (<i>CT only</i>) | \$ 17,381,467 | 17,381,467 | | | |
| b. Medicaid Room and Board Contractual Allowance ** | \$ (6,834,207) | (6,834,207) | | | |
| 2. a. Medicaid (<i>All other states</i>) | \$ | | | | |
| b. Other States Room and Board Contractual Allowance ** | \$ | | | | |
| 3. a. Medicare Residents (<i>all inclusive</i>) | \$ 1,855,527 | 1,855,527 | | | |
| b. Medicare Room and Board Contractual Allowance ** | \$ (112,635) | (112,635) | | | |
| 4. a. Private-Pay Residents and Other | \$ 2,141,747 | 2,141,747 | | | |
| b. Private-Pay Room and Board Contractual Allowance ** | \$ (475,075) | (475,075) | | | |
| II. Other Resident Revenue | | | | | |
| 1. a. Prescription Drugs - Medicare | \$ 66,911 | 66,911 | | | |
| b. Prescription Drugs - Medicare Contractual Allowance ** | \$ (4,062) | (4,062) | | | |
| c. Prescription Drugs - Non-Medicare | \$ 66,460 | 66,460 | | | |
| d. Prescription Drugs - Non-Medicare Contractual Allowance ** | \$ (16,604) | (16,604) | | | |
| 2. a. Medical Supplies - Medicare | \$ 313 | 313 | | | |
| b. Medical Supplies - Medicare Contractual Allowance ** | \$ (19) | (19) | | | |
| c. Medical Supplies - Non-Medicare | \$ 716 | 716 | | | |
| d. Medical Supplies - Non-Medicare Contractual Allowance ** | \$ (259) | (259) | | | |
| 3. a. Physical Therapy - Medicare | \$ 473,130 | 473,130 | | | |
| b. Physical Therapy - Medicare Contractual Allowance ** | \$ (28,720) | (28,720) | | | |
| c. Physical Therapy - Non-Medicare | \$ 375,886 | 375,886 | | | |
| d. Physical Therapy - Non-Medicare Contractual Allowance ** | \$ (104,719) | (104,719) | | | |
| 4. a. Speech Therapy - Medicare | \$ 196,206 | 196,206 | | | |
| b. Speech Therapy - Medicare Contractual Allowance ** | \$ (11,910) | (11,910) | | | |
| c. Speech Therapy - Non-Medicare | \$ 183,265 | 183,265 | | | |
| d. Speech Therapy - Non-Medicare Contractual Allowance ** | \$ (50,902) | (50,902) | | | |
| 5. a. Occupational Therapy - Medicare | \$ 401,767 | 401,767 | | | |
| b. Occupational Therapy - Medicare Contractual Allowance ** | \$ (24,388) | (24,388) | | | |
| c. Occupational Therapy - Non-Medicare | \$ 384,394 | 384,394 | | | |
| d. Occupational Therapy - Non-Medicare Contractual Allowance ** | \$ (106,862) | (106,862) | | | |
| 6. a. Other (<i>Specify</i>) - Medicare | \$ 34,420 | 34,420 | | | |
| b. Other (<i>Specify</i>) - Non-Medicare | \$ 161,351 | 161,351 | | | |
| III. Total Resident Revenue (Section I. thru Section II.) | \$ 15,953,196 | 15,953,196 | | | |
| IV. Other Revenue* | | | | | |
| 1. Meals sold to guests, employees & others | \$ | | | | |
| 2. Rental of rooms to non-residents | \$ 2,408 | 2,408 | | | |
| 3. Telephone | \$ | | | | |
| 4. Rental of Television and Cable Services | \$ | | | | |
| 5. Interest Income (<i>Specify</i>) | \$ 54 | 54 | | | |
| 6. Private Duty Nurses' Fees | \$ | | | | |
| 7. Barber, Coffee, Beauty and Gift shops | \$ 7,142 | 7,142 | | | |
| 8. Other (<i>Specify</i>) | \$ 38,942 | 38,942 | | | |
| V. Total Other Revenue (1 thru 8) | \$ 48,546 | 48,546 | | | |
| VI. Total All Revenue (III +V) | \$ 16,001,743 | 16,001,743 | | | |

* 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.

G. Balance Sheet

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|---------------------|-----------------------|--------|-----------|
| St. John Paul II Care and Rehabilitation | | 9/30/2023 | 31 | 37 |
| Account | | | Amount | |
| Assets | | | | |
| A. Current Assets | | | | |
| 1. Cash (<i>on hand and in banks</i>) | | | \$ | 5,458 |
| 2. Resident Accounts Receivable (Less Allowance for Bad Debts) | | | \$ | 1,580,129 |
| 3. Other Accounts Receivable (Excluding Owners or Related Parties) | | | \$ | (87,811) |
| 4. Inventories | | | \$ | 35,068 |
| 5. Prepaid Expenses | | | \$ | |
| a. _____ | | | | |
| b. _____ | | | | |
| c. _____ | | | | |
| d. See Schedule | | | | |
| 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) | | | \$ | 1,532,844 |
| B. Fixed Assets | | | | |
| 1. Land | | | \$ | |
| 2. Land Improvements | *Historical Cost | 70,272 | \$ | 50,972 |
| | Accum. Depreciation | 19,300 | | Net |
| 3. Buildings | *Historical Cost | 237,056 | \$ | 183,505 |
| | Accum. Depreciation | 53,551 | | Net |
| 4. Leasehold Improvements | *Historical Cost | _____ | \$ | |
| | Accum. Depreciation | _____ | | Net |
| 5. Non-Movable Equipment | *Historical Cost | 9,275 | \$ | 6,651 |
| | Accum. Depreciation | 2,624 | | Net |
| 6. Movable Equipment | *Historical Cost | 214,519 | \$ | 123,594 |
| | Accum. Depreciation | 90,925 | | Net |
| 7. Motor Vehicles | *Historical Cost | _____ | \$ | |
| | Accum. Depreciation | _____ | | Net |
| 8. Minor Equipment-Not Depreciable | | | \$ | |
| 9. Other Fixed Assets (<i>itemize</i>) | | | \$ | |
| _____ | | | | |
| See Schedule | | | | |
| B-10. Total Fixed Assets (Lines B1 thru 9) | | | \$ | 364,721 |

* 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

| Page Ref | Line Ref | Description | |
|-------------------------------|----------|--------------------------------|-------------|
| 31 | A5 | Prepaid Prop Taxes | \$ - |
| 31 | A5 | Prepaid Escrow Real Estate | \$ - |
| 31 | A5 | Prepaid Escrow Insurance | \$ - |
| 31 | A5 | Prepaid Escrow Replace Reserve | \$ - |
| 31 | A5 | Prepaid Personal Property Tax | \$ - |
| | | | - |
| | | | - |
| Total Prepaid Expenses | | | \$ - |

145040
145280
145290
145300
145310

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

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

Schedule of Other Assets Page 32 Line D7

| Page Ref | Line Ref | Description | |
|---------------------------|----------|--------------------------------|---------------------|
| 32 | Line D7 | Elimination Intercompany | \$ 4,598,002 |
| 32 | Line D7 | I/C Due to/Due From GHCLLC | \$ 104,594,617 |
| 32 | Line D7 | I/C Due to/Due From GHCLLC PR | \$ (70,260,416) |
| 32 | Line D7 | I/C Due to/Due From GHCLLC A/P | \$ (31,879,504) |
| 32 | Line D7 | I/C Due to/Due From GHCLLC EX | \$ (2,473) |
| 32 | Line D7 | I/C Due to/Due From GHCLLC AR | \$ (5,608,094) |
| 32 | Line D7 | I/C Due to/Due From GHCLLC IN | \$ (511,059) |
| 32 | Line D7 | O L/T A Suspense | \$ - |
| 32 | Line D7 | ROU Bldg Asset-Oper Lease | \$ 4,950,155 |
| 32 | Line D7 | AccumAmort-ROU Bldg OprLease | \$ (1,725,244) |
| 32 | Line D7 | | \$ - |
| 32 | Line D7 | | \$ - |
| 32 | Line D7 | | \$ - |
| 32 | Line D7 | | \$ - |
| Total Other Assets | | | \$ 4,155,983 |

Eliminati 190010
I/C Due t 198000
I/C Due t 198010
I/C Due t 198020
I/C Due t 198030
I/C Due t 198040
I/C Due t 198050
O L/T A : 180050
ROU Bld 150510
AccumAm 150511

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

| Page Ref | Line Ref | Description | |
|--|----------|--------------------------------|---------------------|
| 33 | A12 | Accr Exp Other | \$ 117,066 |
| 33 | A12 | Accr Exp Water and Sewer | \$ 13,018 |
| 33 | A12 | Accr Exp Gas | \$ 2,829 |
| 33 | A12 | Accr Exp Electricity | \$ 8,583 |
| 33 | A12 | Accr Exp Nursing Purchased Ser | \$ - |
| 33 | A12 | Accr Exp Due to Prior Owner | \$ - |
| 33 | A12 | Deferred Revenue | \$ 36,501 |
| 33 | A12 | A/R Credit Gross Up Liability | \$ 160,346 |
| 33 | A12 | Accrued Provider/Bed Tax | \$ 215,035 |
| 33 | A12 | Accr Sales and Use Tax - FY18 | \$ 0 |
| 33 | A12 | CP OprLease-Bldg Obligation | \$ 507,200 |
| 33 | A12 | CP-Self Insurance WC Reserve | \$ 190,473 |
| 33 | A12 | CP-Self Insurance GLPL Reserve | \$ 88,776 |
| 33 | A12 | Accr Exp Suspense | \$ - |
| Total Other Current Liabilities (Itemize) | | | \$ 1,339,829 |

Accr Exp 210010
Accr Exp 210090
Accr Exp 210100
Accr Exp 210110
Accr Exp 210110
Accr Exp 210310
Accr Exp 210330
Deferred 210340
A/R Crec 210345
Accrued 210350
Accr Sak 215418
CP OprL 227610
CP-Self I 220110
CP-Self I 220120
Accr Exp 210240

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

| Page Ref | Line Ref | Description | |
|--|----------|------------------------------|---------------------|
| 34 | B4 | LT OprLease-Bldg Obligation | \$ 2,916,264 |
| 34 | B4 | LT WC Case Reserves | \$ 352,534 |
| 34 | B4 | LT GLPL Case Reserves | \$ 203,331 |
| 34 | B4 | LT WC Insurance Recoveries | \$ 137,739 |
| 34 | B4 | LT GLPL Insurance Recoveries | \$ 5,066 |
| 34 | B4 | LT WC Development | \$ 415,303 |
| 34 | B4 | LT GLPL Development | \$ 73,979 |
| 34 | B4 | LT WC Discount | \$ (49,899) |
| 34 | B4 | LT WC Gross-up to CP | \$ (190,473) |
| 34 | B4 | LT GLPL Gross-up to CP | \$ (88,776) |
| 34 | B4-1 | Escheatable Funds | \$ 540 |
| | | | |
| | | | |
| Total Other Current Liabilities (Itemize) | | | \$ 3,775,607 |

LT OprLu 276010
LT WC C 287110
LT GLPL 287120
LT WC h 287210
LT GLPL 287220
LT WC C 287310
LT GLPL 287320
LT WC C 287410
LT WC C 287510
LT GLPL 287520
Escheat: 290060

G. Balance Sheet (cont'd)

| | | | | |
|--|-------------|------------------------------------|---------------------------|-----------|
| Name of Facility St. John Paul II Care and Rehabilitation | License No. | Report for Year Ended 9/30/2023 | Page 32 | of 37 |
| Account | | | Amount | |
| Total Brought Forward: | | | \$ | 1,897,565 |
| C. Leasehold or like property recorded for Equity Purposes. | | | | |
| 1. Land | | | \$ | |
| 2. Land Improvements | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 3. Buildings | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 4. Non-Movable Equipment | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 5. Movable Equipment | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 6. Motor Vehicles | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 7. Minor Equipment-Not Depreciable | | | \$ | |
| C-8 Total Leasehold or Like Properties (C1 thru 7) | | | \$ | |
| D. Investment and Other Assets | | | | |
| 1. Deferred Deposits | | | \$ | |
| 2. Escrow Deposits | | | \$ | |
| 3. Organization Expense | | | *Historical Cost _____ | |
| | | | Accum. Depreciation _____ | Net |
| | | | \$ | |
| 4. Goodwill (Purchased Only) | | | \$ | |
| 5. Investments Related to Resident Care (<i>itemize</i>) | | | \$ | |
| _____ | | | | |
| 6. Loans to Owners or Related Parties (<i>itemize</i>) | | | \$ | |
| Name and Address | | Amount | Loan Date | |
| _____ | | | | |
| 7. Other Assets (<i>itemize</i>) | | | \$ | 4,155,983 |
| _____ | | | | |
| See Schedule | | | 4,155,983 | |
| D-8. Total Investments and Other Assets (Lines D1 thru 7) | | | \$ | 4,155,983 |
| D-9. Total All Assets (Lines A9 + B10 + C8 + D8) | | | \$ | 6,053,549 |

* 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 St. John Paul II Care and Rehabilitation Center | | License No. | Report for Year Ended 9/30/2023 | Page 33 | of 37 |
| Account | | | | Amount | |
| Liabilities | | | | | |
| A. Current Liabilities | | | | | |
| 1. Trade Accounts Payable | | | | \$ | 1,408,553 |
| 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>) | | | | \$ | 202,548 |
| 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) | | | | \$ | |
| 6. Accrued Payroll Taxes Payable | | | | \$ | 733 |
| 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>) | | | | \$ | 1,339,829 |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| See Schedule | | | | | 1,339,829 |
| A-13. Total Current Liabilities (Lines A1 thru 12) | | | | \$ | 2,951,662 |

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

| | | | | | |
|---|-------------|------------------------------------|----------|--------------|----------|
| Name of Facility St. John Paul II Care and Rehabilitation Center | License No. | Report for Year Ended 9/30/2023 | | Page 34 | of 37 |
| Account | | | | Amount | |
| Total Brought Forward: | | | | 2,951,662 | |
| Liabilities (cont'd) | | | | | |
| B. Long-Term Liabilities | | | | | |
| 1. Loans Payable-Equipment (<i>itemize</i>) | | | | | |
| | | | | \$ | |
| Name of Lender | Purpose | Amount | Date Due | | |
| | | | | | |
| 2. Mortgages Payable | | | | \$ | |
| 3. Loans from Owners or Related Parties (<i>itemize</i>) | | | | \$ | |
| Name and Address of Lender | Amount | Loan Date | | | |
| | | | | | |
| 4. Other Long-Term Liabilities (<i>itemize</i>) | | | | \$ 3,775,607 | |
| | | | | | |
| | | | | | |
| See Schedule | | | | 3,775,607 | |
| B-5. Total Long-Term Liabilities (Lines B1 thru 4) | | | | \$ 3,775,607 | |
| C. Total All Liabilities (Lines A-13 + B-5) | | | | \$ 6,727,269 | |

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

| Name of Facility | License No. | Report for Year Ended | Page | of |
|---|-------------|-----------------------|-----------|------------------|
| St. John Paul II Care and Rehabilitatio | | 9/30/2023 | 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 | | | \$ | (652,515) |
| 6. Gain or Loss for Period | | | \$ | (12,265) |
| | 10/1/2022 | thru | 9/30/2023 | |
| 7. Total Net Worth | | | \$ | (664,781) |
| C. Total Reserves and Net Worth | | | \$ | (664,781) |
| D. Total Liabilities, Reserves, and Net Worth | | | \$ | 6,062,489 |

H. Changes in Total Net Worth

| Name of Facility | License No. | Report for Year Ended | Page | of | |
|---|-------------|-----------------------|--------|-------------|--|
| St. John Paul II Care and Rehabilitation C | | 9/30/2023 | 36 | 37 | |
| Account | | | Amount | | |
| A. Balance at End of Prior Period as shown on Report of 09/30/2022 | | | \$ | (2,216,322) | |
| B. Total Revenue (<i>From Statement of Revenue Page 30</i>) | | | \$ | 16,001,743 | |
| C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>) | | | \$ | 14,450,201 | |
| D. Net Income or Deficit | | | \$ | 1,551,542 | |
| E. Balance | | | \$ | (664,781) | |
| F. Additions | | | | | |
| 1. Additional Capital Contributed (<i>itemize</i>) | | | | | |
| 2. Other (<i>itemize</i>) | | | | | |
| F-3. Total Additions | | | \$ | | |
| G. Deductions | | | | | |
| 1. Drawings of Owners/Operators/Partners (<i>Specify</i>) | | | \$ | | |
| Name and Address (<i>No., City, State, Zip</i>) | | Title | Amount | | |
| | | | | | |
| 2. Other Withdrawings (<i>Specify</i>) | | | \$ | | |
| Purpose | | Amount | | | |
| | | | | | |
| 3. Total Deductions | | | \$ | | |
| H. Balance at End of Period | | | \$ | (664,781) | |
| | | | | 09/30/23 | |

I. Preparer's/Reviewer's Certification

| | | | | |
|--|------------------------------------|------------------------------------|--------------|-------------|
| Name of Facility St. John Paul II Care and Rehabilitation | License No. | Report for Year Ended 9/30/2023 | Page 37 | of 37 |
| <i>Check appropriate category</i> | | | | |
| Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined | <input type="checkbox"/> (Specify) | <input type="checkbox"/> (Specify) | | |
| Preparer/Reviewer Certification | | | | |
| <p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p> | | | | |
| Signature of Preparer | | Title | | Date Signed |
| Printed Name of Preparer | | | | |
| Rick Fink | | | | |
| Address Address | | | Phone Number | |
| 515 Fairmount Avenue, STE 800, Towson, Maryland 21286 | | | | |
| Contacted Person Regarding Additional Information Needed Regarding This Report | | | Phone Number | |
| Rick Fink | | | 410-494-7657 | |
| Contact Email Address | | | | |
| Rick.Fink@genesishcc.com | | | | |