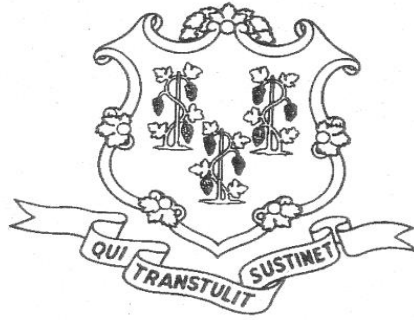


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	
Address (No. & Street, City, State, Zip Code) 6448 Main Street, Trumbull, CT 06611	
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 2321-C	(Specify)	(Specify)	Medicare Provider 07-5001
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Medicaid Provider Numbers:	CCNH / RHNS 6841	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No.	Report for Year Ended 9/30/2023	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for _____ [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) Griffin, Giovanna Ann			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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 6448 Main Street, Trumbull, CT 06611				
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	\$	7,915,455	7,901,851	13,604
5. All other wages paid	\$	1,460,837	1,343,970	116,867
6. Total Wages Paid	\$	9,376,292	9,245,821	130,471
7. Total salaries paid	\$	445,634	424,134	21,499
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	9,821,926	9,669,955	151,970

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 203-268-6204		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		Address (No. & Street, City, State, Zip) 6448 Main Street, Trumbull, CT 06611		
License Numbers:	CCNH / RHNS 2321-C	(Specify)	(Specify)	Medicare Provider No. 07-5001
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 Griffin, Giovanna Ann		Nursing Home Administrator's License No.:	001197	
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 HBR Trumbull, LLC -d/b/a: St. Joseph's Man	License No.	Report for Year Ended 9/30/2023	Page 3A	of 37
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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			
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See the attached			
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**General Information and Questionnaire
 Related Parties***

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No.	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	1,347,866	1,347,866
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	769,607	769,607
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	502,832	502,832
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	5,538	5,538
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Insurance	Pg 27/14	403,076	403,076
		<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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No.	Report for Year Ended 9/30/2023	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.
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 HBR Trumbull, LLC -d/b/a: St. Josep	License No. 0	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		238,500		
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?		RC H		
<i>If yes, please complete the following:</i>				
0	Square footage of apartments			
6,956	Square footage of independent living			
0	Square footage of assisted living			
Please identify the services provided:				
16 hours of medication management				

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility HBR Trumbull, LLC	License No. 0	Report for Year Ended 9/30/2023	Page 7	of 37
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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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			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	292	269		23	292	269		23				
B. On last day of THIS report period	292	269		23					292	269		23
2. Number of Residents												
A. As of midnight of PREVIOUS report period	202	184		18	202	184		18				
B. As of midnight of THIS report period	170	156		14					170	156		14
3. Total Number of Days Care Provided During Period												
A. Medicare	2,812	2,812			2,270	2,270			542	542		
B. Medicaid (Conn.)	50,774	46,098		4,676	37,972	34,499		3,473	12,802	11,599		1,203
C. Medicaid (other states)												
D. Private Pay	3,089	3,089			2,418	2,418			671	671		
E. State SSI for RCH												
F. Other (Specify)	4,965	4,965			3,650	3,650			1,315	1,315		
G. Total Care Days During Period (3A thru F)	61,640	56,964		4,676	46,310	42,837		3,473	15,330	14,127		1,203
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	175			175	124			124	51			51
B. Other Bed Reserve Days	56	56			27	27			29	29		
5. Total Resident Days (3G + 4A + 4B)	61,871	57,020		4,851	46,461	42,864		3,597	15,410	14,156		1,254

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility		License No.		Report for Year Ended		Page		of	
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				9/30/2023		10		37	
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No									
Total Cost and Hours									
Item	CCNH / 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)	223,256	(92,260)	2,943				19,414	(8,023)	256
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	23,987		534				2,086		46
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	478,010		18,211				41,566		1,584
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	114,705		3,013				9,974		262
b. Other Maintenance Workers	270,485		11,849				23,520		1,030
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	176,891		2,650						
b. RN									
1. Direct Care	1,167,602		22,926						
2. Administrative**	169,422		3,618						
c. LPN									
1. Direct Care	2,777,137		70,822						
2. Administrative**									
d. Aides and Attendants	3,631,243		144,066						
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	211,391		9,799				18,382		852
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	269,379		7,701				23,424		670
n. Marketing									
o. Other (Specify) See Attached Schedule	156,447		6,888				13,604		599
<i>A-13. Total Salary Expenditures</i>	<i>9,669,955</i>	<i>(92,260)</i>	<i>305,021</i>				<i>151,970</i>	<i>(8,023)</i>	<i>5,299</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 Resident Statistics (Cont'd)

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No.	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH / RHNS	(Specify)	(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	5	130		21			14	
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	696.51	#####		573.53				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	2,385	2,385			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments	4,130	4,130			
C. Other	12,200	12,200			
D. Total Physical Therapy Treatments	18,715	18,715			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	183	183			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments	186	186			
C. Other	1,291	1,291			
D. Total Speech Therapy Treatments	1,660	1,660			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	2,073	2,073			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments	3,895	3,895			
C. Other	11,420	11,420			
D. Total Occupational Therapy Treatments	17,388	17,388			

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			RCH		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Coordinator-Staffing Centers	\$ 206		6				\$ 18		1
Central Supply	\$ 62,059		3,026				\$ 5,396		263
Medical Records	\$ 94,182		3,857				\$ 8,190		335
Total	\$ 156,447	\$ -	6,888	\$ -	\$ -	-	\$ 13,604	\$ -	599

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			RCH		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Consulting Fees	\$ 13,500		N/A						
Purchased Services	\$ 5,003	\$ (5,003)	N/A						
Purchased Services	\$ 3,258	\$ (3,258)	N/A						
Purchased Services	\$ 6,071	\$ (6,071)	N/A						
Purchased Services	\$ 47,560		N/A						
Total	\$ 75,392	\$ (14,332)	-	\$ -	\$ -	-	\$ -	\$ -	-

1020620010
 3010620020
 3015620020
 3155620020
 3080620020

correct
 75,392
 \$ -

**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	
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor					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).										

* 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	
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor					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***										
Griffin,Giovanna Ann	61,300				Management of Center	784	2			
Townsend,Patrick Aaron; Davanzo,Don James; Schiff,Shelly Renee; and	159,158				Management of Center	2,135	2			
Porcheddu,Antonio Salvatore 10/5/2022-11/16/22	22,211				Management of Center	280	2			
Section IV - Assistant Administrators										
Schiff,Shelly Renee	26,073				Management of Center	580	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				
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		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	33,212		227						
3. Pharmacist	30,987		632						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	398,401	(398,401)	5,458						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	75,760		401						
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	91,523	(91,523)	1,173						
b. Other									
10. Occupational Therapist									
a. Resident Care	389,370	(389,370)	5,334						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	170,617	(7,422)	2,970						
2. Administrative***									
b. LPN									
1. Direct Care	335,920	(14,613)	7,404						
2. Administrative***									
c. Aides	19,163	(834)	578						
d. Other									
12. Other (Specify)									
See Attached Schedule	75,392	(14,332)							
B-13 Total Fees Paid in Lieu of Salaries	1,620,346	(916,495)	24,178						

* 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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		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"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

* 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
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		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	\$ 298,148	319,947	(27,762)			6,530	(567)	
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 63,732	62,458				1,275		
4. Social Security (F.I.C.A.)	\$ 729,578	714,986				14,592		
5. Health Insurance	\$ 592,736	580,881				11,855		
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 566,428	555,099				11,329		
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$ 61,729	56,790				4,938		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	157,632	(157,632)			13,707	(13,707)	
d. Accounting and Auditing	\$							
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 17,793	16,370				1,423		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 34,754	31,974				2,780		
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 29,399	27,047				2,352		
2. Cellular Phones	\$ 1,250	1,150				100		
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	\$ 278	256				22		
3. Resident Day User Fee	\$ 808,871	744,161				64,710		
Subtotal	\$ 3,204,696	3,268,752	(185,394)			135,612	(14,274)	

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

92% 8%

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment
Union Health & Welfare	\$ 469				\$ 41	
Union Health & Welfare	\$ -				\$ -	
Union Health & Welfare	\$ 98				\$ 9	
Union Health & Welfare	\$ 23,615				\$ 2,053	
Union Health & Welfare	\$ 32,608				\$ 2,836	
Union Health & Welfare	\$ -				\$ -	
Union Health & Welfare	\$ -				\$ -	
Benefit Allocations	\$ -				\$ -	
Total	56,790	\$ -	\$ -	\$ -	\$ 4,938	\$ -

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 61,729 -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment
Sales Tax	\$ 256				\$ 22	
Sales Tax	\$ -				\$ -	
Total	\$ 256	\$ -	\$ -	\$ -	\$ 22	\$ -

1020640110

correct 278 \$ -

General Information and Questionnaire Accounting Basis

Name of Facility HBR Trumbull, LLC -d/b/a: St. Jos	License No.	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 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 Dorsi & Dorsi 3 Senior Care Valuation LLC 4 5	Telephone Number 203-691-7120
---	----------------------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2 P.O Box 572 West Haven, CT 06516
 3 4 Willow Ln , Old Greenwich, CT 06870
 4
 5

Services Provided by This Firm (*describe fully*)

1	\$
2 Legal fees for the R.E tax abatement	\$ 12,993
3 Tax Appeal and Settlement Fees	\$ 4,800
4	\$
5	\$
	Charge for Services Provided
	\$ 17,793

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
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		9/30/2023					16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	3,204,696	3,268,752	(185,394)			135,612	(14,274)	
I. Travel and Entertainment								
1. Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	\$ 100	92				8		
3. Gifts to Staff and Residents	\$							
4. Employee Travel	\$ 74,448	68,492				5,956		
5. Education Expenses Related to Seminars and Conventions	\$ 60	55				5		
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	\$	11,724	(11,724)			1,019	(1,019)	
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	\$ 11,184	10,289				895		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 21,556	19,832				1,725		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$							
9. Subscriptions	\$ 61,173	56,279				4,894		
10. Contributions*** See Attached Schedule	\$	106	(106)			9	(9)	
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 2,475	2,277				198		
12. Administrative Management Services**	\$ 1,347,866	702,532	537,505			61,090	46,740	
13. Other (Specify) See Attached Schedule	\$ 121,071	174,313	(62,928)			15,158	(5,472)	
C-14 Total Administrative & General Expenditures	\$ 4,844,630	4,314,745	277,352			226,568	25,965	

* 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

92% 8%

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

correct

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment
Advertising	\$ 3,252	\$ (3,252)			\$ 283	\$ (283)
Marketing Expense	\$ 2,312	\$ (2,312)			\$ 201	\$ (201)
Marketing Exp- Corporate Spend	\$ 6,025	\$ (6,025)			\$ 524	\$ (524)
Marketing Exp- Corporate Spend	\$ -	\$ -			\$ -	\$ -
Marketing Expense	\$ 135	\$ (135)			\$ 12	\$ (12)
Marketing Expense	\$ -	\$ -			\$ -	\$ -
Total Other Advertising	\$ 11,724	\$ (11,724)	\$ -	\$ -	\$ 1,019	\$ (1,019)

1020630020
1020630330
1020630331
3165630330
3080630330
3005630330
correct 12,744

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment
Licenses & Certifications	\$ 19,832				\$ 1,725	
Dues to Chamber of Commerce	\$ -				\$ -	
	\$ -				\$ -	
	\$ -				\$ -	
	\$ -				\$ -	
	\$ -				\$ -	
	\$ -				\$ -	
	\$ -				\$ -	
	\$ -				\$ -	
Total Dues	\$ 19,832	\$ -	\$ -	\$ -	\$ 1,725	\$ -

1020630310
correct 21,556

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment
Contributions	\$ 106	\$ (106)			\$ 9	\$ (9)
Political Contributions	\$ -				\$ -	
	\$ -				\$ -	
Total Contributions	\$ 106	\$ (106)	\$ -	\$ -	\$ 9	\$ (9)

1020630130
1020630135
correct 116

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment
Bank Service Charges	\$ 26,676				\$ 2,320	
Collection Fees	\$ 48,398	\$ (48,398)			\$ 4,208	\$ (4,208)
Education Expense	\$ -				\$ -	
Employee Physicals	\$ 10,182				\$ 885	
Employee Relations	\$ 3,931				\$ 342	
Printing	\$ 339				\$ 30	
Training Expense	\$ 91				\$ 8	
Fines & Penalties	\$ 14,531	\$ (14,531)			\$ 1,264	\$ (1,264)
Miscellaneous	\$ 1,795				\$ 156	
Rental Expense	\$ 253				\$ 22	
Accrued Expense Estimation	\$ -				\$ -	
Landlord Operating Taxes	\$ -				\$ -	
State Tax Annual Report Filing	\$ 350				\$ 30	
Recruiting Fees	\$ 49,194				\$ 4,278	
Recruiting Fees	\$ -				\$ -	
Non-recurring Charges	\$ -				\$ -	
Interest Expense	\$ 2				\$ 0	
Uniforms	\$ -				\$ -	
Equipment Non-Capitalized	\$ 118				\$ 10	
Rental Expense	\$ 1,483				\$ 129	
Recruiting Fees	\$ -				\$ -	
Software Maintenance	\$ 16,910				\$ 1,470	
Recruiting Fees	\$ -				\$ -	
Employee Relations	\$ 61				\$ 5	
	\$ -				\$ -	
Total Other Administrative and General	174,313	\$ (62,928)	\$ -	\$ -	\$ 15,158	\$ (5,472)

1020630060 1020630060 Bank Servc 28,995.69 C01M13
1020630120 1020630120 Collection F 15,401.06 C01M13
1020630140 1020630120 Collection F 51.31 C01M13
1020630180 1020630180 Employee P 11,067.32 C01M13
1020630200 1020630200 Employee R 4,272.66 C01M13
1020630380 5035630200 Employee R 66.56 C01M13
1020630610 1020630380 Printing 368.78 C01M13
1020640080 1020630440 Recruiting F 1,612.32 C01M13
1020640090 3080630440 Recruiting F 53,471.93 C01M13
1020660080 1020630610 Training Ex 99.00 C01M13
1020660990 1020640060 Equipment I (3,087.75) C01M13
5095720090 1020640060 Equipment I 1,958.12 C01M13
1020720070 1020640060 Equipment I 1,257.97 C01M13
3080630440 1020640080 Fines & Per 201.50 C01M13
3080630441 1020640080 Fines & Per 15,592.85 C01M13
7010800030 1020640090 Miscellaneo 1,952.73 C01M13
7010730010 1020640090 Miscellaneo (2.15) C01M13
1020630640 1020660080 Rental Expt 275.42 C01M13
1020640060 1020660100 Repairs & Iv 3,078.08 C01M13
1020630440 1020660100 Repairs & Iv 15,071.12 C01M13
1020630520 1020660100 Repairs & Iv 233.00 C01M13
1020660100 1020660990 Accrued Ex 0.00 C01M13
3210630440 1020720070 State Tax A 380.00 C01M13
5035630200 7010730010 Interest Exp 1.95
\$ 174,311.44
correct 189,471

Schedule C-1 - Management Services*

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's N	License No.	Report for Year Ended 9/30/2023	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC	1,347,866	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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		License No.	Report for Year Ended 9/30/2023				Page 18	of 37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 390,854	359,586				31,268		
2. Non-Food Supplies	\$ 54,205	49,869				4,336		
3. Other (Specify) _____ Contra Meal Expense	\$ (5,686)	(5,231)				(455)		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 2,321,358	2,135,650				185,709		
c. Other (Specify) _____ Books, Dues & Subscriptions	\$							
2D. Total Dietary Expenditures	\$ 2,760,731	2,539,873				220,858		
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
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			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. \$	16,492	15,172			1,319	
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. \$	3,676	3,382			294	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	707,961	651,324			56,637	
c. Other (Specify)		\$						
3D. Total Laundry Expenditures		\$	728,129	669,878			58,250	
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
HBR Trumbull, LLC -d/b/a: St. Joseph's M			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.	\$ 13,609	12,520				1,089	
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Amt.	\$ 1,084,256	997,516				86,740	
c. Other (<i>Specify</i>)		\$						
4D. Total Housekeeping Expenditures		\$ 1,097,865	1,010,035				87,829	
5. Resident Care (Supplies)**								
a. Prescription Drugs***								
1. Own Pharmacy		\$						
2. Purchased from Omnicare		\$	204,851	(204,851)				
b. Medicine Cabinet Drugs		\$ 47,774	47,774					
c. Medical and Therapeutic Supplies		\$ 229,913	229,913					
d. Ambulance/Limousine***		\$	14,082	(14,082)				
e. Oxygen								
1. For Emergency Use		\$						
2. Other***		\$	9,047	(9,047)				
f. X-rays and Related Radiological Procedures***		\$	17,424	(17,424)				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$						
h. Laboratory***		\$	78,842	(78,842)				
i. Recreation		\$ 12,873	44,655	(31,782)				
j. Direct Management Services*		\$						
k. Indirect Management Services*		\$						
l. Cable TV		\$						
m. Other (Specify)**** See Attached Schedule		\$ 98,955	99,688	(8,649)			8,669	(752)
n. Physical Therapy Expense		\$						
o. Speech Therapy Expense		\$						
5P. Total Resident Care Expenditures (5a - 5o)		\$ 389,515	746,275	(364,677)			8,669	(752)

* 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

92% 8%

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	RCH	Adjustment			
Incontinency	\$ 66,206				\$ 5,757		3060610160	306061016 Incontinenc	43,099.88
Advertising-Help Wanted	\$ (47)				\$ (4)		3060610161	306061016 Incontinenc	(22.71)
Advertising-Help Wanted	\$ 19,873				\$ 1,728		3080630030	301061030 Consolidate	23,542.38
Books, Dues & Subscriptions	\$ -				\$ -		3080630080	301061030 Consolidate	39.00
Education Expense	\$ 177				\$ 15		3080630140	308063003 Advertising	6,680.78
Employee Relations	\$ -				\$ -		3080630200		
Supplies	\$ 586				\$ 51		3120630530	308063014 Education E	(886.31)
Respiratory Supplies	\$ 4,529	\$ (4,529)			\$ 394	\$ (394)	3155630530	308063020 Employee R	55.01
Supplies	\$ -				\$ -		3170630530	312063053 Supplies	511.61
Office Supplies	\$ -				\$ -		3090630535	315563053 Supplies	2,183.38
Office Supplies	\$ -				\$ -		3120630535	309063053 Office Supp	10.91
Office Supplies	\$ -				\$ -		3165630535	312063053 Office Supp	149.52
Training Expense	\$ 276				\$ 24		3080630610	315566008 Rental Expe	6,873.23
Rental Expense	\$ -				\$ -		3120660080		
Rental Expense	\$ 2,359	\$ (2,359)			\$ 205	\$ (205)	3155660080		
Consolidated Billing	\$ 1,761	\$ (1,761)			\$ 153	\$ (153)	3010610300		
Tuition Reimbursement	\$ -				\$ -		3080630630		
Tuition Reimbursement	\$ -				\$ -		3210630630		
Tuition Reimbursement	\$ -				\$ -		3225630630		
Office Supplies	\$ -				\$ -		3150630535		
Office Supplies	\$ -				\$ -		3155630535		
Supplies	\$ 10				\$ 1		3165630530		82,236.68
T&E-Lodging/Transportation	\$ 3,958				\$ 344		3080630550		\$ (17,451.69)
T&E-Lodging/Transportation	\$ -				\$ -		3165630550		
Licenses & Certifications	\$ -				\$ -		3080630310		
Total Other Resident Care	\$ 99,688	\$ (8,649)	\$ -	\$ -	\$ 8,669	\$ (752)	correct	108,356.92	-

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			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	707,961			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	1,084,256			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	2,320,301			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"/>							
		<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
HBR Trumbull, LLC -d/b/a: St. Joseph		9/30/2023					22	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	631,990	581,431				50,559	
b. Heat	\$	238,887	219,776				19,111	
c. Light & Power	\$	244,330	224,783				19,546	
d. Water	\$	498,160	458,307				39,853	
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)	\$	1,613,367	1,484,298				129,069	
7. Depreciation (<i>complete schedule page 23*</i>)								
a. Land Improvements	\$	41,555	239	37,992			21	3,304
b. Building & Building Improvements	\$	238,284	39,935	179,286			3,473	15,590
c. Non-Movable Equipment	\$	(0)	23,773	(23,773)			2,067	(2,067)
d. Movable Equipment	\$	72,507	42,047	24,659			3,656	2,144
*7e. Total Depreciation Costs (7a + b + c + d)	\$	352,345	105,993	218,165			9,217	18,971
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	\$	800,256	736,236				64,020	
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$	171,159	157,466				13,693	
c. Personal property taxes	\$							
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,323,760	999,695	218,165			86,930	18,971

* 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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		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		1,967		1,967	346	S/L	Various	259					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									259				
B. Building and Building Improvements													
1. Acquired prior to this report period		366,547		366,547	111,388	S/L	Various	40,647					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		48,594		48,594				2,760					
B-4. Subtotal									43,408				
C. Non-Movable Equipment													
1. Acquired prior to this report period		413,494		366,547	304,609	S/L	Various	17,422					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		97,996						8,418					
C-4. Subtotal									25,840				
		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						265,274		265,274	97,831	S/L	Various	37,689	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						66,062		66,062				8,014	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period						66,062		66,062				8,014	
D-3. Subtotal													45,703
E. Total Depreciation													115,210

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:				
5/31/2023	Door hardware and frame	\$ 10,741	05 07	\$ 641
5/31/2023	Elevator Door Operator	\$ 32,508	05 07	\$ 1,941
				\$ -
Total additions for Building Improvements		\$ 48,594		\$ 2,760
Deletions:				
Total deletions for Building Improvements		\$ -		\$ -

150050 016573
150055 016549

*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:				
3/31/2023	Laundry Make Up Air Uniit	\$ 94,212	05 09	\$ 8,192
5/31/2023	Steam Valve-Laundry Make Up Air Unit	\$ 3,784	05 07	\$ 226
Total additions for Non-Movable Equipment		\$ 97,996		\$ 8,418
Deletions:				

150075 016489
150075 016548

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:					
5/31/2023	Wiring for Timeclocks	Administrative	\$ 35,990	06 00	\$ 4,499
5/31/2023	Wiring for Timeclocks	Administrative	\$ 12,891	06 00	\$ 1,611
1/31/2023	Wiring for Timeclocks	Administrative	\$ 14,950	06 00	\$ 1,869
5/31/2023	Wiring for New Time Clocks	Administrative	\$ 2,230	05 04	\$ 35
Total additions for Movable Equipment			\$ 66,062		\$ 8,014 *
Deletions:					
Total deletions for Movable Equipment			\$ -		\$ - **

150117 016410
 150117 016411
 150117 016412
 150117 016634

*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

HBR Trumbull, LLC -d/b/a: St. Joseph
 Depreciation Expense Report
 As of September 30, 2023

11,889,869.00

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date
57007	150055	Bldg Imp	006823	000	Sun Valuati	12/1/2012
57007	150075	Non-Movable Equipment	006824	000	Sun Valuati	12/1/2012
57007	150080	Movable Equip	006825	000	Sun Valuati	12/1/2012
57007	150088	Movable Equip	006826	000	Sun Valuati	12/1/2012
57007	150110	Movable Equip	006827	000	Sun Valuati	12/1/2012
57007	150130	Movable Equip	006828	000	Sun Valuati	12/1/2012
57007	150065	Bldg Imp	007064	000	HVACSYS	12/31/2012
57007	150065	Bldg Imp	007065	000	CLACT120	12/31/2012
57007	150085	Movable Equip	007066	000	BEDFRAM	12/31/2012
57007	150085	Movable Equip	007067	000	PARTS&M	12/31/2012
57007	150085	Movable Equip	007068	000	MATTRES	12/31/2012
57007	150110	Movable Equip	007150	000	4 Port Corpe	1/31/2013
57007	150085	Movable Equip	007175	000	24x18 reclir	2/28/2013
57007	150085	Movable Equip	007200	000	24x18 reclir	3/31/2013
57007	150085	Movable Equip	007279	000	24x18 reclir	4/30/2013
57007	150085	Movable Equip	007280	000	24x18 reclir	4/30/2013
57007	150085	Movable Equip	007281	000	24x18 reclir	4/30/2013
57007	150085	Movable Equip	007367	000	24x18 reclir	5/31/2013
57007	150088	Movable Equip	007368	000	185 MATTE	5/31/2013
57007	150025	Land Imp	007511	000	Exterior sig	6/30/2013
57007	150085	Movable Equip	007512	000	Window tre:	6/30/2013
57007	150050	Bldg Imp	007513	000	Taco pumpv	6/30/2013
57007	150085	Movable Equip	007670	000	Hobart Mod	7/31/2013
57007	150085	Movable Equip	007671	000	Touchfree Ic	7/31/2013
57007	150075	Non-Movable Equipment	007672	000	Roam Alert	7/31/2013
57007	150050	Bldg Imp	007673	000	Jeron Provic	7/31/2013
57007	150057	Bldg Imp	007674	000	Roam Alert	7/31/2013
57007	150075	Non-Movable Equipment	007675	000	Exhaust pip	7/31/2013
57007	150075	Non-Movable Equipment	007676	000	Muffler cata	7/31/2013
57007	150050	Bldg Imp	007677	000	Jeron Provic	7/31/2013
57007	150057	Bldg Imp	007793	000	pocket tag r	8/31/2013
57007	150085	Movable Equip	007794	000	broda wheel	8/31/2013
57007	150085	Movable Equip	007795	000	broda wheel	8/31/2013
57007	150085	Movable Equip	007796	000	high back w	8/31/2013
57007	150085	Movable Equip	007797	000	high back w	8/31/2013
57007	150085	Movable Equip	007798	000	24x18 reclir	8/31/2013

57007	150085	Movable Equip	007799	000	Blixer, 5-1/2	8/31/2013
57007	150085	Movable Equip	007898	000	24x18 reclir	9/30/2013
57007	150110	Movable Equip	007899	000	Lenovo TC	9/30/2013
57007	150085	Movable Equip	007983	000	Hobart utens	10/31/2013
57007	150050	Bldg Imp	007984	000	Flat roof on	10/31/2013
57007	150085	Movable Equip	008073	000	Aluminum f	11/30/2013
57007	150050	Bldg Imp	008172	000	Frame for sh	12/31/2013
57007	150085	Movable Equip	008173	000	OmniCycle	12/31/2013
57007	150050	Bldg Imp	008337	000	Kolher gene	1/31/2014
57007	150080	Movable Equip	008420	000	Frame grey	2/28/2014
57007	150080	Movable Equip	008421	000	4 Alenti w/s	2/28/2014
57007	150075	Non-Movable Equipment	008422	000	Alenti w/sca	2/28/2014
57007	150050	Bldg Imp	008423	000	Roofing	2/28/2014
57007	150050	Bldg Imp	008424	000	Digital cont	2/28/2014
57007	150050	Bldg Imp	008425	000	Replacemen	2/28/2014
57007	150050	Bldg Imp	008426	000	Roof leak re	2/28/2014
57007	150085	Movable Equip	008607	000	Big Blue Bo	4/30/2014
57007	150085	Movable Equip	008608	000	Frigidaire 14	4/30/2014
57007	150055	Bldg Imp	008609	000	BLAST TU	4/30/2014
57007	150085	Movable Equip	008610	000	Sit bath syst	4/30/2014
57007	150085	Movable Equip	008611	000	Sit bath syst	4/30/2014
57007	150117	Movable Equip	008612	000	Cabling for	4/30/2014
57007	150085	Movable Equip	008613	000	1 Tracer SX	4/30/2014
57007	150085	Movable Equip	008614	000	Frigidaire 14	4/30/2014
57007	150085	Movable Equip	008615	000	3 Tracer SX	4/30/2014
57007	150100	Movable Equip	008736	000	Credit Card	5/31/2014
57007	150085	Movable Equip	008737	000	GE 18.1cf F	5/31/2014
57007	150080	Movable Equip	008738	000	GE 3.7cf To	5/31/2014
57007	150057	Bldg Imp	008739	000	Video DVR	5/31/2014
57007	150085	Movable Equip	008849	000	Bristol Toff	6/30/2014
57007	150055	Bldg Imp	008850	000	Aquastat cir	6/30/2014
57007	150110	Movable Equip	008953	000	1 HP LaserJ	7/31/2014
57007	150110	Movable Equip	008954	000	2 Cisco 291	7/31/2014
57007	150110	Movable Equip	008955	000	1 Cisco 291	7/31/2014
57007	150110	Movable Equip	008956	000	1 Cisco Cata	7/31/2014
57007	150110	Movable Equip	008957	000	1 Cisco Cata	7/31/2014
57007	150050	Bldg Imp	008958	000	20 minute fi	7/31/2014
57007	150050	Bldg Imp	008959	000	Closers for C	7/31/2014
57007	150110	Movable Equip	009029	000	1 APC Smar	8/31/2014
57007	150057	Bldg Imp	009030	000	Kitchen cab	8/31/2014
57007	150100	Movable Equip	009068	000	IntelliFAX 4	9/30/2014
57007	150085	Movable Equip	009069	000	DUET TRA	9/30/2014
57007	150085	Movable Equip	009304	000	(5) 1.6 cu ft	12/31/2014
57007	150080	Movable Equip	009435	000	support vest	2/28/2015
57007	150110	Movable Equip	009436	000	HP LaserJet	2/28/2015

57007	150085	Movable Equip	009671	000	Thomas pun	5/31/2015
57007	150085	Movable Equip	009672	000	1/2 Gallon 3	5/31/2015
57007	150117	Movable Equip	009673	000	Phone line i	5/31/2015
57007	150085	Movable Equip	009753	000	Direct Choic	6/30/2015
57007	150080	Movable Equip	009754	000	3 Attendant	6/30/2015
57007	150080	Movable Equip	009755	000	Sales and U	6/30/2015
57007	150117	Movable Equip	010041	000	Cabling for	9/30/2015
57007	150110	Movable Equip	010042	000	1 HP LaserJ	9/30/2015
57007	150110	Movable Equip	010043	000	1 HP M425I	9/30/2015
57007	150080	Movable Equip	010044	000	Batteries for	9/30/2015
57007	150085	Movable Equip	010045	000	Megapulse I	9/30/2015
57007	150085	Movable Equip	010046	000	6 UNIFRAM	9/30/2015
57007	150085	Movable Equip	010047	000	ICE MACH	9/30/2015
57007	150080	Movable Equip	010048	000	Unimac was	9/30/2015
57007	150055	Bldg Imp	010049	000	Pivot frame	9/30/2015
57007	150055	Bldg Imp	010050	000	Repairs to s	9/30/2015
57007	150020	Land Imp	010051	000	Parking lot l	9/30/2015
57007	150085	Movable Equip	010139	000	SLICER TO	10/31/2015
57007	150080	Movable Equip	010140	000	Direct Choic	10/31/2015
57007	150117	Movable Equip	010238	000	Cabling for	11/30/2015
57007	150085	Movable Equip	010297	000	Direct Choic	12/31/2015
57007	150110	Movable Equip	010298	000	1 HP LaserJ	12/31/2015
57007	150110	Movable Equip	010299	000	1 Cisco 291	12/31/2015
57007	150085	Movable Equip	010300	000	Tracer SX5	12/31/2015
57007	150055	Bldg Imp	010365	000	Expansion t	1/31/2016
57007	150050	Bldg Imp	010366	000	Fire damper	1/31/2016
57007	150050	Bldg Imp	010367	000	Wiring for v	1/31/2016
57007	150050	Bldg Imp	010368	000	Fire door fo	1/31/2016
57007	150075	Non-Movable Equipment	010369	000	Compressor	1/31/2016
57007	150055	Bldg Imp	010476	000	Repairs to c	2/29/2016
57007	150085	Movable Equip	010632	000	3-Gallon Br	3/31/2016
57007	150085	Movable Equip	010633	000	Double Dec	3/31/2016
57007	150085	Movable Equip	010634	000	10 Tracer E	3/31/2016
57007	150055	Bldg Imp	010635	000	2 Altronix p	3/31/2016
57007	150075	Non-Movable Equipment	010876	000	Water heate	5/31/2016
57007	150050	Bldg Imp	010877	000	Demo old cc	5/31/2016
57007	150050	Bldg Imp	010878	000	(1) 45 gal cc	5/31/2016
57007	150085	Movable Equip	010917	000	Vicair Vect	6/30/2016
57007	150057	Bldg Imp	010918	000	Security mo	6/30/2016
57007	150055	Bldg Imp	010919	000	Electric doo	6/30/2016
57007	150075	Non-Movable Equipment	010920	000	Conductivity	6/30/2016
57007	150050	Bldg Imp	010921	000	Sales tax on	6/30/2016
57007	150085	Movable Equip	011185	000	One Gallon	9/30/2016
57007	150110	Movable Equip	011291	000	1 HP LaserJ	10/31/2016
57007	150050	Bldg Imp	011292	000	Fire doors b	10/31/2016

57007	150080	Movable Equip	011361	000	2 Unimac W	11/30/2016
57007	150057	Bldg Imp	011482	000	Amplifier fc	12/31/2016
57007	150075	Non-Movable Equipment	011483	000	American St	12/31/2016
57007	150080	Movable Equip	011627	000	Attendant B	2/28/2017
57007	150080	Movable Equip	011628	000	Vitalstim Ha	2/28/2017
57007	150100	Movable Equip	011629	000	12 task chai	2/28/2017
57007	150085	Movable Equip	011630	000	6 Large buss	2/28/2017
57007	150080	Movable Equip	011833	000	Huntleigh P	3/31/2017
57007	150085	Movable Equip	011834	000	2 USTEP L	3/31/2017
57007	150050	Bldg Imp	011959	000	Jeron Provic	5/31/2017
57007	150057	Bldg Imp	011960	000	Interlocking	5/31/2017
57007	150050	Bldg Imp	012037	000	Call Bell Sy	6/30/2017
57007	150057	Bldg Imp	012110	000	Install Luxu	7/31/2017
57007	150055	Bldg Imp	012111	000	Giant Lift F	7/31/2017
57007	150080	Movable Equip	012172	000	Uni Mac Dr	8/31/2017
57007	150025	Land Imp	012313	000	Labor & ma	10/31/2017
57007	150055	Bldg Imp	012419	000	Lift gate ele	11/30/2017
57007	150050	Bldg Imp	012476	000	Floor mount	12/31/2017
57007	150050	Bldg Imp	012477	000	Jeron Provic	12/31/2017
57007	150050	Bldg Imp	012533	000	12 Panic Ba	1/31/2018
57007	150117	Movable Equip	012680	000	Add a Data	3/31/2018
57007	150088	Movable Equip	012681	000	DermaFloat	3/31/2018
57007	150085	Movable Equip	012682	000	Direct Choic	3/31/2018
57007	150050	Bldg Imp	012853	000	Toilet	5/31/2018
57007	150088	Movable Equip	012854	000	(7) DermaFl	5/31/2018
57007	150085	Movable Equip	012855	000	(2) Tracer W	5/31/2018
57007	150085	Movable Equip	012856	000	9XT Wheelc	5/31/2018
57007	150085	Movable Equip	012857	000	Slip-Top Ov	5/31/2018
57007	150088	Movable Equip	012858	000	Bariatric Be	5/31/2018
57007	150055	Bldg Imp	012859	000	Rental Boile	5/31/2018
57007	150050	Bldg Imp	012860	000	New Roof	5/31/2018
57007	150050	Bldg Imp	012860	000	New Roof-S	5/31/2018
57007	150025	Land Imp	012861	000	Sales Tax fc	5/31/2018
57007	150088	Movable Equip	012939	000	(2) DermaFl	6/30/2018
57007	150055	Bldg Imp	013012	000	Boiler and o	7/31/2018
57007	150055	Bldg Imp	013089	000	New Circuit	8/31/2018
57007	150055	Bldg Imp	013090	000	Boiler Plant	8/31/2018
57007	150088	Movable Equip	013172	000	60 - Mattres	9/30/2018
57007	150088	Movable Equip	013173	000	3 - Mattress	9/30/2018
57007	150080	Movable Equip	013174	000	5 - LED Tv's	9/30/2018
57007	150057	Bldg Imp	013175	000	Vinyl Floori	9/30/2018
57007	150055	Bldg Imp	013176	000	Boiler Renta	9/30/2018
57007	150055	Bldg Imp	013177	000	Boiler Renta	9/30/2018
57007	150080	Movable Equip	013227	000	Refrigerator	9/30/2018
57007	150050	Bldg Imp	013349	2019	DPH Docun	11/30/2018

57007	150055	Bldg Imp	013252	2019	Rental- Tenn	10/31/2018
57007	150055	Bldg Imp	013253	2019	2 New Boile	10/31/2018
57007	150055	Bldg Imp	013347	2019	boiler rental	11/30/2018
57007	150055	Bldg Imp	013348	2019	New boiler (11/30/2018
57007	150057	Bldg Imp	013346	2019	50%down p	11/30/2018
57007	150085	Movable Equip	013345	2019	6 uniframe r	11/30/2018
57007	150050	Bldg Imp	013874	2019	Push Button	5/31/2019
57007	150050	Bldg Imp	014263	2019	Boiler Plant	9/30/2019
57007	150055	Bldg Imp	013501	2019	Dec Boiler I	1/31/2019
57007	150055	Bldg Imp	013591	2019	Upgrade of 1	2/28/2019
57007	150055	Bldg Imp	013592	2019	February Bo	2/28/2019
57007	150055	Bldg Imp	013593	2019	January Boi	2/28/2019
57007	150055	Bldg Imp	013680	2019	Temp Boile	3/31/2019
57007	150055	Bldg Imp	013794	2019	2 Excitor an	4/30/2019
57007	150055	Bldg Imp	013876	2019	April Boiler	5/31/2019
57007	150055	Bldg Imp	013877	2019	Upgrade anc	05/31/19
57007	150057	Bldg Imp	013793	2019	Cabinets & C	04/30/19
57007	150057	Bldg Imp	013875	2019	New Floorir	05/31/19
57007	150080	Movable Equip	013873	2019	Record Sale	05/31/19
57007	150080	Movable Equip	013985	2019	Record Sale	06/30/19
57007	150080	Movable Equip	014067	2019	Frigidaire 14	07/31/19
57007	150085	Movable Equip	013500	2019	Convection	01/31/19
57007	150085	Movable Equip	013791	2019	Counter Cul	04/30/19
57007	150085	Movable Equip	013792	2019	Filter for Ice	04/30/19
57007	150085	Movable Equip	013987	2019	Conveyor T	06/30/19
57007	150085	Movable Equip	014069	2019	Conveyor T	07/31/19
57007	150085	Movable Equip	014262	2019	2 Hotpoint T	09/30/19
57007	150088	Movable Equip	014177	2019	63 Mattresse	08/31/19
57007	150100	Movable Equip	013986	2019	2 Logan Off	06/30/19
57007	150100	Movable Equip	014068	2019	Big and Tall	07/31/19
57007	150117	Movable Equip	013789	2019	CAT6 Fax L	04/30/19
57007	150117	Movable Equip	013790	2019	Patched into	04/30/19
57007	150050	Bldg Imp	014446	2020	Architecture	11/30/19
57007	150050	Bldg Imp	014516	2020	Deposit for	12/31/19
57007	150050	Bldg Imp	014777	2020	Fire Pump C	03/31/20
57007	150050	Bldg Imp	014780	2020	Architectura	03/31/20
57007	150050	Bldg Imp	015056	2020	Design Wor	06/30/20
57007	150055	Bldg Imp	014356	2020	Columbia St	10/31/2019
57007	150055	Bldg Imp	014585	2020	Final Install	1/31/2020
57007	150055	Bldg Imp	014587	2020	Columbia St	1/31/2020
57007	150057	Bldg Imp	014671	2020	New Vinyl I	2/29/2020
57007	150075	Non-Movable Equipment	014586	2020	replaced He	1/31/2020
57007	150080	Movable Equip	014445	2020	12 Hoyer Pr	11/30/2019
57007	150080	Movable Equip	014584	2020	Record sales	1/31/2020
57007	150080	Movable Equip	014778	2020	10 - 28" RC	3/31/2020

57007	150080	Movable Equip	015055	2020	Frigidaire 1'	6/30/2020
57007	150085	Movable Equip	014355	2020	CB15s 1 Ga	10/31/2019
57007	150085	Movable Equip	014517	2020	2 sets of Fat	12/31/19
57007	150085	Movable Equip	014779	2020	4 - Meal De	03/31/20
57007	150085	Movable Equip	014868	2020	1 - 5 Well S	04/30/20
57007	150085	Movable Equip	014869	2020	9 - Tray Car	04/30/20
57007	150085	Movable Equip	014870	2020	2 - Stainless	04/30/20
57007	150087	Movable Equip	014775	2020	2 - Extra Wj	03/31/20
57007	150100	Movable Equip	014776	2020	Logan Offic	03/31/20
57007	150100	Movable Equip	014871	2020	2 - Logan O	04/30/20
57007	150110	Movable Equip	014354	2020	Apple iPad	10/31/19
57007	150117	Movable Equip	014515	2020	Data Drop fi	12/31/19
57007	150087	Movable Equip	015507	2021	Genesis 76i	10/31/20
57007	150085	Movable Equip	015559	2021	Power Heigl	12/31/20
57007	150080	Movable Equip	015560	2021	17 - HoyerP	12/31/20
57007	150080	Movable Equip	015675	2021	Welch Allyr	02/28/21
57007	150050	Bldg Imp	015676	2021	New Nurse	02/28/21
57007	150085	Movable Equip	015729	2021	Accutemp S	03/31/21
57007	150085	Movable Equip	015730	2021	Accutemp S	03/31/21
57007	150085	Movable Equip	015731	2021	Robot Coup	03/31/21
57007	150085	Movable Equip	015732	2021	Symphony f	03/31/21
57007	150085	Movable Equip	015733	2021	Symphony f	03/31/21
57007	150057	Bldg Imp	015815	2021	Johnsonite F	04/30/21
57007	150117	Movable Equip	015816	2021	Cabling for	04/30/21
57007	150087	Movable Equip	015817	2021	Ridgid k-45	04/30/21
57007	150087	Movable Equip	015818	2021	2 - Rotomol	04/30/21
57007	150088	Movable Equip	015886	2021	85 - Panace	05/31/21
57007	150050	Bldg Imp	015887	2021	Memory Car	05/31/21
57007	150057	Bldg Imp	015888	2021	New Floorir	05/31/21
57007	150057	Bldg Imp	015889	2021	Johnsonite i	05/31/21
57007	150020	Land Imp	015890	2021	Tree and St	05/31/21
57007	150020	Land Imp	015891	2021	Weeping Ch	05/31/21
57007	150080	Movable Equip	015932	2021	15 - RCA 2	6/30/2021
57007	150050	Bldg Imp	015933	2021	New Nurse	6/30/2021
57007	150050	Bldg Imp	015934	2021	New Feed, F	6/30/2021
57007	150057	Bldg Imp	015987	2021	New Mag L	7/31/2021
57007	150075	Non-Movable Equipment	015988	2021	Deposit for	7/31/2021
57007	150117	Movable Equip	016044	2021	Cabling	8/31/2021
57007	150100	Movable Equip	016045	2021	2 - VL210 I	8/31/2021
57007	150075	Non-Movable Equipment	016046	2021	July Requisi	8/31/2021
57007	150055	Bldg Imp	016047	2021	Lock Out K	8/31/2021
57007	150075	Non-Movable Equipment	016083	2021	August Reqi	9/30/2021
57007	150050	Bldg Imp	016084	2021	New 400A I	9/30/2021
57007	150050	Bldg Imp	016259	2022	Chiller Paymer	05/31/22
57007	150050	Bldg Imp	016287	2022	Doors	09/30/22

57007	150057	Bldg Imp	016098	2022	New Mag Lock 10/31/21
57007	150075	Non-Movable Equipment	016129	2022	December Rec 12/31/21
57007	150075	Non-Movable Equipment	016132	2022	October Requi 01/31/22
57007	150075	Non-Movable Equipment	016148	2022	January Requi 02/28/22
57007	150075	Non-Movable Equipment	016169	2022	February Requi 03/31/22
57007	150075	Non-Movable Equipment	016192	2022	March Requis 04/30/22
57007	150075	Non-Movable Equipment	016263	2022	Chiller Paymer 08/31/22
57007	150080	Movable Equip	016116	2022	Record Sales 12/31/21
57007	150050	Bldg Imp	016573	2023	Door hardware 05/31/23
57007	150055	Bldg Imp	016549	2023	Elevator Door 05/31/23
57007	150075	Non-Movable Equipment	016489	2023	Laundry Make 03/31/23
57007	150075	Non-Movable Equipment	016548	2023	Steam Valve-L 05/31/23
57007	150117	Movable Equip	016410	2023	Wiring for Time 12/31/22
57007	150117	Movable Equip	016411	2023	Wiring for Time 12/31/22
57007	150117	Movable Equip	016412	2023	Wiring for Time 12/31/22
57007	150117	Movable Equip	016634	2023	Wiring for New 08/31/23

h's Manor

Sch 23 Total Deprn	115,209.92
Sch 22 total Deprn Adj	237,135.52
Total Deprn Expense	<u>352,345.44</u>

AcquiredValu	PT	DeprMeth	EstLife	Depreciable Basis	Prior Accum Depreciation 10/1/2022	Current YTD Depreciation in 2023
				3,595,310.43	2,447,976.13	386,303.96
345,600.00	R	SLMM	11 00	345,600.00	308,945.43	31,418.18
197,690.00	P	SLMM	09 00	197,690.00	197,690.00	-
28,930.00	P	SLMM	07 00	28,930.00	28,930.00	-
14,360.00	P	SLMM	03 00	14,360.00	14,360.00	-
15,530.00	P	SLMM	02 00	15,530.00	15,530.00	-
8,930.00	A	SLMM	04 00	8,930.00	8,930.00	-
3,164.23	R	SLMM	11 00	3,164.23	2,804.69	287.66
14,710.00	R	SLMM	11 00	14,710.00	13,038.38	1,337.27
1,648.43	P	SLMM	10 00	1,648.43	1,607.19	41.24
1,345.86	P	SLMM	10 00	1,345.86	1,312.25	33.61
4,200.83	P	SLMM	10 00	4,200.83	4,095.78	105.05
2,722.86	P	SLMM	03 00	2,722.86	2,722.86	-
465.00	P	SLMM	10 00	465.00	445.63	19.37
465.00	P	SLMM	10 00	465.00	441.76	23.24
420.00	P	SLMM	10 00	420.00	395.50	24.50
420.00	P	SLMM	10 00	420.00	395.50	24.50
465.00	P	SLMM	10 00	465.00	437.88	27.12
465.00	P	SLMM	10 00	465.00	434.01	30.99
47,332.61	P	SLMM	03 00	47,332.61	47,332.61	-
4,314.52	R	SLMM	10 00	4,314.52	3,990.92	323.60
19,486.18	P	SLMM	10 00	19,486.18	18,024.74	1,461.44
980.00	R	SLMM	10 06	980.00	863.31	93.33
11,965.00	P	SLMM	10 00	11,965.00	10,967.92	997.08
4,760.27	P	SLMM	10 00	4,760.27	4,363.61	396.66
33,991.06	P	SLMM	10 00	33,991.06	31,158.51	2,832.55
12,536.01	R	SLMM	10 05	12,536.01	11,031.72	1,203.46
33,991.06	R	SLMM	10 00	33,991.06	31,158.51	2,832.55
9,249.40	P	SLMM	10 00	9,249.40	8,478.62	770.78
13,412.96	P	SLMM	10 00	13,412.96	12,295.25	1,117.71
12,536.01	R	SLMM	10 05	12,536.01	11,031.72	1,203.46
613.42	R	SLMM	10 00	613.42	557.17	56.25
360.00	P	SLMM	10 00	360.00	327.00	33.00
360.00	P	SLMM	10 00	360.00	327.00	33.00
275.00	P	SLMM	10 00	275.00	249.80	25.20
275.00	P	SLMM	10 00	275.00	249.80	25.20
465.00	P	SLMM	10 00	465.00	422.38	42.62

2,959.50	P	SLMM	10 00	2,959.50	2,688.21	271.29
465.00	P	SLMM	10 00	465.00	418.51	46.49
678.06	P	SLMM	03 00	678.06	678.06	-
11,530.93	P	SLMM	10 00	11,530.93	10,281.72	1,153.09
18,900.00	R	SLMM	10 02	18,900.00	16,576.27	1,859.02
473.65	P	SLMM	10 00	473.65	418.44	47.37
2,541.43	R	SLMM	10 00	2,541.43	2,223.73	254.14
7,019.11	P	SLMM	10 00	7,019.11	6,141.71	701.91
1,063.45	R	SLMM	09 11	1,063.45	929.41	107.24
2,289.59	P	SLMM	07 00	2,289.59	2,289.59	-
32,546.12	P	SLMM	07 00	32,546.12	32,546.12	-
8,289.02	P	SLMM	09 10	8,289.02	7,235.32	842.95
44,100.00	R	SLMM	09 10	44,100.00	38,494.10	4,484.75
1,865.00	R	SLMM	09 10	1,865.00	1,627.92	189.66
4,243.37	R	SLMM	09 10	4,243.37	3,703.97	431.53
1,225.38	R	SLMM	09 10	1,225.38	1,069.66	124.62
461.68	P	SLMM	09 08	461.68	401.98	47.76
537.07	P	SLMM	09 08	537.07	467.63	55.56
4,025.54	R	SLMM	09 08	4,025.54	3,505.03	416.44
2,220.91	P	SLMM	09 08	2,220.91	1,933.73	229.75
3,514.48	P	SLMM	09 08	3,514.48	3,060.05	363.57
1,462.00	P	SLMM	07 00	1,462.00	1,462.00	-
1,895.72	P	SLMM	09 08	1,895.72	1,650.59	196.11
537.09	P	SLMM	09 08	537.09	467.63	55.56
1,141.08	P	SLMM	09 08	1,141.08	993.51	118.04
73.07	P	SLMM	09 07	73.07	63.58	7.63
698.72	P	SLMM	09 07	698.72	607.58	72.91
861.44	P	SLMM	07 00	861.44	861.44	-
5,314.31	R	SLMM	09 07	5,314.31	4,621.17	554.54
1,518.59	P	SLMM	09 06	1,518.59	1,318.77	159.85
1,690.40	R	SLMM	09 06	1,690.40	1,468.01	177.94
529.85	P	SLMM	03 00	529.85	529.85	-
4,558.08	P	SLMM	03 00	4,558.08	4,558.08	-
1,472.83	P	SLMM	03 00	1,472.83	1,472.83	-
1,306.40	P	SLMM	03 00	1,306.40	1,306.40	-
1,306.40	P	SLMM	03 00	1,306.40	1,306.40	-
568.97	R	SLMM	09 05	568.97	493.44	60.42
850.80	R	SLMM	09 05	850.80	737.86	90.35
877.25	P	SLMM	03 00	877.25	877.25	-
1,518.59	R	SLMM	09 04	1,518.59	1,315.24	162.71
319.04	P	SLMM	09 03	319.04	275.92	34.49
377.53	P	SLMM	09 03	377.53	326.48	40.81
2,529.58	P	SLMM	09 00	2,529.58	2,178.29	281.07
484.43	P	SLMM	07 00	484.43	484.43	-
428.96	P	SLMM	03 00	428.96	428.96	-

498.61	P	SLMM	08 07	498.61	426.00	58.09
420.52	P	SLMM	08 07	420.52	359.26	48.99
1,141.42	P	SLMM	07 00	1,141.42	1,141.42	-
147.15	P	SLMM	08 06	147.15	125.50	17.31
6,449.04	P	SLMM	07 00	6,449.04	6,449.04	-
72.00	P	SLMM	07 00	72.00	72.00	-
2,000.00	P	SLMM	07 00	2,000.00	2,000.00	-
448.72	P	SLMM	03 00	448.72	448.72	-
448.72	P	SLMM	03 00	448.72	448.72	-
2,349.81	P	SLMM	07 00	2,349.81	2,349.81	-
6,487.35	P	SLMM	08 03	6,487.35	5,504.45	786.35
3,644.01	P	SLMM	08 03	3,644.01	3,091.91	441.70
2,888.42	P	SLMM	08 03	2,888.42	2,450.77	350.11
25,199.63	P	SLMM	07 00	25,199.63	25,199.63	-
1,921.00	R	SLMM	08 03	1,921.00	1,629.95	232.85
9,667.34	R	SLMM	08 03	9,667.34	8,202.60	1,171.80
1,817.36	R	SLMM	08 03	1,817.36	1,542.03	220.29
316.94	P	SLMM	08 02	316.94	268.44	38.81
15,718.42	P	SLMM	07 00	15,718.42	15,531.31	187.11
500.00	P	SLMM	07 00	500.00	488.10	11.90
78.89	P	SLMM	08 00	78.89	66.56	9.86
492.66	P	SLMM	03 00	492.66	492.66	-
1,473.21	P	SLMM	03 00	1,473.21	1,473.21	-
534.96	P	SLMM	08 00	534.96	451.37	66.87
3,307.76	R	SLMM	07 11	3,307.76	2,785.47	417.82
5,594.72	R	SLMM	07 11	5,594.72	4,711.34	706.70
2,433.40	R	SLMM	07 11	2,433.40	2,049.20	307.38
1,526.12	R	SLMM	07 11	1,526.12	1,285.14	192.77
2,065.31	P	SLMM	07 11	2,065.31	1,739.20	260.88
4,126.40	R	SLMM	07 10	4,126.40	3,467.97	526.78
2,041.92	P	SLMM	07 09	2,041.92	1,712.56	263.47
11,640.97	P	SLMM	07 09	11,640.97	9,763.40	1,502.06
1,961.80	P	SLMM	07 09	1,961.80	1,645.41	253.14
2,878.50	R	SLMM	07 09	2,878.50	2,414.24	371.42
6,168.30	P	SLMM	07 07	6,168.30	5,151.54	813.40
24,950.00	R	SLMM	07 07	24,950.00	20,837.36	3,290.11
23,185.00	R	SLMM	07 07	23,185.00	19,363.28	3,057.36
315.76	P	SLMM	07 06	315.76	263.13	42.10
2,449.24	R	SLMM	07 06	2,449.24	2,041.06	326.57
5,723.76	R	SLMM	07 06	5,723.76	4,769.81	763.17
6,764.56	P	SLMM	07 06	6,764.56	5,637.13	901.94
3,056.57	R	SLMM	07 06	3,056.57	2,547.13	407.54
1,215.41	P	SLMM	07 03	1,215.41	1,005.84	167.64
183.89	P	SLMM	03 00	183.89	183.89	-
1,377.23	R	SLMM	07 02	1,377.23	1,137.01	192.17

52,077.47	P	SLMM	07	00	52,077.47	43,397.90	7,439.64
1,798.91	R	SLMM	07	00	1,798.91	1,477.69	256.99
7,019.10	P	SLMM	07	00	7,019.10	5,765.70	1,002.73
7,669.12	P	SLMM	06	10	7,669.12	6,266.23	1,122.31
1,307.02	P	SLMM	06	10	1,307.02	1,067.92	191.27
1,450.17	P	SLMM	06	10	1,450.17	1,184.90	212.22
2,098.14	P	SLMM	06	10	2,098.14	1,714.36	307.05
874.18	P	SLMM	06	09	874.18	712.30	129.51
1,728.19	P	SLMM	06	09	1,728.19	1,408.16	256.03
20,968.50	R	SLMM	06	07	20,968.50	16,987.15	3,185.09
3,432.80	R	SLMM	06	07	3,432.80	2,781.01	521.44
20,968.50	R	SLMM	06	06	20,968.50	16,936.08	3,225.92
6,154.00	R	SLMM	06	05	6,154.00	4,955.19	959.07
32,356.00	R	SLMM	06	05	32,356.00	26,052.87	5,042.49
13,739.36	P	SLMM	06	04	13,739.36	11,027.68	2,169.38
200,543.00	R	SLMM		10	200,543.00	110,027.65	40,108.60
32,356.00	R	SLMM		10	32,356.00	17,374.73	6,471.20
745.60	R	SLMM		10	745.60	391.44	149.12
86,992.17	R	SLMM		10	86,992.17	45,670.90	17,398.43
7,338.15	R	SLMM		10	7,338.15	3,762.10	1,467.63
770.00	P	SLMM		5	770.00	682.96	87.04
2,143.14	P	SLMM		3	2,143.14	2,143.14	-
1,680.31	P	SLMM		5	1,680.31	1,490.36	189.95
667.35	R	SLMM		5	667.35	573.72	93.63
21,238.77	P	SLMM		3	21,238.77	21,238.77	-
453.42	P	SLMM		5	453.42	389.81	63.61
507.56	P	SLMM		5	507.56	436.35	71.21
578.52	P	SLMM		5	578.52	497.36	81.16
2,640.67	P	SLMM		3	2,640.67	2,640.67	-
71,190.05	R	SLMM		5	71,190.05	61,202.19	9,987.86
42,438.00	R	SLMM		5	42,438.00	36,484.01	5,953.99
2,694.81	R			5	2,694.81	2,155.85	-
4,428.01	R	SLMM		5	4,428.01	3,806.77	621.24
5,217.49	P	SLMM		3	5,217.49	5,217.49	-
46,684.45	R	SLMM		5	46,684.45	38,784.00	7,900.45
16,169.45	R	SLMM		5	16,169.45	13,188.21	2,981.24
70,858.25	R	SLMM		5	70,858.25	57,793.76	13,064.49
14,485.51	P	SLMM		3	14,485.51	14,485.51	-
1,027.65	P	SLMM		3	1,027.65	1,027.65	-
2,220.69	P	SLMM		5	2,220.69	1,776.55	444.14
8,576.06	R	SLMM		5	8,576.06	6,860.85	1,715.21
13,355.00	R	SLMM		5	13,355.00	10,684.00	2,671.00
13,355.00	R	SLMM		5	13,355.00	10,684.00	2,671.00
483.95	P	SLMM		5	483.95	387.16	96.79
3,960.00	R	SLMM		5	3,960.00	3,036.00	792.00

13,355.00	R	SLMM	5	13,355.00	10,461.42	2,671.00
143,187.50	R	SLMM	5	143,187.50	112,163.54	28,637.50
13,355.00	R	SLMM	5	13,355.00	10,238.83	2,671.00
70,858.25	R	SLMM	5	70,858.25	54,324.66	14,171.65
16,470.67	R	SLMM	5	16,470.67	12,627.51	3,294.13
4,665.15	P	SLMM	5	4,665.15	3,576.62	933.03
814.11	R	SLMM	10	814.11	271.37	81.41
12,500.00	R	SLMM	10	12,500.00	3,750.00	1,250.00
13,355.00	R	SLMM	10	13,355.00	4,896.83	1,335.50
18,509.84	R	SLMM	10	18,509.84	6,632.69	1,850.98
13,355.00	R	SLMM	10	13,355.00	4,785.54	1,335.50
13,355.00	R	SLMM	10	13,355.00	4,785.54	1,335.50
13,355.00	R	SLMM	10	13,355.00	4,674.25	1,335.50
1,347.44	R	SLMM	10	1,347.44	460.38	134.74
14,418.50	R	SLMM	10	14,418.50	4,806.17	1,441.85
1,198.86	R	SLMM	10	1,198.86	399.62	119.89
15,287.79	P	SLMM	10	15,287.79	5,223.33	1,528.78
2,901.02	P	SLMM	10	2,901.02	967.01	290.10
64.00	P	SLMM	7	64.00	30.48	9.14
71.00	P	SLMM	7	71.00	32.96	10.14
605.13	P	SLMM	7	605.13	273.75	86.45
4,298.94	P	SLMM	10	4,298.94	1,576.28	429.89
4,479.42	P	SLMM	10	4,479.42	1,530.47	447.94
179.37	P	SLMM	10	179.37	61.28	17.94
812.28	P	SLMM	10	812.28	263.99	81.23
890.51	P	SLMM	10	890.51	281.99	89.05
1,227.15	P	SLMM	10	1,227.15	368.15	122.72
15,513.16	P	SLMM	3	15,513.16	15,513.16	-
285.07	P	SLMM	10	285.07	92.65	28.51
286.66	P	SLMM	10	286.66	90.78	28.67
1,010.53	P	SLMM	7	1,010.53	493.23	144.36
398.81	P	SLMM	7	398.81	194.66	56.97
3,879.65	R	SLMM	20	3,879.65	549.62	193.98
1,998.60	R	SLMM	20	1,998.60	274.81	99.93
4,769.80	R	SLMM	20	4,769.80	596.23	238.49
28,877.22	R	SLMM	20	28,877.22	3,609.65	1,443.86
22,746.14	R	SLMM	20	22,746.14	2,558.94	1,137.31
\$15,354.00	R	SLMM	15	15,354.00	2,985.50	1,023.60
3,412.00	R	SLMM	15	3,412.00	606.58	227.47
15,354.00	R	SLMM	15	15,354.00	2,729.60	1,023.60
2,754.28	P	SLMM	10	2,754.28	711.52	275.43
14,037.55	P	SLMM	10	14,037.55	3,743.35	1,403.76
67,685.03	P	SLMM	7	67,685.03	27,396.32	9,669.29
16.00	P	SLMM	7	16.00	6.10	2.29
\$3,686.79	P	SLMM	7	3,686.79	1,316.71	526.68

\$605.13	P	SLMM	7	605.13	194.51	86.45
\$1,198.69	P	SLMM	10	1,198.69	349.62	119.87
686.78	P	SLMM	10	686.78	188.86	68.68
11,781.37	P	SLMM	10	11,781.37	2,945.34	1,178.14
6,035.36	P	SLMM	10	6,035.36	1,458.55	603.54
1,552.14	P	SLMM	10	1,552.14	375.10	155.21
2,684.67	P	SLMM	10	2,684.67	648.80	268.47
932.63	P	SLMM	5	932.63	466.32	186.53
283.58	P	SLMM	10	283.58	70.90	28.36
283.58	P	SLMM	10	283.58	68.53	28.36
281.82	P	SLMM	3	281.82	273.99	7.83
255.00	P	SLMM	7	255.00	100.18	36.43
324.37	P	SLMM	5	324.37	124.34	64.87
6,291.64	P	SLMM	8	6,291.64	1,376.30	786.46
68,534.77	P	SLMM	7	68,534.77	17,133.69	9,790.68
2,379.01	P	SLMM	7	2,379.01	538.11	339.86
36,147.30	R	SLMM	7	36,147.30	8,176.18	5,163.90
6,159.64	P	SLMM	7	6,159.64	1,319.92	879.95
683.81	P	SLMM	7	683.81	146.53	97.69
3,237.27	P	SLMM	7	3,237.27	693.70	462.47
7,753.59	P	SLMM	7	7,753.59	1,661.48	1,107.66
7,753.59	P	SLMM	7	7,753.59	1,661.48	1,107.66
574.29	P	SLMM	7	574.29	116.23	82.04
531.75	P	SLMM	7	531.75	107.62	75.96
504.23	P	SLMM	5	504.23	142.87	100.85
1,075.16	P	SLMM	5	1,075.16	304.63	215.03
22,113.36	P	SLMM	3	22,113.36	9,828.16	7,371.12
1,812.10	R	SLMM	7	1,812.10	345.16	258.87
4,117.19	P	SLMM	7	4,117.19	784.23	588.17
2,360.97	P	SLMM	7	2,360.97	449.71	337.28
1,169.85	R	SLMM	7	1,169.85	222.83	167.12
797.63	R	SLMM	7	797.63	151.93	113.95
4806.54	P	SLMM	7	4,806.54	858.31	686.65
36,147.30	R	SLMM	7	36,147.30	6,454.88	5,163.90
2,670.45	R	SLMM	7	2,670.45	476.87	381.49
8,535.65	P	SLMM	3	8,535.65	3,319.42	2,845.22
285,236.00	P	SLMM	1	285,236.00	285,236.00	-
4,500.00	P	SLMM	3	4,500.00	1,625.00	1,500.00
248.82	P	SLMM	3	248.82	89.85	82.94
2,565.00	P	SLMM	1	2,565.00	2,565.00	-
11,985.32	R	SLMM	1	11,985.32	11,985.32	-
41,850.00	P	SLMM	7	41,850.00	5,978.57	5,978.57
18,611.25	R	SLMM	7	18,611.25	2,658.75	2,658.75
4,765.00	R	SLMM	7	4,765.00	226.90	680.71
10,741.35	R	SLMM	7	10,741.35	-	1,534.48

8,535.65	P	SLMM	7	8,535.65	1,117.76	1,219.38
51,050.00	P	SLMM	7	51,050.00	5,469.64	7,292.86
3,500.00	P	SLMM	7	3,500.00	333.33	500.00
2,130.00	R	SLMM	7	2,130.00	177.50	304.29
8,500.00	R	SLMM	7	8,500.00	607.14	1,214.29
3,200.00	P	SLMM	7	3,200.00	190.48	457.14
1,425.00	P	SLMM	7	1,425.00	16.96	203.57
286.00	P	SLMM	7	286.00	30.64	40.86
10,741.35	R	SLMM	6	10,741.35	-	596.74
32,508.00	R	SLMM	6	32,508.00	-	1,806.00
94,212.27	P	SLMM	6	94,212.27	-	7,851.02
3,783.93	P	SLMM	6	3,783.93	-	210.22
35,990.23	P	SLMM	6	35,990.23	-	4,498.78
12,891.20	P	SLMM	6	12,891.20	-	1,611.40
14,950.00	P	SLMM	6	14,950.00	-	1,868.75
2,230.21	P	SLMM	6	2,230.21	-	30.98

2,834,280.09

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

340,363.61

197,690.00

28,930.00

14,360.00

15,530.00

8,930.00

3,092.35

14,375.65

1,648.43

1,345.86

4,200.83

2,722.86

465.00

465.00

420.00

420.00

465.00

465.00

47,332.61

4,314.52

19,486.18

956.64

11,965.00

4,760.27

33,991.06

12,235.18

33,991.06

9,249.40

13,412.96

12,235.18

613.42

360.00

360.00

275.00

275.00

465.00

2,959.50
465.00
678.06
11,434.81
18,435.29
465.81
2,477.87
6,843.62
1,036.65
2,289.59
32,546.12
8,078.27
42,978.85
1,817.58
4,135.50
1,194.28
449.74
523.19
3,921.47
2,163.48
3,423.62
1,462.00
1,846.70
523.19
1,111.55
71.21
680.49
861.44
5,175.71
1,478.62
1,645.95
529.85
4,558.08
1,472.83
1,306.40
1,306.40
553.86
828.21
877.25
1,477.95
310.41
367.29
2,459.36
484.43
428.96

484.09
408.25
1,141.42
142.81
6,449.04
72.00
2,000.00
448.72
448.72
2,349.81
6,290.80
3,533.61
2,800.88
25,199.63
1,862.80
9,374.40
1,762.32
307.25
15,718.42
500.00
76.42
492.66
1,473.21
518.24
3,203.29
5,418.04
2,356.58
1,477.91
2,000.08
3,994.75
1,976.03
11,265.46
1,898.55
2,785.66
5,964.94
24,127.47
22,420.64
305.23
2,367.63
5,532.98
6,539.07
2,954.67
1,173.48
183.89
1,329.18

50,837.54
1,734.68
6,768.43
7,388.54
1,259.19
1,397.12
2,021.41
841.81
1,664.19
20,172.24
3,302.45
20,162.00
5,914.26
31,095.36
13,197.06
150,136.25
23,845.93
540.56
63,069.33
5,229.73
770.00
2,143.14
1,680.31
667.35
21,238.77
453.42
507.56
578.52
2,640.67
71,190.05
42,438.00
2,155.85
4,428.01
5,217.49
46,684.45
16,169.45
70,858.25
14,485.51
1,027.65
2,220.69
8,576.06
13,355.00
13,355.00
483.95
3,828.00

13,132.42
140,801.04
12,909.83
68,496.31
15,921.65
4,509.65
352.78
5,000.00
6,232.33
8,483.68
6,121.04
6,121.04
6,009.75
595.12
6,248.02
519.51
6,752.11
1,257.11
39.62
43.11
360.20
2,006.17
1,978.41
79.22
345.22
371.05
490.86
15,513.16
121.15
119.44
637.60
251.63
743.60
374.74
834.72
5,053.51
3,696.25
4,009.10
834.04
3,753.20
986.95
5,147.10
37,065.61
8.38
1,843.40

280.95
469.49
257.54
4,123.48
2,062.08
530.31
917.26
652.84
99.25
96.89
281.82
136.61
189.22
2,162.75
26,924.37
877.97
13,340.08
2,199.87
244.22
1,156.17
2,769.14
2,769.14
198.27
183.58
243.71
519.66
17,199.28
604.03
1,372.40
786.99
389.95
265.88
1,544.96
11,618.78
858.36
6,164.64
285,236.00
3,125.00
172.79
2,565.00
11,985.32
11,957.14
5,317.50
907.62
1,534.48

2,337.14
12,762.50
833.33
481.79
1,821.43
647.62
220.54
71.50
596.74
1,806.00
7,851.02
210.22
4,498.78
1,611.40
1,868.75
30.98

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			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 HBR Trumbull, LLC -d/b/a: St. Joseph	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		292		
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	7/1/2019-12/31	10 years	800,256
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
HBR Trumbull, LLC -d/b/a: St. Joseph			9/30/2023				26	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense		\$						

(Carry Subtotals forward to next page)

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Jos			License No.	Report for Year Ended 9/30/2023				Page 27	of 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)	\$	134,574	123,808				10,766		
b. Insurance on Automobiles	\$								
c. Insurance other than Property (as specified above)	\$								
1. Umbrella (Blanket Coverage)	\$	188,665	247,022	(73,450)			21,480	(6,387)	
2. Fire and Extended Coverage	\$								
3. Other (Specify)	\$								
14d. Total Insurance Expenditures			\$	323,239	370,830	(73,450)	32,246	(6,387)	
15. Total All Expenditures (A-13 thru C-14)			\$	23,506,730	23,425,931	(951,365)	1,002,390	29,774	

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's I		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>)	\$ 27,187,517	25,828,141		1,359,376	
b. Medicaid Room and Board Contractual Allowance **	\$ (12,824,253)	(12,183,041)		(641,213)	
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,652,989	1,652,989			
b. Medicare Room and Board Contractual Allowance **	\$ (204,555)	(204,555)			
4. a. Private-Pay Residents and Other	\$ 5,000,166	5,000,166			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,569,926)	(1,569,926)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 65,628	65,628			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (8,121)	(8,121)			
c. Prescription Drugs - Non-Medicare	\$ 174,752	160,772		13,980	
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (58,364)	(53,695)		(4,669)	
2. a. Medical Supplies - Medicare	\$ 13	13			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (2)	(2)			
c. Medical Supplies - Non-Medicare	\$ 123	113		10	
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (40)	(37)		(3)	
3. a. Physical Therapy - Medicare	\$ 315,210	315,210			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (39,007)	(39,007)			
c. Physical Therapy - Non-Medicare	\$ 613,806	564,701		49,104	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (217,058)	(199,693)		(17,365)	
4. a. Speech Therapy - Medicare	\$ 69,653	69,653			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (8,619)	(8,619)			
c. Speech Therapy - Non-Medicare	\$ 141,289	129,986		11,303	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (48,134)	(44,284)		(3,851)	
5. a. Occupational Therapy - Medicare	\$ 309,349	309,349			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (38,281)	(38,281)			
c. Occupational Therapy - Non-Medicare	\$ 599,196	551,260		47,936	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (212,387)	(195,396)		(16,991)	
6. a. Other (<i>Specify</i>) - Medicare	\$ 38,366	35,297		3,069	
b. Other (<i>Specify</i>) - Non-Medicare	\$ 324,533	298,570		25,963	
III. Total Resident Revenue (Section I. thru Section II.)	\$ 21,263,841	20,437,191		826,650	
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$ 1,195	1,195			
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 331	331			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 4,725	4,725			
8. Other (<i>Specify</i>)	\$ 412,096	412,096			
V. Total Other Revenue (1 thru 8)	\$ 418,347	418,347			
VI. Total All Revenue (III +V)	\$ 21,682,188	20,855,539		826,650	

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

92% 8%

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
II-6-a	X-Ray	\$ 4,579		\$ 398
II-6-a	Laboratory	\$ 19,777		\$ 1,720
II-6-a	Respiratory Therapy & Supplies	\$ 397		\$ 35
II-6-a	Nursing Treatment Supplies	\$ -		\$ -
II-6-a	Audiology	\$ 24		\$ 2
II-6-a	Incontinency	\$ -		\$ -
II-6-a	Oxygen & Supplies	\$ -		\$ -
II-6-a	Physician Visit	\$ -		\$ -
II-6-a	Ambulance	\$ 3,173		\$ 276
II-6-a	Flu Shot	\$ 12,331		\$ 1,072
II-6-a	Capitation Contracts	\$ -		\$ -
II-6-a	X-Ray- Contractual	\$ (567)		\$ (49)
II-6-a	Laboratory- Contractual	\$ (2,447)		\$ (213)
II-6-a	Respiratory Therapy & Supplies- Contractual	\$ (49)		\$ (4)
II-6-a	Nursing Treatment Supplies- Contractual	\$ -		\$ -
II-6-a	Audiology- Contractual	\$ (3)		\$ (0)
II-6-a	Incontinency- Contractual	\$ -		\$ -
II-6-a	Oxygen & Supplies- Contractual	\$ -		\$ -
II-6-a	Physician Visit- Contractual	\$ -		\$ -
II-6-a	Ambulance- Contractual	\$ (393)		\$ (34)
II-6-a	Flu Shot- Contractual	\$ (1,526)		\$ (133)
II-6-a	Capitation Contracts- Contractual	\$ -		\$ -
Total Other Resident Revenue - Medicare		\$ 35,297	\$ -	\$ 3,069

X-Ray	(4,976.74)	615.86
Laboratory	(21,496.80)	2,660.20
Respirator	(432.00)	53.46
Nursing Tl	-	-
Audiology	(25.79)	3.19
Incontinen	-	-
Oxygen &	-	-
Physician	-	-
Ambulanc	(3,449.04)	426.81
Flu Shot	(13,403.66)	1,658.68
Capitation	-	-

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
II-6-b	X-Ray	\$ 9,370		\$ 815
II-6-b	Laboratory	\$ 33,746		\$ 2,934
II-6-b	Respiratory Therapy & Supplies	\$ 1,656		\$ 144
II-6-b	Nursing Treatment Supplies	\$ -		\$ -
II-6-b	Audiology	\$ -		\$ -
II-6-b	Incontinency	\$ -		\$ -
II-6-b	Oxygen & Supplies	\$ -		\$ -
II-6-b	Physician Visit	\$ -		\$ -
II-6-b	Ambulance	\$ -		\$ -
II-6-b	Flu Shot	\$ -		\$ -
II-6-b	Capitation Contracts	\$ 392,903		\$ 34,165
II-6-b	X-Ray- Contractual	\$ (3,038)		\$ (264)
II-6-b	Laboratory- Contractual	\$ (12,037)		\$ (1,047)
II-6-b	Respiratory Therapy & Supplies- Contractual	\$ (667)		\$ (58)
II-6-b	Nursing Treatment Supplies- Contractual	\$ -		\$ -
II-6-b	Audiology- Contractual	\$ -		\$ -
II-6-b	Incontinency- Contractual	\$ -		\$ -
II-6-b	Oxygen & Supplies- Contractual	\$ -		\$ -
II-6-b	Physician Visit- Contractual	\$ -		\$ -
II-6-b	Ambulance- Contractual	\$ -		\$ -
II-6-b	Flu Shot- Contractual	\$ -		\$ -
II-6-b	Capitation Contracts- Contractual	\$ (123,362)		\$ (10,727)
Total Other Resident Revenue		\$ 298,570	\$ -	\$ 25,963

	Medicaid		Others	
X-Ray	(665.00)	313.68	(9,519.25)	2,988.80
Laboratory	(9,936.29)	4,686.91	(26,744.19)	8,397.00
Respirator	(1,016.00)	479.24	(784.00)	246.16
Nursing Tl	-	-	-	-
Audiology	-	-	-	-
Incontinen	-	-	-	-
Oxygen &	-	-	-	-
Physician	-	-	-	-
Ambulanc	-	-	-	-
Flu Shot	-	-	-	-
Capitation	-	-	(427,068.35)	134,088.67

Interest Income

Page Ref	Account	CCNH / RHNS	(Specify)	(Specify)
IV-5	Interest On Overdue Accounts	\$ 331		\$ -
Total Interest Income		\$ 331	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
IV-8	Interest Income	\$ -		\$ -
IV-8	Rental Income	\$ 8,152		\$ -
IV-8	Telehealth Services	\$ 700		\$ -
IV-8	Federal Stimulus	\$ 332,374		\$ -
IV-8	State COVID support	\$ 17,494		\$ -
IV-8	Misc Income	\$ 53,377		\$ -
IV-8		\$ -		\$ -
Total Other Revenue		\$ 412,096	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's		9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	8,619
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,115,769
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(52,433)
4. Inventories			\$	99,091
5. Prepaid Expenses			\$	(24,750)
a. _____				
b. _____				
c. _____				
d. See Schedule		(24,750)		
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)			\$	2,146,297
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	1,967	\$	1,362
	Accum. Depreciation	605		Net
3. Buildings	*Historical Cost	409,796	\$	255,001
	Accum. Depreciation	154,796		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	511,490	\$	181,041
	Accum. Depreciation	330,449		Net
6. Movable Equipment	*Historical Cost	331,336	\$	187,802
	Accum. Depreciation	143,534		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)			\$	625,206

* 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	\$ (29,635)
31	A5	Prepaid Escrow Real Estate	\$ -
31	A5	Prepaid Escrow Insurance	\$ -
31	A5	Prepaid Escrow Replace Reserve	\$ -
31	A5	Prepaid Personal Property Tax	\$ 4,885
			\$ -
Total Prepaid Expenses			\$ (24,750)

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	\$ 15,957,236
32	Line D7	I/C Due to/Due From GHCLLC	\$ 220,006,874
32	Line D7	I/C Due to/Due From GHCLLC PR	\$ (149,779,317)
32	Line D7	I/C Due to/Due From GHCLLC A/P	\$ (80,152,323)
32	Line D7	I/C Due to/Due From GHCLLC EX	\$ (463)
32	Line D7	I/C Due to/Due From GHCLLC AR	\$ (9,871,237)
32	Line D7	I/C Due to/Due From GHCLLC IN	\$ (347,987)
32	Line D7	O L/T A Suspense	\$ -
32	Line D7	ROU Bldg Asset-Oper Lease	\$ 4,575,109
32	Line D7	AccumAmort-ROU Bldg OprLease	\$ (1,594,532)
32	Line D7		\$ -
32	Line D7		\$ -
32	Line D7		\$ -
32	Line D7		\$ -
Total Other Assets			\$ (1,206,642)

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
AccumAr 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	\$ 57,746
33	A12	Accr Exp Water and Sewer	\$ 6,416
33	A12	Accr Exp Gas	\$ 6,739
33	A12	Accr Exp Electricity	\$ 24,264
33	A12	Accr Exp Nursing Purchased Ser	\$ -
33	A12	Accr Exp Due to Prior Owner	\$ -
33	A12	Deferred Revenue	\$ 33,569
33	A12	A/R Credit Gross Up Liability	\$ 179,406
33	A12	Accrued Provider/Bed Tax	\$ 200,786
33	A12	Accr Sales and Use Tax - FY18	\$ -
33	A12	CP OnrLease-Bldg Obligation	\$ 468,772
33	A12	CP-Self Insurance WC Reserve	\$ 266,013
33	A12	CP-Self Insurance GLPL Reserve	\$ 304,071
33	A12	Accr Exp Suspense	\$ -
Total Other Current Liabilities (Itemize)			\$ 1,547,782

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	\$ 2,695,315
34	B4	LT WC Case Reserves	\$ 492,346
34	B4	LT GLPL Case Reserves	\$ 696,438
34	B4	LT WC Insurance Recoveries	\$ 192,364
34	B4	LT GLPL Insurance Recoveries	\$ 17,351
34	B4	LT WC Development	\$ 580,008
34	B4	LT GLPL Development	\$ 253,387
34	B4	LT WC Discount	\$ (69,688)
34	B4	LT WC Gross-up to CP	\$ (266,013)
34	B4	LT GLPL Gross-up to CP	\$ (304,071)
34	B4-1	Escheatable Funds	\$ 1,728
Total Other Current Liabilities (Itemize)			\$ 4,289,165

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 HBR Trumbull, LLC -d/b/a: St. Joseph'	License No.	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,771,503	
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>)			\$ (1,206,642)	

See Schedule			(1,206,642)	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ (1,206,642)	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 1,564,861	

* 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 HBR Trumbull, LLC -d/b/a: St. Joseph's Mand		License No.	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,856,305
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>)				\$	374,034
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	3,497
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>)				\$	1,547,782

See Schedule				1,547,782	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,781,618

* 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 HBR Trumbull, LLC -d/b/a: St. Joseph's M		License No.	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,781,618	
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>)				\$ 4,289,165	
See Schedule				4,289,165	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,289,165	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 9,070,783	

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

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph		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			\$	(4,743,514)
6. Gain or Loss for Period			\$	(2,746,133)
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(7,489,647)
C. Total Reserves and Net Worth			\$	(7,489,647)
D. Total Liabilities, Reserves, and Net Worth			\$	1,581,136

H. Changes in Total Net Worth

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's		License No.	Report for Year Ended 9/30/2023	Page 36	of 37
Account				Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022				\$	(5,665,105)
B. Total Revenue (From Statement of Revenue Page 30)				\$	21,682,188
C. Total Expenditures (From Statement of Expenditures Page 27)				\$	23,506,730
D. Net Income or Deficit				\$	(1,824,542)
E. Balance				\$	(7,489,647)
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		09/30/23		\$	(7,489,647)

I. Preparer's/Reviewer's Certification

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's	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				