State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2025

Name of Facility (as licensed) WV-Crossings East, LLC d/b/a Harbor Village North Health & Rehabilitation Center		
Address (No. & Street, City, State, Zip Code) 78 Viets Street, NewLondon, CT 06320-3354		
Type of Facility ☑ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined ☐ (Specify) ☐ (Specify)		
Report for Year Beginning 10/1/2024	Report for Year Ending 9/30/2025	

License Numbers:	CCNH / RHNS 2436	(Specify)	(Specify)	Medicare Provider 07-5196

Medicaid Provider Numbers:	CCNH / RHNS 000009647	(Specify)	(Specify)

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North I	2436	9/30/2025	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for WV-Crossings East, LLC d/b/a Harbor Village North Health & Rehabilitation Center [facility name], for the cost report period beginning October 1, 2024 and ending September 30, 2025, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

(a) Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Brooke Johnson			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility WV-Crossings East, LLC d/b/a Harbor Village North Health & Rehabilitation Center	Period Covered:		From 10/1/2024	To 9/30/2025
Address of Facility 78 Viets Street, NewLondon, CT 06320-3354				
Report Prepared By Baker Tilly Advisory Group, LP	Phone Number 203-366-5876		Date 2/16/2026	

Item		Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	$				
2. Laundry wages paid	$				
3. Housekeeping wages paid	$				
4. Nursing wages paid	$				
5. All other wages paid	$				
6. ***Total Wages Paid***	$				
7. Total salaries paid	$				
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-447-1416	9/30/2025	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
WV-Crossings East, LLC d/b/a Harbor Village North Health & F	78 Viets Street, NewLondon, CT 06320-3354

License Numbers:	CCNH / RHNS	(Specify)	(Specify)	Medicare Provider No.
	2436			07-5196

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined ☐ (Specify) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ◉ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

N/A

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Brooke Johnson	002174

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
N/A	

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North I	2436	9/30/2025	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
Wachusett Ventures, LLC	P.O. Box 359, North Easton, MA 02356	MA, CT

Name of Partners/Members	Business Address	Title	% Owned
See attached			

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Villag	2436	9/30/2025	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
N/A		

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			
Names of Stockholders Owning at Least 10% of Shares			
N/A			

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village Nor	2436	9/30/2025	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility
N/A

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North H	2436	9/30/2025	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ○ Yes ⊙ No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Wachusett Ventures, LLC	P.O. Box 359, North Easton, MA 02356	○	⊙		Management Fee	Page 16 / Line m12	668,396	562,425
Wachusett Ventures, LLC	P.O. Box 359, North Easton, MA 02356	○	⊙		Shared benefit expenses	Page 15 / Line Var.	467,531	467,531
Wachusett Ventures, LLC	P.O. Box 359, North Easton, MA 02356	○	⊙		Shared insurance expense	Page 15 / Line Var.	129,327	129,327
Wachusett Ventures, LLC	WV-Parkway Pavilion, LLC, Plainfield SNF OPCO, LLC	○	⊙		Shared employees	Page 10 / Line Var.	41,923	41,923
Various	Various	○	⊙		Due from Intercompany Transactions	Page 32 / Line D6		
Wachusett Ventures, LLC	P.O. Box 359, North Easton, MA 02356	○	⊙		Due to Intercompany Transactions	Page 34 / Line B3		
		○	⊙					
		○	⊙					
		○	⊙					

* Use additional sheets if necessary.
** Provide the percentage amount of revenue received from non-related parties.

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village	2436	9/30/2025	5	37

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

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

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

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

N/A

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

N/A

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

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

N/A

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General Information and Questionnaire
Other Lines of Business

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbo	2436	9/30/2025	6	37

Square footage of entire facility.	30,015

Outpatient Therapy

Does the Facility provide outpatient therapy services?	No

If yes, please complete the following:

	Square footage of therapy space.

Meals on Wheels

Does the facility provide Meals on Wheels?	No

If yes, please complete the following:

	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?	
	If yes, please state where costs are reported.	
No	Are drivers for the program included in the facility's payroll?	
	If yes, please complete the following:	
		Amount Reported
		Annual Report page and line
	Please state the salary amounts of specific cooks and/or dietary aides	
	Please state where the cooks and/or dietary aides are reported in the Annual Report	

Apartments, Independent Living, Assisted Living

Does the facility have apartments, independent living, and/or assisted living?	No

If yes, please complete the following:

	Square footage of apartments
	Square footage of independent living
	Square footage of assisted living
	Please identify the services provided:

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General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility	License No.	Report for Year Ended	Page	of
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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:

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Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North Health & Rehabili	2436	9/30/2025	8	37

	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30 Total	Period 10/1 Thru 6/30 CCNH / RHNS	Period 10/1 Thru 6/30 (Specify)	Period 10/1 Thru 6/30 (Specify)	Period 7/1 Thru 9/30 Total	Period 7/1 Thru 9/30 CCNH / RHNS	Period 7/1 Thru 9/30 (Specify)	Period 7/1 Thru 9/30 (Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	128	128			128	128						
B. On last day of THIS report period	128	128							128	128		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	118	118			118	118						
B. As of midnight of THIS report period	123	123							123	123		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,788	2,788			2,146	2,146			642	642		
B. Medicaid (Conn.)	36,995	36,995			27,461	27,461			9,534	9,534		
C. Medicaid (other states)												
D. Private Pay	2,184	2,184			1,758	1,758			426	426		
E. State SSI for RCH												
F. Other (Specify) Insurance	453	453			286	286			167	167		
G. Total Care Days During Period (3A thru F)	42,420	42,420			31,651	31,651			10,769	10,769		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	848	848			622	622			226	226		
B. Other Bed Reserve Days	9	9			3	3			6	6		
5. ***Total Resident Days*** **(3G + 4A + 4B)**	43,277	43,277			32,276	32,276			11,001	11,001		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village Nor	2436	9/30/2025	9	37

4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH / RHNS	(Specify)	(Specify)	Lost			Gained						
	(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	6	107		10				
Per Diem Rate								
a. One bed rm.	Various	270.30		480.00				
b. Two bed rms.	Various	270.30		470.00				
c. Three or more bed rms.								

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
7. Total Number of Physical Therapy Treatments					
A. Medicare - Part B	91,909	91,909			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	28,904	28,904			
2. Restorative Treatments					
C. Other	88,484	88,484			
D. ***Total Physical Therapy Treatments***	209,297	209,297			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	29,186	29,186			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	6,669	6,669			
2. Restorative Treatments					
C. Other	24,144	24,144			
D. ***Total Speech Therapy Treatments***	59,999	59,999			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	79,542	79,542			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	21,512	21,512			
2. Restorative Treatments					
C. Other	87,129	87,129			
D. ***Total Occupational Therapy Treatments***	188,183	188,183			

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North Health	2436	9/30/2025	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ 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)	146,223		2,080						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	280,385		9,464						
5. Dietary Service									
a. Head Dietitian	41,304		1,064						
b. Food Service Supervisor	75,450		2,080						
c. Dietary Workers	362,852		17,866						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers									
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	62,214		1,873						
b. Other Maintenance Workers	24,408		1,225						
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	190,642		3,148						
b. RN									
1. Direct Care	1,323,853		25,540						
2. Administrative**	3,348		86						
c. LPN									
1. Direct Care	961,880		28,029						
2. Administrative**	170,655		4,661						
d. Aides and Attendants	2,516,008		99,976						
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	151,987		6,851						
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	135,956		4,116						
n. Marketing	19,076		248						
o. Other (Specify)									
See Attached Schedule	130,648		4,175						
A-13. Total Salary Expenditures	6,596,889		212,482						

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CCNH / RHNS			(Specify)			(Specify)		
Position	**$**	**Adjustment**	**Hours**	**$**	**Adjustment**	**Hours**	**$**	**Adjustment**	**Hours**
	-								
Medical Records/ Clinical Secretary	$ 45,039		2,103						
Admissions	$ 85,609		2,072						
Total	$ 130,648	$ -	4,175	$ -	$ -	-	$ -	$ -	-

Schedule of Other Fees (Page 13)

	CCNH / RHNS			(Specify)			(Specify)		
Service	**$**	**Adjustment**	**Hours**	**$**	**Adjustment**	**Hours**	**$**	**Adjustment**	**Hours**
	-								
Respiratory Services	$ 7,841	$ (7,841)	90						
IV Consultant	$ 16,206	$ (16,206)	N/A						
Total	$ 24,047	$ (24,047)	90	$ -	$ -	-	$ -	$ -	-

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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
WV-Crossings East, LLC d/b/a Harbor Village North Health & Rehabi	2436	9/30/2025	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.

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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
WV-Crossings East, LLC d/b/a Harbor Village North Health & Rehabi	2436	9/30/2025	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* **										
Brooke Johnson (10/01/2024 - 09/30/2025)	146,223			Non-Discriminatory	Administator	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village Nortl	2436	9/30/2025	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	11,778		164						
2. Dentist	3,200		43	Estimated					
3. Pharmacist	27,144		523						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	301,539		3,839						
b. Other									
6. Social Worker	7,200		96						
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	33,600		237						
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	116,540		1,143						
b. Other									
10. Occupational Therapist									
a. Resident Care	280,376	(280,376)	3,794						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	13,519		203						
2. Administrative***									
b. LPN									
1. Direct Care	22,851		474						
2. Administrative***									
c. Aides									
d. Other									
12. Other (Specify) See Attached Schedule	24,047	(24,047)	90						
B-13 Total Fees Paid in Lieu of Salaries	841,794	(304,423)	10,606						

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North He	2436	9/30/2025	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Anderson Nutrition Services, 408 Lafayette Rd, Hampton, NH 03842	Dietician	○	⊙	N/A
LTC Management LLC, 23 South Main Street, Suite 3A, Hanover, NH 03755	Dentist	○	⊙	N/A
Pharmerica, PO Box 409251, Atlanta, GA 30384	Pharmacist / IV Consultant	○	⊙	N/A
JDRX Solutions	Pharmacist	○	⊙	N/A
Synchrony Rehab, 2701 Chestnut Station Ct, Louisville, KY 40299	Physcial, Occupational, and Speech Therapy	○	⊙	N/A
Reliant Rehab, 4 Brotherton Way, Auburn, MA 01501	Physcial, Occupational, and Speech Therapy	○	⊙	N/A
William H. Johnson, Inc., 8 Rimrock Rd, Belchertown, MA 01007	Social Worker	○	⊙	N/A
IPC Healthcare, Inc., 365 Montauk Ave, New London, CT 06320	Medical Director	○	⊙	N/A
IntelyCare, 1250 Hancock St Ste 501N, Quincy, MA 02169	RN and LPN Services	○	⊙	N/A
AA Northeast LLC, 143 Cedar St, Branford, CT 06405	RN and LPN Services	○	⊙	N/A
Procaire, 51 Triano Dr, Southington, CT 06489	Respiratory Services	○	⊙	N/A
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

* Use additional sheets if necessary.
** Refer to Page 4 for definition of related.

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
WV-Crossings East, LLC d/b/a Harbor Village N	2436	9/30/2025					15	37

Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	$	129,880	129,880					
2. Disability Insurance	$							
3. Unemployment Insurance	$							
4. Social Security (F.I.C.A.)	$	565,205	565,205					
5. Health Insurance	$	332,531	332,531					
6. Life Insurance (employees only)								
(not-owners and not-operators)	$	5,121	5,121					
7. Pensions (Non-Discriminatory)	$							
(not-owners and not-operators)								
8. Uniform Allowance	$							
9. Other (*Specify*)	$							
See Attached Schedule								
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$							
c. Bad Debts*	$		579,423	(579,423)				
d. Accounting and Auditing	$	35,285	35,285					
e. Legal (*Services should be fully described on Page 15b)*	$	18,321	33,618	(15,297)				
f. Insurance on Lives of Owners and Operators (*Specify*)*	$							
g. Office Supplies	$	98,078	98,078					
h. Telephone and Cellular Phones								
1. Telephone & Pagers	$	7,440	7,440					
2. Cellular Phones	$	2,800	3,587	(787)				
i. Appraisal (*Specify purpose and attach copy*)*	$							
j. Corporation Business Taxes (*franchise tax*)	$							
k. Other Taxes (*Not related to property - See Page 22)*								
1. Income*	$							
2. Other (*Specify*)	$							
See Attached Schedule								
3. Resident Day User Fee	$	832,224	832,224					
Subtotal	$	2,026,885	2,622,392	(595,507)				

* 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

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Total	$ -	$ -	$ -	$ -	$ -	$ -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Total	$ -	$ -	$ -	$ -	$ -	$ -

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Har	2436	9/30/2025	15b	37

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

⊙ Accrual ○ Cash ○ Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
2 CliftonLarsonAllen	4 Batterymarch Park Ste 100, Quincy, MA
3 Baker Tilly Advisory Group, LP	6 Research Dr, Ste 450, Shelton, CT 06484
4	

Services Provided by This Firm (*describe fully*)

1	Cost Report Preparation, Advisory Reimbursement Services, Tax Service	$ 6,700
2	Assurance Services	$ 9,975
3	Cost Report Preparation, Advisory Reimbursement Services	$ 18,610
4		$
		Charge for Services Provided $ 35,285

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

⊙ Yes ○ No Page 15 Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 CT Corporation	312-263-1414
2 Harris Beach Murtha Cullina LLP	203-772-7700
3 Treasurer, State of CT	860-702-3000
4 State Marshall	203-787-4805
5 See Attached	See Attached

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

1 PO Box 4349, Carol Stream, IL
2 265 Church Street, New Haven, CT 06510
3 165 Capitol Avenue, 2nd Floor Hartford, CT 06106
4 32 Elm St, New Haven, CT 06510
5 See Attached

Services Provided by This Firm (*describe fully*)

1	Registered Agent	$ 150
2	Legal consultation	$ 803
3	Conservatorship related (Fully Disallowed)	$ 2,112
4	Conservatorship related (Fully Disallowed)	$ 442
5	See Attached	$ 30,111
		Charge for Services Provided $ 33,618

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

⊙ Yes ○ No Page 15 Line 1e

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

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North I	2436	9/30/2025	16	37

Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:		2,026,885	2,622,392	(595,507)				
l. Travel and Entertainment								
1. Resident Travel and Entertainment	$	206	206					
2. Holiday Parties for Staff	$	812	812					
3. Gifts to Staff and Residents	$	4,669	11,135	(6,466)				
4. Employee Travel	$	1,960	1,960					
5. Education Expenses Related to Seminars and Conventions	$	9,137	9,466	(329)				
6. Automobile Expense (*not purchase or depreciation*)	$	5,544	5,544					
7. Other (*Specify*)	$							
See Attached Schedule								
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (*all such expenses*)	$	48,621	48,621					
2. Advertising Telephone Directory (*all such expenses*)***	$							
3. Advertising Other (*Specify*)***	$		7,463	(7,463)				
See Attached Schedule								
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	$							
* 8. Dues and Membership Fees to Professional Associations (*Specify*)	$	9,349	9,349					
See Attached Schedule								
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$		590	(590)				
9. Subscriptions	$	11,417	11,417					
10. Contributions***	$		250	(250)				
See Attached Schedule								
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	97,993	97,993					
12. Administrative Management Services**	$	327,455	668,396	(340,941)				
13. Other (*Specify*)	$	39,574	68,653	(29,079)				
See Attached Schedule								
C-14 Total Administrative & General Expenditures	$	2,583,622	3,564,247	(980,625)				

* 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 expensein the Adjustment column.

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Supplies - Marketing	$ 6,490	$ (6,490)				
Advertising - Public Relations	$ 774	$ (774)				
Meals - Marketing	$ 199	$ (199)				
Total Other Advertising	$ 7,463	$ (7,463)	$ -	$ -	$ -	$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
CT Association of Healthcare Facilities	$ 9,349					
Total Dues	$ 9,349	$ -	$ -	$ -	$ -	$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Donations	$ 250	$ (250)				
Total Contributions	$ 250	$ (250)	$ -	$ -	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
IT - Minor Equipment	$ 958					
Minor Equip Purch - A&G	$ 1,033					
Storage Fees	$ 22,891					
Bank Service Charges	$ 11,252	$ (2,013)				
Licenses & Permits	$ 1,632					
Miscellaneous Expense	$ 5,607	$ (5,607)				
Employee Background Check	$ 12,154					
Meals - A&G	$ 819	$ (819)				
Emp Ben - Other	$ 12,007	$ (12,007)				
Emp Ben - Staff Meeting Meals	$ 261	$ (261)				
Meals - Activities	$ 39	$ (39)				
Revenue Vending (Disallowed from Page 30)		$ (1,500)				
Revenue Donations (Disallowed from Page 30)		$ (400)				
Revenue Rebates (Disallowed from Page 30)		$ (573)				
Revenue Miscellaneous (Disallowed from Page 30)		$ (5,860)				
Total Other Administrative and General	$ 68,653	$ (29,079)	$ -	$ -	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
WV-Crossings East, LLC d/b/a Harbor Vi	2436	9/30/2025	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 #
Wachusetts Ventures, LLC	668,396	Management Company	Page 16 / Line m12

*** 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.**

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

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North H	2436	9/30/2025	18	37

Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	$	353,122	353,122					
2. Non-Food Supplies	$	37,420	37,420					
3. Other (*Specify*)_____	$							
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	606	606					
c. Other (*Specify*)_____ Dietary>Software, Licenses, Activities	$	500	500					
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	391,648	391,648					

		Total	CCNH / RHNS	(Specify)	(Specify)
2E.	Dietary Questionnaire				
F.	Resident Meals: Total no. of meals served per day:*				

G.	Is cost of employee meals included in 2D?	○ Yes	⦿ No		
H.	Did you receive revenue from employees?	○ Yes	⦿ 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?	○ Yes	⦿ No	If yes, specify cost.	
K.	Is any revenue collected from these people?	○ Yes	⦿ 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?	⦿ Yes	○ No	If yes, specify cost.	261
N.	Is any revenue collected from employees?	○ Yes	⦿ No	If yes, specify amt.	
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 16/ Line m13

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

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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
WV-Crossings East, LLC d/b/a Harbor Village North He	2436	9/30/2025	19	37

Item		Total	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. $	76	76					
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.							
	Amt. $							
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.							
	Amt. $							
4. Repair and/or purchase of linens.***	Lbs.							
	Amt. $							
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	179,725	179,725					
c. Other (*Specify*)	$							
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	179,801	179,801					

3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	○ Yes	⊙ No	If yes, specify cost.	
G. Did you receive revenue from employees?	○ Yes	⊙ No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)		
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	○ Yes	⊙ No	If yes, specify cost.	
J. Did you receive revenue from these people?	○ Yes	⊙ 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.

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

Name of Facility	License No.	Report for Year Ended					Page	of
WV-Crossings East, LLC d/b/a Harbor Village	2436	9/30/2025					20	37

Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4. Housekeeping	Sq. Ft. Serviced by Personnel							
a. In-House Care								
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt. $							
b. Purchased Services (*by contract other than through Management Services*)	Sq. Ft. Serviced by Personnel							
(Complete Schedule C-2 att. Page 21)	Amt. $	286,706	286,706					
C. Other (*Specify*) $		84	84					
Housekeeping Supplies								
4D. ***Total Housekeeping Expenditures*** (4a + b + c) $		286,790	286,790					
5. Resident Care (Supplies)**								
a. Prescription Drugs***								
1. Own Pharmacy $								
2. Purchased from $			180,703	(180,703)				
Pharmerica								
b. Medicine Cabinet Drugs $		23,573	23,573					
c. Medical and Therapeutic Supplies $		149,501	149,501					
d. Ambulance/Limousine*** $			12,741	(12,741)				
e. Oxygen								
1. For Emergency Use $								
2. Other*** $			4,840	(4,840)				
f. X-rays and Related Radiological $			4,392	(4,392)				
Procedures***								
g. Dental (*Not dentists who should be included under salaries or fees)* $								
h. Laboratory*** $			13,116	(13,116)				
i. Recreation $		9,409	9,409					
j. Direct Management Services* $								
k. Indirect Management Services* $								
l. Cable TV $		7,200	25,505	(18,305)				
m. Other (Specify)**** $		39,811	124,888	(85,077)				
See Attached Schedule								
n. Physical Therapy Expense $		127	127					
o. Speech Therapy Expense $								
5P. ***Total Resident Care Expenditures*** (5a - 5o) $		229,621	548,795	(319,174)				

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

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

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

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

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Supplies - Wound Care	$ 11,180	$ (11,180)				
Supplies - Prosthetic Device	$ 2,283	$ (2,283)				
Supplies - Routine Hygiene	$ 9,208					
ME Rental	$ 3,150					
ME Rental -Bariatric Equipment	$ 360	$ (360)				
ME Rental - Wound Vacs	$ 12,537	$ (12,537)				
ME Rental - Specialty Beds	$ 3,037	$ (3,037)				
ME Rental - Air Mattresses	$ 1,088	$ (1,088)				
ME Rental - Wheelchairs	$ 435	$ (435)				
Therapy Expenses	$ 5,000					
Replace of Res. Personal Prop.	$ 674	$ (674)				
Purchases Discount	$ (5,814)					
Pharmacy Supplies - IV	$ 711	$ (711)				
Pharmacy Supplies - Forms	$ 1,903					
ME Rental - Pharmacy	$ 296					
ME Rental - IV Pump	$ 104	$ (104)				
Resident Vaccination	$ 26,068					
Supplies - Respiratory	$ 9,637	$ (9,637)				
ME Rental - Respiratory	$ 42,236	$ (42,236)				
Misc. Ancillary	$ 795	$ (795)				
Total Other Resident Care	$ 124,888	$ (85,077)	$ -	$ -	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North Health & Rehabilitatic	2436	9/30/2025	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	300 Bensalem, PA 19020	○	⊙	N/A	Laundry / Housekeeping	466,431			Var	Var
PointClickCare	PO Box 674802 Detroit, MI 48267	○	⊙	N/A	Software / monthly billing	54,459			15	1g
CWPM, LLC	415 Christian Ln, Berlin, CT 06037	○	⊙	N/A	Garbage Removal	22,931			22	6f
Professional Grounds Maintenance, Inc.	PO Box 231 Quaker Hill, CT 06375	○	⊙	N/A	Landscaping	18,712			22	6f
Smartlinx Solutions	Woodbridge Township, NJ 08830	○	⊙	N/A	Payroll Processing	29,319			16	m11
DAS Health Ventures	Financial District, Suite 1900, Boston, MA 02110	○	⊙	N/A	IT Support	31,709			16	m11
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							

* 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).

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

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village	2436	9/30/2025	22	37

Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	$	2,654	2,654					
b. Heat	$	29,562	29,562					
c. Light & Power	$	205,538	205,538					
d. Water	$	34,071	34,071					
e. Equipment Lease (*Provide detail on page 22b*)	$	28,151	28,151					
f. Other (*itemize*)	$	127,513	127,513					
See Attached Schedule								
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	427,489	427,489					
7. Depreciation (*complete schedule page 23**)								
a. Land Improvements	$							
b. Building & Building Improvements	$	95,738	95,738					
c. Non-Movable Equipment	$	10,890	10,890					
d. Movable Equipment	$	75,319	75,319					
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	181,947	181,947					
8. Amortization (*Complete att. Schedule Page 24**)								
a. Organization Expense	$							
b. Mortgage Expense	$							
c. Leasehold Improvements	$	15,657	15,657					
d. Other (*Specify*)	$							
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	15,657	15,657					
9. Rental payments on leased real property less real estate taxes included in item 10b	$	460,014	460,014					
10. Property Taxes								
a. Real estate taxes paid by owner	$							
b. Real estate taxes paid by lessor	$	102,462	102,462					
c. Personal property taxes	$	8,035	8,035					
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	768,115	768,115					

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

Schedule of Other Repairs and Maintenance

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Utilities - Telephone Maint	$ 385					
Pro Fees - Maintenance	$ 17,347					
Supplies & Exp - Maintenance	$ 22,168					
R&M - Equipment	$ 11,544					
R&M - Building	$ 12,435					
Garbage	$ 24,858					
Hazardous Waste	$ 1,089					
Pest Control	$ 2,493					
Snow Removal	$ 5,291					
Maintenance Contracts	$ 16,482					
Groundskeeping	$ 13,421					
Total Other Repairs and Maintenance	$ 127,513	$ -	$ -	$ -	$ -	$ -

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General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North Healt	2436	9/30/2025	22b	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
ACPL A Hanger Company, 4850 Joule Street, Suite A1, Reno NV 89502	○	⊙	Lease contract service fee, Omnisound 300 E, Omnicsound 500 Pro OmniStim FX2 Pro etc.	06/01/15	Monthly as needed	12,775	12,775
Quadient Leasing, USA, 478 Wheelers Farms rd, Milford, CT 06461	○	⊙	Postage Machine	04/25/24	63 months	807	807
Ecolab, Inc.	○	⊙	Dish Machine	11/01/14	Mnthly thereafter	2,155	2,155
Xerox Financial Services	○	⊙	Copy Machines	08/01/23	Mnthly thereafter	12,414	12,414
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ⊙ Yes ○ No **Total ***** 28,151

* 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.

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North Health & Rehabil	2436	9/30/2025	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. **Building and Building Improvements**								
1. Acquired prior to this report period	1,660,356		1,660,356	706,325	S/L	Various	95,738	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								95,738
C. **Non-Movable Equipment**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	140,313		140,313		S/L	Various	10,890	
C-4. Subtotal								10,890

	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			Var	Var	825,437		825,437	635,816	S/L	Various	72,595	
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative			Var	Var	7,261		7,261		S/L	Various	667	
d. Standard Resident			Var	Var	43,361		43,361		S/L	Various	2,057	
e. Specialized Resident			Var	Var					S/L	Various		
Total Acquired during this report period					50,622		50,622				2,724	
D-3. Subtotal												75,319
E. ***Total Depreciation***												181,947

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:					
Total additions for Building Improvements		$ -		$ -	*
Deletions:					
Total deletions for Building Improvements		$ -		$ -	**

***Ties to Page 23, Line B3**

****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
10/31/2024	TouchPad Controller Replacement	$ 1,518	5	$ 278	
12/31/2024	Energy efficiency upgrades	$ 48,610	5	$ 7,292	
1/22/2025	Replaced push button / delivery door	$ 1,051	10	$ 79	
2/28/2025	Outdoor sign	$ 1,642	10	$ 109	
3/31/2025	12000 Ptac 20 Amp 230 volt	$ 1,189	10	$ 59	
4/24/2025	Cisco Meraki System upgrade	$ 7,491	5	$ 624	
5/7/2025	Rooftop units	$ 35,853	10	$ 1,494	
6/6/2025	Horizontal Duct furnace	$ 42,959	15	$ 955	
Total additions for Non-Movable Equipment		$ 140,313		$ 10,890	*
Deletions:					
Total deletions for Non-Movable Equipment		$ -		$ -	**

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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One Movable Category	Cost	Useful Life	Depreciation	
Additions:						
10/31/2024	Big Boy Wheelchair scale	Standard Resident	$ 1,457	5	$ 267	
10/31/2024	Admissions Board	Administrative	$ 1,068	5	$ 196	
12/18/2024	2 12000 PTAC	Standard Resident	$ 1,189	10	$ 99	
12/19/2024	2 12000 PTAC	Standard Resident	$ 1,189	10	$ 99	
12/31/2024	Upgrade and replacement Aruba Data Switches	Administrative	$ 1,627	15	$ 90	
7/29/2024	11 Refurbished PC Boards Joerns	Standard Resident	$ 1,521	5	$ 51	
1/9/2025	15000 Ptac 230 Volt (2)	Standard Resident	$ 1,274	10	$ 96	
1/13/2025	Oslo Wardrobe Chery Bedside Cabinets	Standard Resident	$ 1,034	15	$ 52	
1/20/2025	12000 Ptac 20 Amp 230 Volt (2)	Standard Resident	$ 1,189	10	$ 79	
3/7/2025	Big boy bed	Standard Resident	$ 1,875	15	$ 73	
3/7/2025	Wheelchairs	Standard Resident	$ 1,085	5	$ 127	
5/2/2025	3 Touchscreen Vital Signs Monitors	Standard Resident	$ 7,089	5	$ 591	
6/16/2025	Touchscreen Vital Signs	Standard Resident	$ 3,385	5	$ 169	
6/30/2025	Medical records binders	Standard Resident	$ 3,218	5	$ 161	
8/13/2025	Patient Lift Bariatric (700Lb) - 1	Standard Resident	$ 5,765	10	$ 96	
8/21/2025	Install gas valve	Standard Resident	$ 1,233	15	$ 7	
8/21/2025	Dryer	Standard Resident	$ 10,859	10	$ 90	
4/17/2025	Laptops (4)	Administrative	$ 4,566	5	$ 381	
Total additions for Movable Equipment			$ 50,622		$ 2,724	*
Deletions:						
Total deletions for Movable Equipment			$ -		$ -	**

***Ties to Page 23, Line D2c**

****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
10/31/2024	Replaced corroded heads	$ 5,250	25	$ 193	
10/31/2024	Replaced failed presure switch	$ 4,113	10	$ 377	
10/31/2024	Replaced new sprinkler heads (4)	$ 3,351	25	$ 123	
12/31/2024	Replaced 1.5 backflow preventer	$ 5,146	25	$ 172	
4/2/2025	Fire sprinkler replacement	$ 2,422	25	$ 48	
7/15/2025	Replaced Motor - exhaust system unit	$ 1,235	25	$ 12	
8/1/2025	Replaced faulty presure switch	$ 1,573	10	$ 26	
Total additions for Leasehold Improvement		$ 23,090		$ 951	*
Deletions:					
Total deletions for Leasehold Improvement		$ -		$ -	**

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

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

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village North Health	2436	9/30/2025	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	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
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period	Var	Var	Various	173,231	65,931	S/L	Variou	14,706	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	23,090		S/L	Variou	951	
C-4. Subtotal									15,657
D. ***Total Amortization***									15,657

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor	2436	9/30/2025	25	37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ○ Yes ⊙ No

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

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

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If **NOT** Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	128			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
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
Sabra, 18500 Von Karman Avenue, Suite 550, Irvine, CA 92612	Building & Equipment	03/01/16	10 Yrs	460,014

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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbo	2436	9/30/2025	26	37

Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage $							
Name of Lender / Rate							
Address of Lender							
2. Second Mortgage $							
Name of Lender / Rate							
Address of Lender							
3. Third Mortgage $							
Name of Lender / Rate							
Address of Lender							
4. Fourth Mortgage $							
Name of Lender / Rate							
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount $							
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. ***Total Building Interest Expense*** (A1 - A4 + B5) $							

(*Carry Subtotals forward to next page*)

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

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Har	2436	9/30/2025	27	37

Item	Total	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*) $	19,594	19,594					
Interest Expense - Interest & PPR							
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $	19,594	19,594					
14. Insurance							
a. Insurance on Property (buildings only) $	22,028	22,028					
b. Insurance on Automobiles $	128	128					
c. Insurance other than Property (as specified above)							
1. Umbrella (*Blanket Coverage*) $	97,442	97,442					
2. Fire and Extended Coverage $							
3. Other (*Specify*) $	4,194	10,729	(6,535)				
Insurance>D&O Liability/ Cyber/ Bond							
14d. ***Total Insurance Expenditures (14a + b + c)*** $	123,792	130,327	(6,535)				
15. ***Total All Expenditures (A-13 thru C-14)*** $	12,144,732	13,755,489	(1,610,757)				

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor V	2436	9/30/2025	30	37

Item		Total	CCNH / RHNS	(Specify)	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	9,385,000	9,385,000		
b. Medicaid Room and Board Contractual Allowance **	$				
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	1,382,722	1,382,722		
b. Medicare Room and Board Contractual Allowance **	$				
4. a. Private-Pay Residents and Other	$	1,954,683	1,954,683		
b. Private-Pay Room and Board Contractual Allowance **	$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	77,636	77,636		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(63,906)	(63,906)		
c. Prescription Drugs - Non-Medicare	$	86,678	86,678		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(85,660)	(85,660)		
2. a. Medical Supplies - Medicare	$				
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$	42	42		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(42)	(42)		
3. a. Physical Therapy - Medicare	$	349,357	349,357		
b. Physical Therapy - Medicare Contractual Allowance **	$	(154,321)	(154,321)		
c. Physical Therapy - Non-Medicare	$	189,106	189,106		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(143,780)	(143,780)		
4. a. Speech Therapy - Medicare	$	136,709	136,709		
b. Speech Therapy - Medicare Contractual Allowance **	$	(43,785)	(43,785)		
c. Speech Therapy - Non-Medicare	$	75,023	75,023		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(56,517)	(56,517)		
5. a. Occupational Therapy - Medicare	$	325,044	325,044		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(150,428)	(150,428)		
c. Occupational Therapy - Non-Medicare	$	175,213	175,213		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(130,794)	(130,794)		
6. a. Other *(Specify)* - Medicare	$	(7,186)	(7,186)		
b. Other *(Specify)* - Non-Medicare	$	15	15		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	13,300,809	13,300,809		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	203	203		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	82,440	82,440		
V. Total Other Revenue (1 thru 8)	$	82,643	82,643		
VI. Total All Revenue (III +V)	$	13,383,452	13,383,452		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		-		
30 II6A	X-Ray - Med A	$ 616		
30 II6A	X-Ray - Med A - C/A	$ (616)		
30 II6A	Lab - Med A	$ 1,439		
30 II6A	Lab - Med A - C/A	$ (1,439)		
30 II6A	IV - Med A	$ (175)		
30 II6A	IV - Med A - C/A	$ 175		
30 II6A	Oxygen - Med A	$ 64		
30 II6A	Oxygen - Med A - C/A	$ (64)		
30 II6A	Sequestration - Med B	$ (7,296)		
30 II6A	Sequestration - Med B Replmnt	$ 110		
Total Other Resident Revenue - Medicare		$ (7,186)	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		-		
30 II6B	X-Ray - HMO	$ 130		
30 II6B	X-Ray - HMO - C/A	$ (130)		
30 II6B	Lab - Medicaid	$ 164		
30 II6B	Lab - HMO	$ 491		
30 II6B	Lab - Medicaid - C/A	$ (164)		
30 II6B	Lab - HMO - C/A	$ (491)		
30 II6B	IV - Medicaid	$ 1,224		
30 II6B	IV - HMO	$ 263		
30 II6B	IV - Medicaid - C/A	$ (1,224)		
30 II6B	IV - HMO - C/A	$ (263)		
30 II6B	Oxygen - Medicaid	$ (191)		
30 II6B	Oxygen - HMO	$ 113		
30 II6B	Oxygen - Private	$ 15		
30 II6B	Oxygen - Medicaid - C/A	$ 191		
30 II6B	Oxygen - HMO - C/A	$ (113)		
Total Other Resident Revenue		$ 15	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
			-		
30 IV 5	Revenue - Interest-AR Accounts	N/A	$ 203		
Total Interest Income			$ 203	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		-		
30 IV8	Prior Period Adjustments*	$ 64,543		
30 IV8	Revenue - Medical Records*	$ 165		
30 IV8	Revenue - Vending (Disallowed Page 16 Line m13)	$ 1,500		
30 IV8	Revenue - Donations (Disallowed Page 16 Line m13)	$ 400		
30 IV8	Revenue - Rebates (Disallowed Page 16 Line m13)	$ 573		
30 IV8	Revenue - Miscellaneous (Disallowed Page 16 Line m13)	$ 5,860		
30 IV8	Revenue - Misc. - PY Medicare cost report receivable	$ 9,399		
Total Other Revenue		$ 82,440	$ -	$ -

***No related expense, do not disallow**

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor	2436	9/30/2025	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 199,083
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 815,826
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$
5. Prepaid Expenses				$ 110,370
a. Prepaid Insurance		80,623		
b. Prepaid Expense		29,747		
c.				
d. See Schedule				
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
See Schedule				
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 1,125,279
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
3. Buildings	*Historical Cost			$
	Accum. Depreciation		Net	
4. Leasehold Improvements	*Historical Cost	196,321		$ 114,733
	Accum. Depreciation	81,588	Net	
5. Non-Movable Equipment	*Historical Cost	140,313		$ 129,423
	Accum. Depreciation	10,890	Net	
6. Movable Equipment	*Historical Cost	451,214		$ 162,774
	Accum. Depreciation	288,440	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ (28,016)
F/S vs CR NBV		(28,016)		
See Schedule				
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 378,914

* 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	
Total Prepaid Expenses			$ -

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 Other Fixed Assets (Itemize)			$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Exchange	$ 43,731
Total Other Assets			$ 43,731

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	
Total Other Current Liabilities (Itemize)			$ -

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

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor	2436	9/30/2025	32	37

Account				Amount
			Total Brought Forward:	$ 1,504,193
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost	1,660,356		
	Accum. Depreciation	802,063	Net	$ 858,293
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost	424,845		
	Accum. Depreciation	422,696	Net	$ 2,149
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$ 860,442
D. Investment and Other Assets				
1. Deferred Deposits				$ 6,661
2. Escrow Deposits				$ 136,778
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$ 4,875
Name and Address	Amount	Loan Date		
Due To/(From)>Various	4,875			
7. Other Assets (*itemize*)				$ 234,138
Right of Use Asset		160,984		
Right of Use Asset - Equip		29,423		
See Schedule		43,731		
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 382,452
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 2,747,087

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Village	2436	9/30/2025	33	37

Account					Amount
Liabilities					
A.	Current Liabilities				
	1. Trade Accounts Payable				$ 420,787
	2. Notes Payable (*itemize*)				$ 26,643
	N/P - Other	26,643			
	See Schedule				
	3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
	Name of Lender	Purpose	Amount	Date Due	
	4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 189,635
	5. Accrued Payroll (*Owners and/or Stockholders only*)				$
	6. Accrued Payroll Taxes Payable				$ 6,923
	7. Medicare Final Settlement Payable				$
	8. Medicare Current Financing Payable				$
	9. Mortgage Payable (*Current Portion*)				$
	10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
	11. Accrued Income Taxes*				$
	12. Other Current Liabilities (*itemize*)				$ 466,831
	Accrued Expenses	17,320	Payroll W/H - AFLAC	1,296	
	Accrued Provider Tax/User Fees	212,933	Lease Liability - ST	173,420	
	Accrued Management Fees	58,779			
	Other Payroll Liabilities	3,083	See Schedule		
A-13.	***Total Current Liabilities*** (Lines A1 thru 12)				$ 1,110,819

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor Vill	2436	9/30/2025	34	37

Account	Amount
Total Brought Forward:	1,110,819
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$ 6,188

Name and Address of Lender	Amount	Loan Date
Due To/(From)>Wachusett Ventures	6,188	

4. Other Long-Term Liabilities (*itemize*)		$ 386,937
N/P - SABRA - PPR	252,862	
Accrued Interest LT -Sabra-PPR	104,518	
Lease Liability - LT - Equip	29,557	
See Schedule		
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 393,125
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ 1,503,944

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

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor	2436	9/30/2025	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		$ 860,442
3. Reserve for depreciation value of leased personal property (*Equity)*		$
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		$ 860,442
B. **Net Worth**		
1. Owner's Capital		$
2. Capital Stock		$
3. Paid-in Surplus		$
4. Treasury Stock		$
5. Cumulated Earnings		$ 665,134
6. Gain or Loss for Period	10/1/2024 thru 9/30/2025	$ (282,433)
7. Total Net Worth		$ 382,701
C. ***Total Reserves and Net Worth***		$ 1,243,143
D. ***Total Liabilities, Reserves, and Net Worth***		$ 2,747,087

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor V	2436	9/30/2025	36	37

	Account	Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2024	$ 665,133
B.	Total Revenue (*From Statement of Revenue Page 30*)	$ 13,383,452
C.	Total Expenditures (*From Statement of Expenditures Page 27*)	$ 13,665,885
D.	Net Income or Deficit	$ (282,433)
E.	Balance	$ 382,700
F.	Additions	
	1. Additional Capital Contributed (*itemize*)	
	Expenses Per Page 27 $13,755,489	
	F/S vs C/R Depreciation ($ 89,604)	
	Expenses Per FS $13,665,885	
	2. Other (*itemize*)	
	Rounding 1	
F-3.	Total Additions	$ 1
G.	Deductions	
	1. Drawings of Owners/Operators/Partners (*Specify*)	$

Name and Address (*No., City, State, Zip*)	Title	Amount

	2. Other Withdrawings *(Specify)*	$

Purpose	Amount

	3. Total Deductions	$
H.	***Balance at End of Period*** 09/30/25	$ 382,701

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I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
WV-Crossings East, LLC d/b/a Harbor	2436	9/30/2025	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	☐ (Specify)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report in the Adjustments columns. Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer
Matthew S. Bavolack

Addres Address	Phone Number
6 Research Drive Suite 450, Shelton, CT 06484	203-366-5876

Contacted Person Regarding Additional Information Needed Regarding This Report	Phone Number
Steven Vera	(860) 564-3387

Contact Email Address
svera@wachusetthc.com