State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed)						
Jewish Home for the Elderly of Fairfield County						
Address (No. & Street, City, State, Zip Code)						
4200 Park Ave, Bridgeport, CT 06604						
Type of Facility						
☑ Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing Supervision only (RHNS)	□ (Specify)			
Report for Year Beginning 10/1/2017		Report for Year Ending 9/30/2018				

License Numbers:	ССNН 923-С	RHNS	(Specify)	Medicare Provider 07-5353
			•	•

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	9233		

For Department Use Only

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

Name of Facility (as licensed)	License N	1	ear Ended Page
ewish Home for the Elderly of Fairfield County	923-C	9/30/2018	1
Adminis	trator's/Ow	vner's Certification	
MISREPRESENTATION OR FALSIFI COST REPORT MAY BE PUNISHAB FEDERAL LAW.			
I HEREBY CERTIFY that I have read t Cost Report and supporting schedules p [facility name], for the cost report period that to the best of my knowledge and be the books and records of the provider(s)	repared for Jev d beginning O lief, it is a true	wish Home for the Elderly of Fa ctober 1, 2017 and ending Septe e, correct, and complete statemen	irfield County mber 30, 2018, and
I hereby certify that I have directed the prep Schedule of Resident Statistics, Statements Balance Sheet of this Facility in accordance year ended as specified above.	of Reported E	xpenditures, Statements of Revenu	es and the related
I have read this Report and hereby certif my knowledge under the penalty of perj presented in this Report as a basis for se residents were incurred to provide reside recorded have been retained as required request.	ury. I also cen curing reimbu ent care in this	rtify that all salary and non-salar resement for Title XIX and/or otl s Facility. All supporting record	y expenses her State assisted s for the expenses
Signed (Administrator)	Date	Signed (Owner)	Date
		Printed Name (Owner)	
Printed Name (Administrator) Andrew Banoff Subscribed and Sworn to before me:	Date	Printed Name (Owner) Signed (Notary Public)	Comm. Expire:

General Information

(Notary Seal)

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State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	stm	ent		Page	of
				1Å	37
Name of Facility		Period Cov	ered:	From	То
Jewish Home for the Elderly of Fairfield County				10/1/2017	9/30/2018
Address of Facility					
4200 Park Ave, Bridgeport, CT 06604		r			
Report Prepared By		Phone Nun		Date	
Blum Shapiro & Company, P.C.		860-561-40	000	2/15/2019	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

	Phone No 203-365-6		Report for Yea 9/30/2018	ır Ended	Page 2	of 37	
Name of Facility (as shown on license)			Street, City, Star	te Zin)	2	51	
Jewish Home for the Elderly of Fairfield County		Park Ave, I					
CCNH	RHN		(Specify)		Medicare F	Provider No	
License Numbers: 923-C					07-5353		
Type of Facility (Check appropriate box(es))							
Chronic and Convalescent Nursing Home only (CCNH)		e with Nursi on only (RH		(Specify))		
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O Partnership	O Profi	t Corp. 💿	Non-Profit Corp	p. O	Government	O Trust	
If this facility opened or closed during report year provid	le:	Date	e Opened	Date Clo	sed		
Has there been any change in ownership							
or operation during this report year?	O Yes	۲	No	lf "Yes,"	explain full	у.	
Administrator			1				
Name of Administrator			Nursing Ho				
Andrew Banoff		Administrator					
	- (f-11		License N	0.:			
Other Operators/Owners who are assistant administrator Name	s (Iuli or pa	rt time) of tr	License N	[o ·			
N/A			License iv	10			

General Information and Questionnaire Partners/Members

irfield County	License No.	Report for	Year Ended	Page 3	of 37	
			State(s) and/		/or Town(s) in	
Business A	ddress		Title	% Ov	wned	
	irfield County ship/LLC Business A	irfield County 923-C	irfield County 923-C 9/30/2018 ship/LLC Business Address	irfield County 923-C 9/30/2018 Ship/LLC Business Address Which	irfield County 923-C 9/30/2018 3 ship/LLC Business Address State(s) and/or Town Which Registered	

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year E	nded	Page of
Jewish Home for the Elderly of Fairfield Cour		9/30/2018		3A 37
If this facility is owned or operated as a corpo		following informa	tion:	
Legal Name of Corporation		ss Address		ch Incorporated
Jewish Home for the Elderly of	175 Jefferson Stre		Connecticut	
Fairfield County	06825	, ,		
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
See Attached List of Board of Directors				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

<u>Jewish Senior Services® – The Jewish Home</u> <u>Board of Directors</u> <u>2018</u>

Jon August (Secretary) Andrew H. Banoff Russell Beitman (Vice Chairperson) Carl Bennett (Honorary Director for Life) Robert Berkowitz Muriel Brown Dorothy N. Freedman Roy Friedman Roslyn Goldstein (Honorary Director for Life) Michael Guthman Eric Hendlin Debby Hiller (Women's Auxiliary) Mitchell Kornblit Mark A. Lapine (Honorary Director for Life) Renee Manger Michael Marcus Emil Meshberg Jerry Minsky (Men's Club)

Frank Morse Nate Nevas Alan Phillips (Treasurer) Jeff Radler Hal Rosnick Dr. Scott Serels Amanda Shapiro Jeffrey J. Siegel William Sims Art Spinner **Carol Spinner** Milton Sutin (Honorary Director for Life) John Vaccaro Kenneth I. Wirfel (Chairperson) Martin F. Wolf (Honorary Director for Life) Mike Wolfson

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Jewish Home for the Elderly of Fairfield County	923-C	9/30/2018	3B 37
If this facility is owned or operated as an individua			tion:
Ow	ner(s) of Facility		
N/A			

General Information and Questionnaire Related Parties*

Name of Facility		License			Report for Year Ended		Page	of
Jewish Home for the Eld	lerly of Fairfield County		923-C		9/30/2018		4	37
Are any individuals rece	eiving compensation from the f	acility re	lated th	rough		If "Yes," provide th	Nama/Ad	dragg and
5	rol, ownership, family or busin	2		U	Yes 💿 No	complete the inform		
marriage, ability to conti	for, ownership, failing of ousin	CSS 8550		0				ige 11 of the report.
Are any individuals or c	ompanies which provide goods	or serv	ices,					
including the rental of p	roperty or the loaning of funds	to this f	acility,					
C 1	ssociation, common ownership		•	iness	• Yes • No			
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	ne following	information:
							0	
		Als	so Provi	des		Indicate Where		
		Good	ls/Servi	ces to		Costs are Included		
Name of Related	Business	Non-F	Related	Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Marty Wolf	Cohen & Wolf, P.C.	٥	0		Legal Services	15 / 1e	115	115
James Sugarman	Eastern Bag & Paper Co.	۲	0		Paper Supplies	See attached	See attached	See attached
Roy Friedman	Standard Oil of Connecticut	۲	0		Fuel Oil	22 / 6b	4,651	4,651
See attached	4200 Park Ave, Bridgeport, CT 06604	0	۲		Loans payable	33/A2 & 34/B3	613,609	613,609
Andrew Banoff	4200 Park Ave, Bridgeport, CT 06604	0	۲		Salary as Ex-officio officer of the Board	10/A2	545,338	545,338
		0	۲					
		0	۲					
		0	۲					
		0	۲					

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

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General Information and Questionnaire Related Parties*

Name of Facility License N	1	Page of
Jewish Home for the Elderly of Fairfield County 923	B-C 9/30/2018	4a 37
Description	Amount Page	
Eastern Bag & Paper Co.	25,499 31 a4	
	178 20 / 5c	
	116,290 20 / 4a1	
	39,631 19 / 3d	
	181,598	
Jon August	20,901	
Women's Auxiliary	154,734	
Russell Beitman	52,452	
Muriel Brown	5,245	
Sanford Buchsbaum	26,226	
Roy Friedman	26,226	
Mike Guthman	13,113	
Eric Hendlin	26,226	
Mark Lapine	26,226	
Renee Manger	5,245	
Mike Marcus	26,226	
Emil Meshberg	26,226	
Jerry Minsky	13,113	
Alan Nevas	26,226	
Alan Phillips	10,490	
Jeff Radler	26,226	
Harold Rosnick	26,226	
Richard Seclow	13,113	
Bill Sims	26,226	
John Vaccaro	26,226	
Ken Wirfel	31,471	
Martin Wolf	5,245	
	613,609 A2 & 34B?b	3

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page	of					
Jewish Home for the Elderly of Fairfield County	923-С		9/30/2018	5	37					
If the facility is licensed as CDH and/or RCH or	provides AI	DS or TBI s	services with special Medicaid 1	rates, cost	ts					
must be allocated to CCNH and RHNS as follow	/s:		-							
Item		Method of Allocation								
Dietary		Number of meals served to residents								
Laundry		Number of pounds processed								
Housekeeping		Number of square feet serviced								
		Number of hours of routine care provided by EACH								
Nursing		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 salar	ies							
Management services		Appropriate cost center involved								
All other General Administrative expenses		Total of Di	rect and Allocated Costs							
The preparer of this report must answer the follo	wing questic	ons applicat	le to the cost information provi	ded.						
1. In the preparation of this Report, were all	O V	\circ N	If "No," explain fully why such	1 allocatic	on was not					
costs allocated as required?	• Yes	O No	made.							
The facility utilizes an allocation template and al	locates costs	s for non-re	imbursable programs out on the	allocatio	n template					
using appropriate methodologies, accumulated co	ost, or direct	assignmen	t. The non-reimbursable costs a	are not inc	cluded in					
the cost report. Please see the cover letter includ	led with the o	cost report.								
2. Explain the allocation of related company exp	enses and at	ttach copy o	of appropriate supporting data.							
3. Did the Facility appropriately allocate and sel	f-disallow d	irect and in	direct costs to non-nursing hom	e cost cer	nters?					
(e.g., Assisted Living, Home Health, Outpatie	ent Services,	Adult Day	Care Services, etc.)							
	• Yes		If "No," explain fully why such made.	1 allocatio	on was not					

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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 Y	Report for Year Ended				
Jewish Home for the Elderly of Fairfield Cou	Fairfield County 923-C 9/30/2018		6	37				
	Relate	ed * to						
	Own	ners,						
	Oper	ators,				Annual		
	Offi	cers	ers Dat		Term of	Amount	Amo	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clair	med
Paul Miller Nissan, LLC, 930 Kings Highway East, Fairfield, CT 06825	0	۲	Automobile - Amount claimed is amount allocated to skilled nursing on allocation	02/22/17	36 months	3,588	2,620	
Canon Solutions America, One Canon Park, Melville, NY 11747	0	۲	Copiers - Amount claimed is amount allocated to skilled nursing on allocation template	07/01/17	63 months	59,064	43,123	
Canon Solutions America, One Canon Park, Melville, NY 11747	0	۲	Copiers - Amount claimed is amount allocated to skilled nursing on allocation template	01/02/18	60 months	4,608	3,364	
Pitney Bowes Global, PO Box 371887, Pittsburgh, PA 15250-7887	0	۲	Mail Machine - Amount claimed is amount allocated to skilled nursing on allocation	07/01/15	continuing	5,345	3,902	
CIT Technology, 11 West 42nd Street, New York, NY 10036	0	۲	Copiers - Amount claimed is amount allocated to skilled nursing on allocation template	10/31/12	60 months	620	453	
Canon Solutions America, One Canon Park, Melville, NY 11747	0	۲	Copiers - Amount claimed is amount allocated to skilled nursing on allocation template	05/03/16	60 months	13,188	9,629	
Canon Solutions America, One Canon Park, Melville, NY 11747	0	۲	Copiers - Amount claimed is amount allocated to skilled nursing on allocation template	05/24/16	60 months	6,624	4,836	
Canon Solutions America, One Canon Park, Melville, NY 11747	0	۲	Copiers - Amount claimed is amount allocated to skilled nursing on allocation template	08/13/16	60 months	2,832	2,068	
Canon Solutions America, One Canon Park, Melville, NY	0	۲	Copiers - Amount claimed is amount allocated to skilled nursing on allocation template	11/1/2016 & 9/12/16	60 months	2,352	1,717	
Canon Solutions America, One Canon Park, Melville, NY 1747	0	۲	Copiers - Amount claimed is amount allocated to skilled nursing on allocation template	07/22/16	58 months	1,334	974	
Is a Mileage Log Book Maintained for All L	eased V	ehicles	? • • • • • • • • • • • • • • • • • • •	es O	No	Total ***	72,685	

* 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.



Х

1651 CUPPJ

UNIFIED LEASE AGREEMENT

#ULS_<u>S0526376.07</u>

a					Salesper	rson:	Lawre	nce C t	Lewis			Order	Date: 5	5/3/2016	
Customer ("You"):	Customer A	ccount:	1564206				Orga	nizatio	on Info	ormatio	on			2	
Company Legal Name: T	he Jewish Home	for the	Elderly of I	Fairfield	d County I	Incorpor	Federal Tax Identification Number (TIN):								
Doing Business As:								Corpo	ration				Limited	Liability	Company
Billing Address: 175 JEF	FFERSON ST							Partne	ership			Ē			Partnership
City: FAIRFIELD		County	FAIRFIE	LD				Non-P	Profit Co	orporatio	on	Ē		-	overnment
State: CT	Zip: 06825-107	8	Phone: 20)3.331.	5815			Sole P	ropriet	orship (If sele	cted, com			
Contact: Paul Visnicky			Fax:				Chief Executive Office and address for notices:								
E-Mail: pvisnicky@jsen	niors.org						Address	s:							
Lease Information	, and the second s					-	City:	ity: State: Zip:							
Lease Ter	m			P	ayment		+ j /		-T		1	ast Two	Security		.+
60 Months \$ 1,099.00 (Plus ap)				(Plus appli	cable tax	æs)			.ast 2 Pa \$	yments		urity Depo	sit =	TOTAL DUE AT SIGNING \$	
Monthly End of Lease Ter						se Tern	1 Purcl	ase O	ption					_	xempt
Quarteri	ly [🖌 Fair	Market Va	alue	\$1.0	00 Buyo	ut 🗌	Other			_ (esti	mated)		es (Att	ach certificate)
Equipment Descrip	otion: See Sch	edule A	1												
Equipment	Select 1 option:		ncluded fo			cluded,	excep	t for Ec	quipme	ent		Decline	vd.	U	nder separate
waintenance	age Charge Bill	Contraction of the second seco	quipment	t	ex	cluded	on Scl	nedule	_			8		L ag	preement
		Other _			Per Unit	FI	eel ^{lf addi} contra	ng to exist ct #	ing fleet, a	overag applicable	e Plan		If adding to teither a co Aggregate	ontract # or :	Aggregate, provide serial # under
	mables Inclusiv							Requir	red						rges
Toner(excludes cle	ar) 🚺 Othe	er			Yes F	PO#					Le l	No		See Sch	nedule A
supplements thereto, the "Agre and assigns the payment when obligations and terms of the Ag or any part of the Liabilities wh that this is an absolute and con discharge or release of Custom If any payment applied by Lee or any other person), the Liabili be enforceable as to such Liabili- the contract of the transformer agreements a surety or guarantor under app this Guaranty. (ii) right to requir performed in full. Guarantors or Agreement), other guaranties of may be made, granted and effe Guarantors agree to pay all e GUARANTY SHALL BE GOVEF LOCATED WITHIN CAMDEN C GUARANTOR WAIVES OBJEC BY THEIR ACCEPTANCE HER Guarantors agree that CSA	I due of all amounts ow recement and any othe en due, Guarantors ag titinuing guaranty and 1 ers's obligations, whet issor to the Liabilities is titles to which such pay littles as fully as if such rising under schedules s entered into prior to 1 plicable law (other thar e suit against Custom prior to a sublicable law (other thar e suit against Custom prior to a sublicable law (other thar r any collateral securit cted by Lessor without xpenses (including att RNED BY THE LAWS DR BURLINGTON CO CTIONS TO VENUE AN (EOF, HEREBY WAVE nd Lessor may accept	red under t renacial rinancial rinancial are at their lia rer or not b thereafter applicatio applicatio applicatio applicatio applicatio applicatio applicatio applicatio applicatio application appli	the Agreement ransaction be demand, to pa billity under th y operation of set aside, red applied shail f n had never t mits, or agreen Guarantors w se of payment ther party befor ewais and ext kercise of any Suarantors an as and legal ex- tATE OF NEL V JERSEY, O NIENCE OF 1	It (whether etween Cu ay any am is Guaran f law. covered of for the pur been mad- ments ent vaive all d t and perf ore enforce tensions c v other rig d without kpenses) (W JERSE DR AT LES FORUM. I (RY TRIA)	r at maturity ustomer and nounts that mention that the mention of the mention of the merit mention that the mention of the merit	or upon th Lessor (or lay be due y and will i be return s Guarant; anty mayber the effe mands, pri- mands, pri- mands, pri- mands, pri- mands, pri- mands, pri- nands, pri- nands, pri- nands, pri- nands, pri- nands, pri- nands, pri- mands, pri- pri- mands, pri- mands, pri- pri- to pri- to p	e occurre CSA as a from Cus not be affi- ed for any y be deen the termina ctive date sentmen antors fur (iii) right - ner agree ng Guarer soor in en NNSENT 1 NY STATI ANTORS, 2FEDING	nce of an assigned stomer an acted by a reason (acted by a reason (acted only u of termin is and no her waive of subrog aubstitutio ment betw stors' liabi deavoring 'O THE E E WHERE BY THEI S	I event of to Lessor to Lessor d to take any settle including ve continu- upon 60 d hation and tices of et a any (i) n diation to L on or com ween Cus ilily under a to collec XCLUSIX E ANY GL IR EXECU	default or r) (collectiv any action ment, exter without fir ued in exis days' prior d shall not very kind the shall not very kind the social of the essor's rig upromise o this Guarct the Liabb VE JURISC UARANTC UTION AN	otherwise vely, the n require ansion, re- mitation is stence, n written t affect Le and natu he incurri phts agai f or reali I Lessor ranty. DICTION DR, CUS ID DELIV	ie) and the pie) and the pie) and the piel and the piel of Custom enewal or m the bankrupp of withstandinotice to CS, assor's right, res, any right ng of indebt ng of indebt nest Custome zation upon (or CSA as a any part the LAND VENU, IAND VENU, IAN	If Custome ar under the ar under the addification or cy, insolven ng such appa A and Lesso and Lesso a under this s of set-off, edness by C ar undit the L under this s of set-off, edness by C and Lesso and Lesso an	by Custom r shall fail t Agreement f the Agree cy or reorg blication, and r, and such Guaranty a and any de Customer ar iabilities ha ent (as defii Lessor) or r enforcing th STATE OR FMENT IS L SA AND LE	er of all promises, o pay or perform all t. Guarantors agree ment or any anization of Customer d this Guaranty shall termination shall be rissing out of the fenses available to hd the acceptance of two been paid and ned in the any third party. is Guaranty. THIS FEDERAL COURT .OCATED. EACH SSOR,
Printed Name:	The second se		_	s	Signature:								(no	o title) Date	s:
Address:								_				Pho	ne:		
Printed Name:				s	Signature:										c
Address:													ne;	,	
BY YOUR SIGNATURE BE ACKNOWLEDGE RECEIPT REFERENCE. The undersig Customer's Authorized Sign	ature:	each cai	EEMENT, li used this Ag	NCLUDI	ING THE G	FNFRA	TERM	S AND C	CONDIT	IONS W	HICH A	ARE INCO	15/1	D HEREI	
Printed Name: Amon		-	4								. T	itle: <u>PA</u>	rinco	1 S CE	ō.
CSA Authorized Signature:		_							_		D	ate:			
Printed Name:											T	itle:			
SLS-111S CFS-1208 January 20	016				1	Page 1									

Canon	C	a	81	1	D	1
-------	---	---	----	---	---	---

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UNIFIED LEASE AGREEMENT #ULS_________

CANON: SOLUTIONS AMERICA Canon Solutions America, Inc. ("CSA") One Canon Park, Melville, NY 11747 (800)-613-2228 Salesperso Customer ("You"): Customer Account: 1564206 Company Legal Name: The Jewish Home for the Elderly of Fairfield County Inc	UNIFIED LEASE AGREE #ULS_S0553344.01	MENT
(800)-613-2228 Salesperso Customer ("You"): Customer Account: 1664206 Company Legal Name: The Jawish Home for the Elderly of Fairfield County Inc	#ULS_ <u>S0553344.01</u>	
Satesperso Customer ("You"): Customer Account: 1564206 Company Legal Name: The Jewish Home for the Elderly of Fairfield County Inc		
Customer ("You"): Customer Account: 1564206 Company Legal Name: The Jawish Home for the Elderly of Fairfield County Inc		
Customer ("You"): Customer Account: 1564206 Company Legal Name: The Jewish Home for the Elderly of Fairfield County Inc	: Lawrence C Lewis Order Date: 5/24/2016	
Company Legal Name: The Jewish Home for the Elderly of Fairfield County Inc	Organization Information	81.8.3.6
	rpor Federal Tax Identification Number (TIN):	
Doing Business As	Corporation Limited Liability Co	mpany
Hing Address 175 JEFFERSON ST	Partnership 🗌 Limited Liability Pa	Inthership
Thy FAIRFIELD County FAIRFIELD	Non-Profit Corporation	emment
tale CT Zip 06825-1078 Phone: 203.331.5815	Sole Proprietorship If selected, complete Date of Birth	
ontact: Paul Visnicky Fax:	Chief Executive Office and address for notices.	-1
Mail: pvisnicky@jseniors.org	Address:	
ease Information	City: State Zip:	
Lease Term Payment	Last Two/Security Amount	
	Last 2 Payments Security Deposit	TAL DUE
60 Months \$ 552.00 (Plus applica		SIGNING
Payment Frequency	Check must accompany agreeme	
Monthly End of Lease	Term Purchase Option Tax Exe	_
Quarterly Fair Market Value \$1.00	Buyout Other (estimated) Yes (Attac	h certific
guipment Description: See Schedule A		ALL S
guipment Included for all Incl	ded, except for Equipment Und	or separ
aintenance Select option: L Equipment L exc		rement
Excess Per Image Charge Billing Cycle Monthly Quarterly Other Per Unit	Coverage Plan If adding to an existing Age Ficed for the existing ficet, applicable Aggregaterither a contract # or series Aggregaterither a contract # or series Aggregaterither acontract # or series and the series of the seri	ial # under
Consumables Inclusive	PO Required Charg	
	al Guaranty	
aptements thereto the "Agreement") with the customer dentitied above ("Customer") interocably e distigns the payment when due of all amounts owed under the Agreement (whether di maturity of ingations and terms of the Agreement and any other financial transaction between Customer and Le any part of the Leabities when due Guerantich agree upon demand, to pay any amounts that may take is an absolute and continuing guaranty and that their labitity under this Gueranty is primiting charge or release of Customer's obligations whether of not by operation of law any priver of the stort of the Liabitities is thereafter set and in accord or required to b iny omer person), the Liabitities to which such payment was applied shall for the purposes of this f	pon the occurrence of an event of default or otherwise) and the performance by Customer sor for CSA as assigned to Lasson (collectively, the "Liabilities"). If Customer shall fail to per due from Customer and to take any action required of Customer under the Agreement. C d with not be affected by any selfement, extension, renewal or modification of the Agreement returned for any reason (including without limitation the bankruptcy, insolvency or reorgan raterity be deemed to have continued in existence, notwithstanding such application, and at may be deemed to have continued in existence.	of all promit lay or perior Guarantors a int or any
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CANCIN SOLUTIONS AMER CA Canon Solutions America, Inc. (* CSA *) One Canon Pork, MeN IIe, NY 11747 (800) 613 2228	1			UNIFIED #ULS so	LEASE AGREEMENT
			Lawrence C Lew		0/13/2015
Customer ("You"): Customer	Account 1564206	Salesperson	the second s	0.081	Date 8/13/2016
Company Legal Name The Jewish Hon		airfield County Inc.	Organization	cation Number (TIN)	
Doing Businoss As			Corporation		Limited Liability Company
Billing Addross 4200 PARK AVE			Partnership		Limited Liability Partnership
	County FAIRFIE	LD	Non Profit		State or Local Government
State CT Zip 06604-10	and the second	3 396 1053		etorship If selected, compl	
Contact Paul Visnicky	Fax			cc and oddress for notices	
E Mail	1		Address		
Lease Information		e surve se parier	Cay	State	Ζφ
Leaso Term		Payment *	City		Due at Signing
Edaso form		rayment		# of Payments in	
60 Months	s 236 00	(* Plus applicable I	avesi	Advanco	TOTAL DUE AT SIGNING *
Payment Frequency	Without (1) (1)			and the second	s company agreement
√ Monthly		End of Lease Term	Burchasa Ontio		Tax Exempt
[] Quarterly [√] Fair Market Value [] \$1.00			Other	(estimated)	Yes (Attach certificate)
Equipment Description: See So	dillor and the second se	1 1 42.00			(All the set of the se
Equipment Select 1 option	n: V Included f		, except for Equi I on Schedule A	Docline	ed Under separate agreement
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V Toner (entitedes (feat)	2003A08	Yes PO#	1 O Required	🧭 No	See Schedule A
E fond in matrice for		Personal C			FRANK STATES AND AND AND ANY OFFICIAL PROPERTY.
The undersigned (whether one or more are spec supplements thereto: "Agreement) with the custo and assigns the payment when due of a lom/uni- tice Agreemed and any other transaction between shall upon demand, pay any amounts which may hits Guaranty 5 primary acid will not be afford by this Guaranty 5 primary acid will not be afford by a symptometry 5 primary acid will not be afford by this Guaranty 5 primary acid will not be afford by this Guaranty is a be enforceable as to such 1 ability such termination shall be enforceable as to such 1 ability such termination shall be enforceable as to such 1 ability any defonses available 15 a guaranty for other ag- any defonses available 15 a guaranty for other ag- ies sabilitied in full. 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ACKNOWLEDGE RECE PT OF A COPY O REFERENCE The undersigned and CSA h	FTHIS AGREEMENT	INCLUDING THE GENERA	AL TERMS AND COL	NDITIONS WHICH ARE INCO ten below	RPORATED HEREIN BY
Customer's Authorized Signature	John Lin			Title	CE.
CSA Authorized Signature				Date	
			AND NO	T.lle	
Printed Name	5	Paje 1		1.00	
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CANON SOLUTIONS AMERICA Canon Solutions America, Inc. ("CSA") One Canon Park, Melville, NY 11747 (800)-613-2228

UNIFIED LEASE AGREEMENT #ULS S0620327.01

		Salesperson:	Lawrence C Lew	vis Ord	er Date: 11/1/2016
	Account: 1564206		Organization	Information	
Company Legal Name: The Jewish Home	e for the Elderly of F	airfield County Inc.	Federal Tax Identifi	ication Number (TIN):	
Doing Business As:			Corporatio	n 🗌	Limited Llability Company
Billing Address: 4200 PARK AVE			🛛 🗌 Partnership		Limited Liability Partnership
City: BRIDGEPORT	County: FAIRFIEL	.D	🗹 Non-Profit	Corporation	State or Local Government
State: CT Zip: 06604-104	19 Phone: 203	3.396.1053	Sole Propri	ietorship If selected, com	plete Date of Birth
Contact: Paul Visnicky	Fax:		Chief Executive Off	ice and address for notices:	
E-Mail:			Address:		
Lease Information			City:	State	zip:
Lease Term		Payment *		Amour	nt Due at Signing
60 Months			# of Payments in	TOTAL DUE AT SIGNING *	
Months 98.00 (* Plus applicable t			axes)	0 Advance:	s 0.00
Payment Frequency				Check must	accompany agreement
Monthly	_	End of Lease Term			Tax Exempt
	🗹 Fair Market Valu	ie\$1.00	Other	(estimated)	Yes (Attach certificate)
Equipment Description: See Sch	nedule A			出版印度 2016年2016年2016年2016年2016年2016年2016年2016年	
Equipment Select 1 option:	Included fo		except for Equi	pment ✔] Declin	Under separate
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	Other	🗌 Per Unit 🔲 Flee	If adding to existing fi	est, applicable	If adding to an existing Aggregate, provide either a contract # or serial # under
Consumables Inclusi	ve		PO Required		Aggregate. Charges
Toner (excludes clear) Othe	r	Yes PO#	E IN EXCLUSION	No	See Schedule A
	S. A. S. Markellin	Personal G	luaranty	No. of the State of the State	THE REPORT OF THE PARTY OF THE
If any payment applied by Lessor on the Liabilities Customer or any other person), the Liabilities to whi- Guaranty shall be enforceable as to such Liabilities such termination shall be offective only as to Liabiliti Guaranty arising out of the Agreement or other agree- any defenses available to a guarantor (other than the the acceptance of this Guaranty, (ii) right to require a are satisfied in full, Any (a) renewals and extensions of any other right under this or any other agreement and without in any manner affecting Guarantors' liab Guarantors shall pay all expenses (including attorn GUARANTY SHALL FOR ALL PURPOSES BE DEEL BY THE LAWS OF THE STATE OF NEW JERSEY 1 STATE OR FEDERAL COURT LOCATED IN THE C OR EQUIPMENT IS LOCATED. GUARANTORS, BH TO VENUE AND CONVENIENCE OF FORUM. GUA WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUC Guarantors agree that CSA and Lessor may accept foromatures with the treated as an existent for end	In such payment was applicati es afulty as if such applicati es arising under schedule aments entered into prior t defense of payment and suit against Customer or a of time of payment, (b) rai between Lessor (or CSA a lility under this Guaranty, neys' fees and legal expen MED A CONTRACT ENTE MITHOUT REFERENCE T MITHOUT REFERENCE T VITHEIR EXECUTION ANI RANTORS, BY THEIR EX J PROCEFDINGS	Indiana for the purposes of the on had never been made. This is, supplements, or agreements o such date. Guarantors waive performance in full) under appl pry other party before enforcing lease, substitution or compromi- is assigned by Lessor and Cur ases) paid or incurred by Lessor RED INTO IN THE STATE OF O CONFLICT OF LAW PRINC BURLINGTON, NEW JERSEY D DELIVERY HEREOF, IRREV ECUTION AND DELIVERY HE	s Guaranty way be termin entered into after the e all damages, demands licable law. Guarantors this Guaranty and (iii) r ise of or realization upoi stomer or any third party in endeavoring to colle NEW JERSEY. THE R IPLES. ANY ACTION E , OR AT LESSOR'S SC OCABLY WAIVE OBJE REOF, AND CSA AND	Io have continued in existence, n nated only upon sixty (60) days' p ffective date of termination and s s, presentments and notices of evi- further waive any (i) notice of the right of subrogation to Lessor's rig n the Equipment, other guaranties W, may be made, granted and effec- tict the Liabilities or any part there- RIGHTS OF THE PARTIES UNDE BETWEEN GUARANTORS AND I ULE OPTION, IN THE STATE WH ICTIONS TO JURISDICTION OF LESSOR, BY THEIR ACCEPTANI	otwithstanding such application, and this prior written notice to CSA and Lessor, and rior written notice to CSA and Lessor, and find and nature, any rights of set-off, and incurring of indebtedness by Customer and his against Customer until the Liabilities s or any collateral security and (c) exercise cted by Lessor without notice to Guarantors of and in enforcing the Guaranty. THIS R THIS GUARANTY SHALL BE GOVERNED LESSOR SHALL BE BROUGHT IN ANY ERE ANY GUARANTOR, CUSTOMER SUCH COURTS AND OBJECTIONS TO CE HEREOF, HEREBY IRREVOCABLY
signatures will be treated as an original for all purpos Printed Name;	ies,				
					(no title) Date:
					one:
Printed Name:		Signature;			(no title) Date:
Address:	F TO I FASE THE ITE	MS LISTED ON SCHEDU		DENDLANO TO THE LOOP	
REFERENCE. The undersigned and CSA have	THIS AGREEMENT IN	ICLUDING THE GENERAL	TERMS AND CON	DITIONS, WHICH ARE INCO en below.	DRPORATED HEREIN BY
Customer's Authorized Signature:	-1134				11/11/16
CSA Authorized Signature:					AFWANCE, CFO
Printed Name:					
LS-111S CFS-1208 September 2016	-4	Page 1		Title:	
		Renal	0		

Canon				and the second se	
CANON SOLUTIONS AMERICA			and the second second		
Canon Solutions America, Inc. ("CSA" One Canon Park, Melville, NY 11747	ł		and the second sec	UNIFIED	LEASE AGREEMENT
(800)-613-2228	THE REAL PROPERTY AND INCOME.	and the second se		#ULS so	0599860.01
				-	
		Salesperson:	Lawrence C Lew	ils Order	Date: 9/12/2016
Customer ("You"): Custome	Account: 1564206		Organization	AD IN COMPANY OF TAXABLE PARTY OF TAXABLE PARTY.	
Company Legel Name: The Jewish Hon	e for the Elderly of I	Fairfield County Inc.	A REAL PROPERTY AND A REAL	cation Number (TIN);	
Doing Business As:			Corporatio	n 🔽	Limited Liability Company
Billing Address: 4200 PARK AVE			Partnershi		Limited Liability Partnership
City: BRIDGEPORT	County: FAIRFIE	LD			State or Local Government
State: CT Zip: 06604-10	49 Phone 20	3.396.1053		letorship If selected, comp	
Contact: Paul Visnicky	Fax:			ice and address for notices:	
E-Mail:			Address:	and the second sec	and a second
Lease Information	KENES CARENT	tened a state	City:	State:	Zip:
Lease Torm	Contraction of the International Sector	Payment *		Amount	Due at Signing
60 Months				# of Payments in	TOTAL DUE AT SIGNING .
Months	\$\$	(* Plus applicable	taxes)	O Advance	\$ 0.00
Payment Frequency				Check must a	ccompany agreement
Monthly		End of Lease Torr	n Purchase Optio	in *	Tax Exempt
Quarterly	Pair Market Val	ue 🗌 \$1.00	Other	(estimated)	Yes (Attach certificate)
Equipment Description: See So	hedule A	MADIN PARTY AND			
Equipment Select 1 option	n Included f		, except for Equi	pment	Under separate
Maintenance Excess Per Image Charge E	Equipmen	t excluded	d on Schedule A	Coverage Plan	agreement
	Other	Per Unit 🗍 Flee	I adding to existing f		of adding to an existing Aggregate, provide whiter a contract # or serial # under
Consumables Inclus	live		PO Required		Charges
Toner (excludes clear)	er	Yes PO#		- No	See Schedule A
动 族自然结晶的自然的是有有些少常		Personal (Guaranty		国的民族的政治的民族的政治
The undersigned (whether one or more are spec supplements thereto, "Agreement") with the custor	ified, "Guarantor(s)"), in co	Insideration of CANON SOLUT	IONS AMERICA, NC. ("	CSA") entering into a unified lease	agreement (together with any schedules or
and assigns, the payment when due of all amounts the Agreement and any other transaction between	owed under the Agreeme	nt (whether at maturity or upon	the occurrence of an ev	ent of default or otherwise I and the	performance by Customer of all terms of
shall, upon demend, pay any amounts which may this Guaranty is primary and will not be affected by	be due from Customer and	take any action required of Cu	stomer under the Aproen	ment. This is an absolute and contin	poing guaranty and Guaranters' Rability und
of Igw.					
If any payment applied by Lessor on the Liabilitie Customer or any other person), the Liabilities to we	hich such payment was an	of ed shall for the nurnoses of t	his Guaranty be deemed	In have continued in existence and	withstanding such application and this
Guaranty shall be enforceable as to such Liabilitie such termination shall be effective only as to Liabili	ives ansing under echedul	es, supplements, or apreament	a entered into after the e	effective date of lermination and sha	I not affect Lessor's rights under this
Guaranty adding out of the Agreement or other age any defenses evaluable to a guarantor (other then t	the defense of payment and	d performance in full) under sp	plicable law Guarantors	further waive any (i) notice of the in	curring of indebtedness by Customer and
the acceptance of this Guaranty, (ii) right to require are satisfied in full. Any (a) renewals and extension	is of time of payment. (b) n	elease, substitution or compror	nite of or realization upo	the Equipment other outranties	or now collateral encurity and /ch everten
of any other right under this or any other agreement and without in any menner affecting Guarantors' its	DINY UNDER DIE GUITENLY.				
Guarantors shall pay all expenses (including atto GUARANTY SHALL FOR ALL PURPOSES BE DE	EMED A CONTRACT ENT	FRED INTO IN THE STATE O	ENEW JERSEY THE	REALTS OF THE PADTICS UNDER	THE CHADANTY CUALL BC OWNERNICS
BY THE LAWS OF THE STATE OF NEW JERSEY STATE OR FEDERAL COURT LOCATED IN THE	COUNTY OF CAMDEN OF	TO CONFLICT OF LAW PRIN R BURLINGTON, NEW JERSE	CIPLES. ANY ACTION I	BETWEEN GUARANTORS AND LE	SSOR SHALL BE BROUGHT IN ANY
OR EQUIPMENT IS LOCATED. GUARANTORS. I TO VENUE AND CONVENIENCE OF FORUM. GU	BY THEIR EXECUTION AN	TO DELIVERY HEREOG IPPP	UNCARLY WAIVE OD I	CTIONE TO HIDION TION OF C	ICH COURTE AND OD ISCTICALE TO
WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SU Guarantors agree that CSA and Lessor may acce	CH PROCEEDINGS				
algoatures will be treated as an original for all purp- Printed Name:	DBGE,				
					(no title) Date:
				Phor	
Printed Nems		Signature			(no title) Date.
Address:	CE TO BEACE THE IT			Phor	
ACKNOWLEDGE RECEIPT OF A COPY OF	THIS AGREEMENT.	INCLUDING THE GENERA	L TERMS AND CON	DITIONS WHICH ARE INCOM	RPORATED HEREIN BY
REFERENCE. The undersigned and CSA ha	ive each caused this Ap	preement to be executed as	s of the date first writt		Glicilly
Customer's Authorized Signature	Vin			Date:	
CSA Authorized Signature:	<u>~~~/</u>		12	Title:	
Printed Name:		and the second		Dele:	
SLS-111S CF5-1208 September 2010		Page 1		Title;	incluses "here and a second second
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CANON SOLITIONS AN Canon Solutions Amer One Canon Park, Melv	lca, Inc. ("CSA"))										MENT
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	The second second	Strategy of the	NAME OF TAXABLE PARTY.									
hard the construction of the second se	Allaga			Salespen	ទ០វា:	Lawren	ce C Lev	vis	Orde	er Date: _7	7/22/2016	M
Customer ("You"):	and the second sec	Account:				Organi	ization	Information			winner oler	4
Company Legal Name: JE	EWISH HOME	FOR THE	ELDERL	Y		Federal 1	Tax Identif	ication Number (Ti	N):			
Doing Business As:	1					Corporation Limited Liability Company						
Bliling Address: 4200 PA	RKAVE			4-5-14 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Partnership 🔲 Limited Liability Partnership					irtnership	
City: BRIDGEPORT	T		FAIRFIE	Contraction of the local distance		Non-Profit Corporation State or Local Government						
State: CT Zip: 06604-1049 Phone: 203,396,1053								orietorship 1f sel		mplete Dat	te of Birth	
Contact: Paul Visnicky Fax:						Chief Exe	ecutive Of	fice and address fo	r notices:			
E-Mall;					-	Address;						
Lease Information						Clty:			State	:	Zlp:	
Lease Ten	m			Payment					Last Two	o/Security		
58Mo	nths		22.00					Last 2 Paymen	ls Se	curity Depo	slt TC	SIGNING
i a ser and dian a second		\$	23.00	(Plus applie	cable tax	(85)		\$				
Payment Frequence Payment Freq	liency				- oxili				eck must	accompan	ny agreeme	
Quarteri		Cal mate		End of Leas							Tax Exe	·
and the second se			· Market V	aiue [_] \$1.0	IO BUYO		Uther	(es	timated)	Ye Ye	es (Altac	th certificate)
Equipment Descrip	tion: See So					2						
Equipment Maintenance	elect 1 option		ncluded f Equipmen			except on Sche	for Equi	pment] Declin	ned	1.2043-005	ler separate ement
Excess Per Ima		Illing Cyc	le					Coverage Pla		if adding to	o an existing Ar	gregate, provide
Monthly 🔲 (🔲 Per Unit	🗍 FI	eel contract	g to existing i t #	fleet, applicable] Aggreg	Appression	oniract # or seri	al # under
	mables Inclus						Required	<u>س</u>			Charg	
Toner(excludes clea	u) [] O	ther			×0#	luarant			No	1	See Schei	A elut
The undersigned (whether on aupplements therato, the 'Agree and assigns the payment when obligations and terms of the Agree or any part of the Liabilities whet that this is an absolute and con- discharge or release of Custom If any payment applied by Les or any other person), the Liabilities en Agreement or other agreements a surety or guarantor under app performed in full, Guarantors co Agreement), other guaranties an a surety or guarantor under app performed in full, Guarantors co Agreement), other guaranties an Guarantors agree to pay all es GUARANTY SHALL BE GOVEF. BOURANTY SHALL BE GOVEF. BOURANTOR WARVES OBJEC BY THEIR ACCEPTANCE HERI. Guarantors agree that CSA an aignatures will be treated as an Printed Name:	ement") with the cu dwe of all amounts recoment and any o on due, Guarantors ar's obligations, wh isor to the Liabilitie ties to which such i tising under schedu e sing under schedu e suit against Cust maent and agree th r any collateral soc cited by Lessor with openace (including NNED BY THE LAW R BURLINGTON (TIONS TO VENUE ECOF, HEREBY WA d Lessor may acco original for all purp	stomer (dentil cowed under i ther financial agree, upon d that their lik hether or not b is is thereafter payment was uch applicatil ids; supplant ids; supp	fied above ("C the Agreement transaction b demand, to p ability under t by operation or r est askler, re applied shall on had never- ants, or agree Guarantiors of see of paymer ther party bel revails and as xercise of an Guarantiors as is and legal e TATE OF NE s and legal e TATE OF NE SUIENCE OF GHT TO A JU e or other elect	Justomer"), Irrevocably it (whather at maturity is stween Customer and 1 ay any amounts that m his Guaranty is primary if law, covered or required to for the purposes of this been made. This Guan ments entered into aftr valve all damages, der it and performance in f forse enforcing this Gua tanalons of time of pay y other right under this ad without in any menn xpense) paid or incun W JERSEY. GUARAN DR AT LESSOR'S OPT FORUM, EACH OF TH RW TRIAL IN ANY SU	and unce or upon the Lessor (and be due y and will i be return a Guaranh anty mayb ar the offer mands, pr uill). Guaranh anty mayb ar the offer mands, pr uill). Guaranh anty and ment, (b) or any ott ber affection or any ott ber affection for Nin A. HE GUAR JCH PROO this Guara	anditionality, re occurrent r CSA as as i from Cuate not be affect and for any r y be deeme be terminate locitive date c asentments antors furth ((iii) right of release, as hor agreem hor agreem hor agreem Sustem TC NNSENT TC NNSENT TC NNSENT TC Sustem Categories and a so of control of the source of the sourc	jointly and ce of an evisioned to L omer and to cled by any reason (Incl do thave of terminatic ad only upon of terminatic and notive of and notive and	severally, guarantee I ent of default or othen east of default or othen east of default or othen east of cellectively, it take any action requi aattlament, extension uding without limitatio continued in existence, a 60 days' prior written on and shall not affect a 61 every kind and na y (i) notice of the incu n to Lessor's rights aç r compromise of or re- n Customer and Lesso under this Guaranty. collect the Liabilitiee LUSIVE JURISDICTION NY GUARANTOR, CU EXECUTION AND DEI d that facsimile or othe	o Lessor (as vise) and the end of Custo renewal or 1 in the bankru, notwithstam notice to C Lessors right ming of Indel painst Custon sization upon or (or CSA as or any part th DN AND VEN STOMER O LIVERY HER w electronica	defined in the performance."	e Agreement) h by Customer ir shall fail to p s Agreement. C of the Agreeme locy or reorgani allcaiton, and it or, and such to Guaranty arisis and any defen Customer and I iabilities have ent (as defined Lessor) or any enforcing this (STATE OR FE PMENT IS LOC SA AND LESS d copies of Gu	and its successors of all promises, asy or perform all Susrantors agree int or any zation of Customer his Guaranty shall ming out of the isses available to the acceptance of been poid and d in the Guaranty. THIS BOERAL COURT CATED, EACH JOR,
Address:									Ph	ona:		
Printed Name:				Signature:	-247						o tille) Date:	
Address:									Ph	one:		
BY YOUR SIGNATURE BE ACKNOWLEDGE RECEIPT REFERENCE. The undersig Customer's Authorized Sign	OF A COPY OF and CSA has a store:	F THIS AGF ave each ca	REEMENT,	INCLUDING THE G greement to be exer	ENERAL cuted as	L TERMS of the dat	AND COI	NDITIONS, WHICH ten below.	HIS AGRI ARE INCO Date:	EMENT. Y DRPORATE	D HEREIN I	BY
Printed Name:	EDW	Ano	SCH	15	-				Title:	Dir of I	ц	
CSA Authorized Signature:		Aleccian Trees							Date:			
Printed Name:									Title:			
SLS-1115 CFS-1208 January 20	016				Page 1					-		



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UNIFIED LEASE AGREEMENT #ULS \$0775030.01

Canon solutions America				and the second			
Canon Solutions America, Inc. (" One Canon Park, Melville, NY 11 (800)-613-2228		States and the second	and the second se	UNIFIED #ULS so	LEASE AGREEMENT		
A CALL REAL PROPERTY AND	Contraction of the local distance						
		Salesperson:	Lawrence C Lew	vls Order	Date: 1/2/2018		
	omer Account: 1564206		Organization	Information			
Company Legal Name: The Jewish	Home for the Elderly of	Fairfield County Inc.	Federal Tax Identif	cation Number (TIN):			
Doing Business As: Billing Address: 4000 DADI/ AL			Corporatio		Imited Liability Company		
Billing Address: 4200 PARK AVE	In REIDOE DODT						
State: CT Zip: 0660					State or Local Government		
Contact: Paul Visnicky		03.396.1053		etorship If selected, compl	ete Date of Birth		
E-Mail: pvisnicky@jsenlors.org	Fax:			ice and address for notices:			
Lease Information			Address:	6	1000		
Lease Term		Payment *	City:	State:	Z(p;		
00		Fayment		Amount # of Payments in	Due at Signing		
60 Months	\$ 384.00	(* Plus applicable t	axes)	Advance:	TOTAL DUE AT SIGNING *		
Payment Frequency				\$ 0.00 ccompany agreement			
Monthly		End of Lease Term	Purchase Onfic		Tax Exempt		
Quarterly	🗹 Falr Market Va		Other	(estimated)	Yes (Attach certificate)		
Equipment Description: Se	e Schedule A	这时世的除处即常 以	Star Shield	MARAH ALA DOLARIA			
Equipment Select 1 option:							
Maintenance Excess Per Image Char	Equipmen	nt excluded	on Schedule A		agreement		
Monthly Quarterly	Other	Per Unit 🗌 Flee	CONTRACT N		If adding to an existing Aggregate, provide either a contract # or serial # under Aggregate.		
Consumables Ir			PO Required		Charges		
The undersigned (whether one or more are specified, 'Guarantor(s)'), in consideration of CANON SOLUTIONS AMERICA, INC. (*CSA') entoring into a unified isase agreement (together with any schodules or supplements thereato, 'Agreement') will the customer identified above (*Customer'), inevaciably and uncontingent of an event of default or otherwise) and the performance by Customer of all terms of the Agreement when due of all amounts weld under the Agreement (whether at maturity or upon the accurrence of an event of default or otherwise) and the performance by Customer of all terms of the Agreement and any other transation between Customer and Lessor (colculve), 'Libiotimer'), increase and be avent of default or otherwise) and the performance by Customer of all terms of the Agreement and any other transation between Customer and Lessor (colculve), 'Libiotimer'), increase and the performance by Customer or all terms of the Agreement or pay only annuts which may be due from Customer and take any acion required of Customer or any discharge or release of Customer's hell fall by sprint will not be affected by any southernot, release and contenting guaranty and Guarantores' liability under of law. If any payment applied by Lessor on the Liabilities is thereafter set selid, recovered or required to be roturned for any reason (fincting) without limited in the bankingtory, insolvance's or transation of Customer agreement set and the termination shall be offoreive only as to Liabilities ansing under schedules, tupplements, or agreements entered into after the effective date of termination and rature, any fight of saled, index and be adverted and any default and and nuture, any fight sol saled, and any defause available to a guarantor shall fall by callor and rature, any fight sol saled, and any defense available in the dateness of payment and performance in full under applicable law. Guarantors shall not all requisers and notated classor (roture the adverted as a customerism) of the saled and rature, any fight sol saled, an							
				Phor			
Printed Name;		Signatura:			(no lille) Date:		
BY YOUR SIGNATURE BELOW, YOU ACKNOWLEDGE RECEIPT OF A COP REFERENCE. The undersigned and	AGREE TO LEASE THE I Y OF THIS AGREEMENT, have each caused this A	EMS LISTED ON SCHEDU INCLUDING THE GENERA greement to be executed as	LE A OR IN ANY AL L TERMS AND COI of the date first write	DENDUM(S) TO THIS AGREE NDITIONS, WHICH ARE INCOP ten below.	RPORATED HEREIN BY		
Customer's Authorized Signature:	BANOFF			Date:	(2/18 (EO + PAZIOZO)		
CSA Authorized Signature:	1.1.1.0.01.1						
Printed Name;							
SLS-111S CFS-1208 July 2017	· · · · · · · · · · · · · · · · · · ·	Page 1					

General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended	Page of
Jewish Home for the Elderly of Fair 923-C	9/30/2018	7 37
The records of this facility for the period covered by this report	were maintained on the following basis:	
Accrual O Cash O Modified Cash		
Is the accounting basis for this		
period the same as for the • Yes	If "No," explain.	
previous period? O No		
Independent Accounting Firm		
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)	
1 Blum Shapiro & Co, P.C.	29 South Main Street, West Hartford, CT	06127
2 Blum Shapiro & Co, P.C.	29 South Main Street, West Hartford, CT	06127
3 Blum Shapiro & Co, P.C.	29 South Main Street, West Hartford, CT	06127
4		
Services Provided by This Firm (describe fully)		
1 Annual audit and prep of FS, Medicaid & Medicare cost reporting, 990	preparation, benefit plan audits	\$ 93,467
2 990 preparation for Auxillary Orgs - Disallowed		\$ 3,236
3 Expense accrued relating to audit and tax work to be peformed in FY 19	- Disallowed	\$ 17,289
4		\$
		Charge for Services Provided
		\$ 113,993
Are These Charges Reflected in the Expenditure Portion of This Report? If Ye	es, Specify Expense Classification and Line No.	+
• Yes O No Page 15, Line 1d		
Legal Services Information		
Name of Legal Firm or Independent Attorney		Telephone Number
1 Wiggin and Dana		203-498-4384
2 Wiggin and Dana		203-498-4384
3 Cohen and Wolf		203-368-0211
4 Shipman and Goodwin		203-836-2801
5 Treasurer - State of CT and Sheriff		
Address (No. & Street, City, State, Zip Code)		
1 One Century Tower, New Haven, CT 06508		
2 One Century Tower, New Haven, CT 06508		
3 1115 Broad St, Bridgeport, CT 06604		
4 265 Church St, New Haven, CT 06510		
5 Services Provided by This Firm (<i>describe fully</i>)		
1 Collections - DISALLOWED		\$ 42,061
2 Employment Law		\$ 122
3 Miscellaneous - DISALLOWED		\$ 115
4 Forbearance Agreement - DISALLOWED		\$ 6,997
5 Penalties - DISALLOWED		\$ 193
		Charge for Services Provided
		-
Are These Charges Reflected in the Expenditure Portion of This Report? If Yo	es Specify Expense Classification and Lina No.	\$ 49,488
Page 15 Line le	es, speeny Expense Classification and Line No.	
• Yes O No		

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility			License N	No.			Report fo	r Year Ende	ed		Page	of	
Jewish Home for the Elderly of Fairfield County			92	23-С			9/30/2018				8	37	
						Period 10/	'1 Thru 6/	30		Period 7/	'1 Thru 9/30		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	294	294			294	294			294	294			
B. On last day of THIS report period	294	294			294	294			294	294			
 Number of Residents A. As of midnight of PREVIOUS report period 	287	287			287	287			292	292			
B. As of midnight of THIS report period	289	289			292	292			289	289			
3. Total Number of Days Care Provided During Period													
A. Medicare	8,202	8,202			6,373	6,373			1,829	1,829			
B. Medicaid (Conn.)	74,578	74,578			55,238	55,238			19,340	19,340			
C. Medicaid (other states)													
D. Private Pay	16,966	16,966			13,025	13,025			3,941	3,941			
E. State SSI for RCH													
F. Other (Specify) Commercial Managed Care	5,925	5,925			4,416	4,416			1,509	1,509			
G. Total Care Days During Period (3A thru F)	105,671	105,671			79,052	79,052			26,619	26,619			
 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds 													
A. Medicaid Bed Reserve Days	87	87			73	73			14	14			
B. Other Bed Reserve Days	49	49			43	43			6	6			
5. Total Resident Days (3G + 4A + 4B)	105,807	105,807			79,168	79,168			26,639	26,639			

State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

			Scl	hed	ule of	Re	sider	nt S	tatis	stics ((Cont'd)		
Name of Faci	lity			Licer	nse No.				Report	t for Year	Ended		Page	of
Jewish Home	for the	Elderly	of Fairfield Cour	9	23-С				-	9/30/201	8		9	37
		-	in the certified b llowing informat	-	pacity dur	ring th	ne repoi	t year	?	0	Yes	٥	No	
	1 °		f Change		Cł	ange	in Bed	s		Ca	pacity Afte	er Change		
Date of		RHNS			Lost			Gaine	d		puerty 1 110	i chunge		
	cerui	Runts	(speeny)		Lost									
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
														U
	-	-	in certified bed c 90 days followin	-	-	the re	eport ye	ar (as	reporte	ed in item	4 above) p	provide the num	ber of	
			Change in Ro	esider	t Days					CC	CNH	RHNS	(Spe	ecify)
1st chang	0													
2nd char	<u> </u>													
3rd chan 4th chan														
		lents an	d Rates on Septe	mber	30 of Cos	st Yea	r							
	01110011		Medicare		Medi					Se	elf-Pay		Other Sta	te Assisted
			-								2			
	Item		CCNH	C	CNH	R	HNS	CO	CNH	RI	INS	(Specify)	R.C.H.	ICF-MR
No. of R			18		209				62	2				
Per Dien														
a. One b b. Two			PPS		297.47				550.00					
c. Three														
bed r		6												
beur	1115.													
7. Total Nu	mber of	f Physica	al Therapy Treat	ments						ТО	TAL	CCNH	RHNS	(Specify)
	Medica										9,468	9,468		
B.			lusive of Part B)											
			e Treatments Treatments											
C	Other		Treatments								39,331	39,331		
		Physical	Therapy Treatm	ients							48,799	48,799		
			Therapy Treatm											
	Medica										703	703		
B.			lusive of Part B)											
			e Treatments											
C	2. Res Other	torative	Treatments								1,970	1,970		
		peech T	Therapy Treatme	ents							2,673	2,673		
			ational Therapy		nents						_,			
A.	Medica	are - Par	t B								3,436	3,436		
B.			lusive of Part B)											
			e Treatments											
0		torative	Treatments								22.275	22.2.5		
	Other Total (Occupati	ional Therapy T	reatm	ents						33,367 36,803	33,367 36,803		
D.		pull								1	20,005	50,005		1

State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of Ex	^	Salaric			-	
Name of Facility	License No.		Report for Yea	r Ended	Page	of
Jewish Home for the Elderly of Fairfield County	923-С		9/30/2018		10	37
Are time records maintained by all individuals receiving cor	npensation?	\odot	Yes	0	No	
			Total Cost a			
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	603,599	2,080				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)	190,858	1,893				
 Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) 	1 255 606	51 440				
5. Dietary Service	1,255,606	51,440				
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	1,485,483	99,851				
6. Housekeeping Service						
a. Head Housekeeper	23,813	672				
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	867,110	56,910				
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	294,894	13,325				
8. Laundry Service	,	,				
a. Supervisor	29,780	770				
b. Other Laundry Workers	244,707	16,671				
9. Barber and Beautician Services 10. Protective Services	94,678	5,608				
10. Protective Services 11. Accounting Services	94,078	5,008				
a. Head Accountant	143,506	1,432				
b. Other Accountants	380,268	13,436				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	275,421	5,735				
b. RN						
1. Direct Care	3,135,469	85,861				
2. Administrative**	288,467	7,735				
c. LPN 1. Direct Care	2,922,825	88,491				
2. Administrative**	2,922,823	00,491				
d. Aides and Attendants	6,018,029	335,072				
e. Physical Therapists	781,735	22,252				
f. Speech Therapists	203,290	4,500				
g. Occupational Therapists	537,152	12,853				
h. Recreation Workers	453,779	22,543				
i. Physicians 1. Medical Director						
2. Utilization Review						
Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists	+					
l. Podiatrists m. Social Workers/Case Management	234,099	7,940				
n. Marketing	5,287	207		1		
o. Other (Specify)	5,207	201				
See Attached Schedule	681,452	31,566				
A-13. Total Salary Expenditures	21,151,307	888,844				

 * Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Jewish Home for the Elderly of Fairfield County 9/30/2018

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RE	INS	(Specify)		
Position	\$	Hours	\$	Hours	\$	Hours	
Childcare Services (s/b included as employee benefit)	\$ 367,146	23,287					
Pastoral Care	\$ 121,378	4,095					
Outpatient Therapy - Disallowed	\$ 153,090	3,454					
Education	\$ 39,838	730					
				1			
Total	\$ 681,452	31,566	\$ -	_	\$ -	_	

Schedule of Other Fees (Page 13)

	CCNH			RH	INS	(Spe	cify)
Service		\$	Hours	\$	Hours	\$	Hours
Pastoral Care	\$	12,922	517				
Post Acute Physician	\$	5,260	Disallowed				
Inpatient Therapy Purchased Services	\$	15,976	Disallowed				
Inpatient Therapy Temp Help	\$	59,603	Disallowed				
Employee Relations Temp Help	\$	5,997	Disallowed				
Physicians - Long term care	\$	118	Disallowed				
Total	\$	99,876	517	\$-	-	\$ -	-

Attachment Page 10/13

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Name of Facility				License No.		Report for	Year Ended		Page	of
Jewish Home for the Elderly of Fair	rfield Count	tv		923-C		9/30/2018			11	37
		Salary Pai	d							
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section 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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators an	d Other Related Parties*
-----------------------------	--------------------------

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Jewish Home for the Elderly of Fa	irfield Coun	ty		923-С		9/30/2018			12	37
		Salary Pai	d	Fringe Benefits and/or Other			Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked		Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Andrew Banoff	603,599			Auto allowance included in salary		2,080	A2			
Section IV - Assistant Administrators										
Larry Condon	190,858			Non-preferential		1,893	A3			

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

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

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of E					D	<u> </u>
Name of Facility	License No.	C	Report for Y	ear Ended	Page	of 27
Jewish Home for the Elderly of Fairfield County	923	-0	9/30/2018	1.11	13	37
			Total Cost	and Hours		
Itom	CCNH	Hauna	RHNS	Hauma	(Secoify)	Hauna
Item *B. Direct care consultants paid on a fee	CCNH	Hours	KHINS	Hours	(Specify)	Hours
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	27,112	132				
3. Pharmacist	21,597	413				
4. Podiatrist	4,450	73				
5. Physical Therapy	ч,ч50	75				
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	360				
b. Utilization Review	21,000	500				
(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)						
Psychiatrist	16,942	450				
9. Speech Therapist	- •,,, · · -					
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	99,876	517				
B-13 Total Fees Paid in Lieu of Salaries	193,977	1,945				

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

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

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

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

Name of Facility	License No.		Report for Ye	ear Ended	Page	of			
Jewish Home for the Elderly of Fairfield Co	unty 923-C		9/30/2018		14	37			
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, rs, Officers						
		Yes	No						
Carla Monteiro, D.M.D., 1825 Barnum Ave, Suite 303, Stratford, CT 06614	Dentist	0	۲						
Value RX Pharmacy Services	Pharmacist	0	\odot						
North East Medical	Podiatrist	0	•						
Summit Healthcare LLC, 175 Jefferson Street, Fairfield, CT 06825	Medical Director	0	o						
Vittoria Gassman, M.D.,120 Connecticut Ave, Norwalk Community Health Center, Norwalk, CT	Medical Director	0	o						
Joseph Fickes, M.D., 51 Merwins Ln, Fairfield, CT 06824	Psychiatric	0	o						
Father Churchill Penn	Pastoral Care	0	•						
Richard Wolpoe	Pastoral Care	0	o						
Rabbi Joshua Dredze	Pastoral Care	0	o						
Avi Schwarzmer	Pastoral Care	0	o						
United State bronze	Pastoral Care	0	o						
Rabbi David Breitler	Pastoral Care	0	•						
Rabbinical Assembly	Pastoral Care	0	o						
Bengamin Kohanim	Pastoral Care	0	o						
		0	o						
		0	o						
		0	o						
		0	o						
		0	o						
		0	•						
		0	o						
		0	o						

* 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 Y	ear Ended	Page	of
Jewish Home for the Elderly of Fairfield County 923-C		9/30/2018	eur Endeu	15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	914,152	914,152		
2. Disability Insurance	\$	97,111	97,111		
3. Unemployment Insurance	\$	69,706	69,706		
4. Social Security (F.I.C.A.)	\$	1,405,152	1,405,152		
5. Health Insurance	\$	2,118,583	2,118,583		
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$	2,714	2,714		
7. Pensions (Non-Discriminatory)	\$	569,544	569,544		
(not-owners and not-operators)					
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>)	\$	3,824	3,824		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$				
d. Accounting and Auditing	\$	113,993	113,993		
e. Legal (Services should be fully described on Page 7)	\$	49,488	49,488		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	82,865	82,865		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	51,335	51,335		
2. Cellular Phones	\$	19,152	19,152		
i. Appraisal (Specify purpose and	\$				
attach copy)*					
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)	I				
1. Income*	\$				
2. Other (<i>Specify</i>)	\$				
See Attached Schedule					
3. Resident Day User Fee	\$	1,527,738	1,527,738		
Subtotal	\$	7,025,356	7,025,356		

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

(Carry Subtotals forward to next page)

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

Jewish Home for the Elderly of Fairfield County 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	(CCNH	RHNS	(Specify)
Tuition Reimbursement - Disallowed	\$	3,824		
Total	\$	3,824	\$-	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.		Report for Y	lear Ended	Page	of
Jewish Home for the Elderly of Fairfield County	923-С		9/30/2018		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtota	ls Brought Forwa	rd:	7,025,356	7,025,356		
1. Travel and Entertainment						
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	57,874	57,874		
4. Employee Travel		\$	13,735	13,735		
5. Education Expenses Related to Seminars an	d Conventions	\$	42,984	42,984		
6. Automobile Expense (not purchase or depre	eciation)	\$	25,926	25,926		
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses	5)	\$	311	311		
2. Advertising Telephone Directory (all such e.	xpenses)***	\$				
3. Advertising Other (Specify)***		\$	29,948	29,948		
See Attached Schedule						
4. Fund-Raising***		\$	16,774	16,774		
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	is supplied	\$				
directly and not by contract or fee for servic	ce)***					
7. Postage		\$	27,032	27,032		
* 8. Dues and Membership Fees to Professional		\$	30,270	30,270		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$				
9. Subscriptions		\$	9,071	9,071		
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$	39,481	39,481		
Schedule C-2, Page 21 for each firm or ind	ividual)					
12. Administrative Management Services**		\$				
13. Other (<i>Specify</i>)		\$	593,964	593,964		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	7,912,726	7,912,726		

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

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

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

Jewish Home for the Elderly of Fairfield County 9/30/2018

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Community Relations/Marketing/Printing - Disallowed \$ 29,948	Description	CCNH	R	HNS	(Spe	cify)
	Community Relations/Marketing/Printing - Disallowed	\$ 29,948				
Total Other Advertising \$ 29,948 \$ - \$	Total Other Advertising	\$ 29,948	\$	-	\$	-

Schedule of Dues

Description	CCNH	R	HNS	(Spe	cify)
Leading Age	\$ 20,683				
Assoc of Jewish Aging Services (AJAS)	\$ 5,160				
CALTC Expenses - Disallowed	\$ 692				
American College of Healthcare Executives	\$ 225				
New York Academy of Medicine	\$ 277				
Jewish Community Center	\$ 1,037				
St. Vincent Health Partners	\$ 1,729				
National Association of Jewish Chaplins	\$ 467				
Total Dues	\$ 30,270	\$	-	\$	-

Schedule of Contributions

Description	CCN	н	R	HNS	(Sp	ecify)
Total Contributions	\$	-	\$	-	\$	-
	-					

Schedule of Other Administrative and General

Description		CCNH	RHNS	(Specify)
Admin Recruiting Fees	\$	2,355		
IT Network	\$	47,987		
IT Hardware	\$	11,462		
IT Software	\$	67,080		
Admission Software	\$	3,781		
IT Support	\$	115,507		
Finance Consulting	\$	3,665		
Pre-employment Screening	\$	34,118		
Workers comp transportation	\$	75		
HR Consulting	\$	25,427		
Child Care Center Misc. Expenses - Disallowed	\$	27		
Minor Equipment	\$	601		
Admin/Education Supplies Expense	\$	308		
Misc. Consulting Expense - Insurance, cost containment	\$	25,526		
Administration Printing	\$	227		
Employee Relations Printing	\$	156		
Miscellaneous Expenses - Disallowed	\$	1,641		
Misc. Consulting Expense - Restructuring, lobbying, campus expansion - Di	\$	72,945		
Clinical Support Services Consulting	\$	8,635		
Inpatient Therapy Software - Disallowed	\$	3,437		
Outpatient Therapy Software - Disallowed	\$	812		
Bank Fees/Other Charges - Disallowed	\$	123,359		
Employee Relations Software - Disallowed	\$	10,806		
Employee Relations Supplies - Disallowed	\$	401		
D&O Insurance	\$	33,626		
	<i>•</i>	502.044		
Total Other Administrative and General	\$	593,964	\$ -	\$ -

Jewish Home for the Elderly of Fairfield County, Inc. September 30, 2018

Page 16e Attachment

Other Employee Relations expenses:

· ·				Dis	sallowed	
	Α	mount	Description	Amo		
Events - Net after donations:						
Holiday Party /Celebration/Summer Event		35,188	December 2017 / April 2018			
Subtotal Employee Events:	\$	35,188		\$	9,613	
Performance Incentive Program:						
Target Gift Cards		18,409	Performance Incentive Program			
Subtotal Performance Incentive:	\$	18,409	-	\$	7,916	
Service Awards:						
October 2017		1,138	Quarterly awards for customer service, annual			
January 2018		275	awards in September for long service, special			
May 2018		206	recognition.			
June 2018		69	-			
September 2018		2,499				
Subtotal Service Awards	\$	4,188	-	\$	4,188	
Misc						
Other		87		\$	87	
Subtotal on Page 16 Line L3:	\$	57,872	Pg. 16/L3	\$	21,804	

Name of Facility	License No.	Report for Year Ended	Page of
Jewish Home for the Elderly of Fairfield	923-С	9/30/2018	17 37
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	
Company Supplying Service	Service	Provided	Report Page #/Line #
Morrison Mgmt. Specialists Inc, - 5801		Management Services - Dietary	Page 18, Line 2a3
Peachtree Dunwoody Rd, Atlanta, GA	,		5
30342			
			l

Schedule C-1 - Management Services*

* 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)

		N	ote on	Page 5)			
Name of Facility			License	No.	Report for Y	ear Ended	Page of
Jewish Home for the Elderly of Fairfield County		923-С			9/30/2018		18 37
	Item			Total	CCNH	RHNS	(Specify)
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food		\$	1,268,350	1,268,350		
	2. Non-Food Supplies		\$	291,971	291,971		
	3. Other (<i>Specify</i>)		\$	99,244	99,244		
	Dining Services - Management Fee						
	b. Purchased Services (by contract other		\$				
	than through Management Services)						
	(Complete Schedule C-2 att. Page 21)						
	c. Other (Specify)		\$	505,486	505,486		
	Food Service Admin Charge						
2D.	Total Dietary Expenditures (2a + b + c + d)		\$	2,165,051	2,165,051		
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per	r day:	:*				
H.	Is cost of employee meals included in 2E?	0	Yes	۲	No	•	•
I.	Did you receive revenue from employees?	•	Yes	0	No	If yes, specify amt.	
J.	Where is the revenue received reported in the	Cost	Report	? (Page/Line]	Item)		Not reported
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	0	Yes	\odot	No	If yes, specify cost.	
L.	Is any revenue collected from these people?	•	Yes	0	No	If yes, specify amt.	
M.	Where is the revenue received reported in the	Cost	Report	? (Page/Line	Item)		Not reported
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	۲	No	If yes, specify cost.	
О.	Is any revenue collected from employees?	0	Yes	⊙	No	If yes, specify amt.	
P.	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		Report for Y		Page of
Jewish Home for the Elderly of Fairfield County	Ģ	923-С	9/30/2018	1	19 37
Item		Total	CCNH	RHNS	(Specify)
 Laundry In-House Processing* Bed linens, cubicle curtains, draperies, 	Lbs.				
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
processed.***	Amt. \$				
3. Personal clothing of residents	Lbs.				
washed, ironed, and/or processed.***	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
b. Purchased Services (by contract other	Amt. \$				
than through Management Services) (Complete Schedule C-2 att. Page 21)	Ψ				
c. Other (<i>Specify</i>) Laundry Supplies and OSHA Laundry exp.	\$	69,481			
 3D. <i>Total Laundry Expenditures</i> (3a + b + c) 3F. Laundry Questionnaire 	\$	69,481	69,481		
~) Yes	٥	No	If yes, specify cost.	
H. Did you receive revenue from employees? C) Yes	۲	No	If yes, specify amt.	
I. Where is the revenue received reported in the Cos	st Report?		(Page/Line	: Item)	
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?) Yes	0	No	If yes, specify cost.	
K. Did you receive revenue from these people? C) Yes	٥	No	If yes, specify amt.	
L. Where is the revenue received reported in the Cos	st 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 3E.

*** 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)

	ne of Facility		Repo	ort for Year E	nded	Page	of
Jew	ish Home for the Elderly of Fairfield Count	923-C		9/30/2018		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	145,312	145,312		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	C. Other (<i>Specify</i>)		\$				
4D.	Total Housekeeping Expenditures (4a +	b + c)	\$	145,312	145,312		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	702,749	702,749		
	b. Medicine Cabinet Drugs		\$	34,205	34,205		
	c. Medical and Therapeutic Supplies		\$	565,506	565,506		
	d. Ambulance/Limousine***		\$	131,149	131,149		
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$	31,766	31,766		
	f. X-rays and Related Radiological		\$	68,012	68,012		
	Procedures***						
-	g. Dental (Not dentists who should be inc	luded under	\$	12,239	12,239		
	salaries or fees)						
	h. Laboratory***		\$	79,234	79,234		
	i. Recreation		\$	150,903	150,903		
	j. Direct Management Services*		\$,		
	k. Indirect Management Services*		\$				
	1. Other (Specify)****		\$	71,834	71,834		
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	j)	\$	1,847,597	1,847,597		

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

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

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

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

Jewish Home for the Elderly of Fairfield County 9/30/2018

Schedule of Other Resident Care

Description	(CCNH	RHNS	(Specify)
Nursing Department Supplies	\$	1,955		
Satellite TV - Disallowed	\$	50,210		
Patient Lost Articles - Disallowed	\$	57		
Inpatient Therapy Supplies - Disallowed	\$	12,503		
Outpatient Therapy Supplies - Disallowed	\$	839		
Pastoral Supplies	\$	1,457		
SNF Therapy Supplies - Disallowed	\$	352		
Child Care Center Supplies	\$	4,461		
Total Other Resident Care	\$	71,834	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ende	ed			Page	of
Jewish Home for the Elderly	of Fairfield County			923-C	9/30/2018				21	37
		Related ** t Operators,	,				Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Ρα	Line
Riccio Landscaping LLC	388 Main St #2f, Monroe, CT 06468	0		Relationship	Landscaping	10,695	KIINS	(Speeny)	1 g 22	
MBS Lawn & Tree	65 Riverview Pl, Stratford, CT 06615	0	•		Landscaping	22,564			22	
K & M Fire Protections Services, Inc.	8 West St, Plantsville, CT 06479	0	۲		Fire Alarm Maintenance	9,510			22	6a
Red Hawk	55 Robinson Blvd, Orange, CT 06477	0	۲		Fire Alarm Maintenance	7,751			22	6a
Russel Phillips & Associates LLC	31 Cooke St, Plainville, CT 06062 388 Knowlton St,	0	۲		Fire Prevention/Consulting	16,691			22	6a
Nick's Carting, Inc.	Bridgeport, CT 0660 8 Viaduct Road.	0	۲		Waste Removal	43,172			22	6f
City Carting & Recycling	Stamford, CT 06907 811 Blue Hills Avenue,	0	۲		Waste Removal	15,150			22	6f
Expense Consulting	Bloomfield, CT 06002 One Liberty Sq, New	0	۲		Cost Containment	25,525			16	M13
Gaffney, Bennett	Britain, CT Suite 1160, Dallas, TX	0	۲		Lobbying Consulting New Campus Expansion	8,299			16	M13
Greenbrier Development	75204 Plaza, 507 E Main St	0	۲		Consulting Clinical Survey	7,123			16	M13
Celtic Consulting LLC	#308, Torrington, CT 1800 Fruitville Pike,	0	۲		Readiness	11,595			16	M13
RKL Morrison Senior Dining	Lancaster, PA 17601 400 Northridge Rd. Suite	0	<u> </u>		Restructuring Consulting	17,115				M13
See attached for additional contracted services	600, Atlanta, GA 30350	0 0	© ⊙		Food Services	2,165,051			18	2e

* 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).

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

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

Name of Facility Jewish Home for the Elderly of	Fairfield County			License No. 923-C	Report for Year Ended 9/30/2018	9/30/2018					
		Relate	d ** to				Total Cos	t/Page Ref.**	**	-	
Name of Individual or				Explanation of	Full Explanation of						
Company	Address	Yes	No	Relationship	Service Provided*	CCNH	RHNS	(Specify)	Pg	Line	
Net @ Work	100 Hinman St, Cheshire, CT 06410	0	۲		Payroll Systems	7,052			16	M13	
	1166 Avenue of the Americas, New York, NY										
Marsh & McLennan Agency LLC	10036	0	\odot		Insurance Consulting	41,255			16	M13	
	100 Beard Sawmill Rd Suite 340, Shelton, CT										
Flagship Networks	06484	0	\odot		IT Support	115,210			16	M13	

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

Name of Facility License No.	 Report for Ye	ear Ended		Page of
Jewish Home for the Elderly of Fairfield Cour 923-C	9/30/2018			22 37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 193,844	193,844		
b. Heat	\$ 168,109	168,109		
c. Light & Power	\$ 638,602	638,602		
d. Water	\$ 26,859	26,859		
e. Equipment Lease (Provide detail on page 6)	\$ 72,685	72,685		
f. Other (<i>itemize</i>)	\$ 262,694	262,694		
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 1,362,793	1,362,793		
7. Depreciation (complete schedule page 23*)				
a. Land Improvements	\$			
b. Building & Building Improvements	\$ 2,403,893	2,403,893		
c. Non-Movable Equipment	\$ 98,031	98,031		
d. Movable Equipment	\$ 292,013	292,013		
*7e. <i>Total Depreciation Costs</i> $(7a + b + c + d)$	\$ 2,793,937	2,793,937		
8. Amortization (<i>Complete att. Schedule Page 24</i> *)				
a. Organization Expense	\$			
b. Mortgage Expense	\$ 30,666	30,666		
c. Leasehold Improvements	\$			
d. Other (<i>Specify</i>)	\$			
*8e. <i>Total Amortization Costs</i> (8a + b + c + d)	\$ 30,666	30,666		
9. Rental payments on leased real property less				
real estate taxes included in item 10b	\$			
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 36,767	36,767		
c. Personal property taxes	\$			
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$ 2,861,370	2,861,370		

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

Jewish Home for the Elderly of Fairfield County 9/30/2018

Attachment Page 22

Schedule of Other Repairs and Maintenance

Description	CC	CNH	RHNS	(Specify)
Sewage	\$	59,778		
Security Supplies	\$	1,510		
Physical Plant Supplies Expense	\$	97,377		
Finance Supplies	\$	(107)		
Waste Removal	\$	63,537		
Physical Plant Uniform Expense	\$	507		
Landscaping	\$	33,260		
Snow Removal	\$	6,832		
Total Other Repairs and Maintenance	\$ 2	262,694	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

					Deprec	iation Sc	hedule					
Name of Facility					License No.			Report for Year E	nded		Page	of
Jewish Home for the Elderly of Fairfield Cou	unty				923-	С		9/30/2018			23	37
								Accumulated				
					Historical Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of Year's		Useful	Depreciation	
Property Item					Land	Value	Depreciated	Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	ch sche	dule)										
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period					91,359,578		91,359,578	3,807,054	SL	Various	3,290,928	
2. Disposals (attach schedule)					(47,195)		(47,195)		SL	Various		
3. Acquired during this report period (attac	ch sche	dule)			926,492		926,492		SL	Various	21,548	
B-4. Subtotal												3,312,476
C. Non-Movable Equipment												
1. Acquired prior to this report period					1,245,462		1,245,462	316,813	SL	Various	131,175	
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	ch sche	dule)			15,932		15,932		SL	Various	3,483	
C-4. Subtotal												134,658
	Is a m	nileage										
	logł	book						Accumulated				
	maint	tained?	Date of A	Acquisition	Historical Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment												
1. Motor Vehicles (Specify name, model												
and year of each vehicle)												
a. Fully Depreciated (less current year			Various		249,051		249,051	249,051	SL	Various		
b. Replace engine on 2011 Ford (Disall	le		2	18	9,808		9,808		SL	3	1,907	
c.												
d.						_						
2. Movable Equipment			I.I.I.D.	I.I.I.D.	2 505 055		2 505 055	1 202 2 (0	a.		402.021	
a. Acquired prior to this report period			VAR	VAR	3,787,975		3,787,975	1,303,369	SL	Various	402,031	
b. Disposals (attach schedule)			VAR	VAR	(1,634)		(1,634)		SL	Various		
c. Acquired during this report period					000 505		000.00-		at			
(attach schedule)			VAR	VAR	288,628		288,628	85,042	SL	Various	31,453	125.201
D-3. Subtotal												435,391
E. Total Depreciation												3,882,525

Jewish Home for the Elderly of Fairfield County 9/30/2018

Schedule of Land Improvements Acquired during this report period

			Useful	
cquisition Date	Description of Item	Cost	Life	Depreciation
dditions:				
			1	
Fotal additions for Land Impro	ovement	\$ -		\$ -
Deletions:				
			1	
		ф.		<i>.</i>
Fotal deletions for Land Impro	vement	\$ -		\$ -

**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:							
9/25/2017	Building Permits - Adult Day (DISALLOWED)	\$	20,485	40	\$	213	
5/17/2018	Furnish & install glass (8 pieces) - Adult Day (DISALLOWED)	\$	3,175	10	\$	106	
11/10/2017	Install rubber flooring in gym (DISALLOWED)	\$	9,949	10	\$	829	
1/31/2018	Project Management - Adult Day (DISALLOWED)	\$	50,000	40	\$	521	
10/5/2017	Replace back draft damper & gas valve	\$	7,019	10	\$	643	
3/30/2018	AC/duct/temp control for Adult Day (DISALLOWED)	\$	163,900	20	\$	3,415	
8/15/2018	Construction Cost - Adult Day (DISALLOWED)	\$	232,161	40	\$	2,418	
8/31/2018	Electrical for Adult Day (DISALLOWED)	\$	128,361	20	\$	2,674	
5/25/2018	Architect fee for Adult Day (DISALLOWED)	\$	4,584	40	\$	48	
6/18/2018	Plumbing work for Adult Day (DISALLOWED)	\$	86,394	25	\$	1,440	
12/26/2017	Carpeting - 279.9 sq. yards for Adult Day (DISALLOWED)	\$	18,500	5	\$	1,542	
12/11/2017	3 PTAC Units	\$	3,900	10	\$	293	
3/9/2018	Entry enclosure Community Services entry	\$	10,538	10	\$	527	
1/1/2018	Complete installation of video equip	\$	6,934	10	\$	462	
	Laminate Flooring for Adult Day (DISALLOWED)	\$	10,350	10	\$	431	
1/19/2018	Performance bond for adult day (DISALLOWED)	\$	20,597	40	\$	215	
3/1/2018	Door/Hardware Builder Hardware - Adult Day (DISALLOWED)	\$	16,000	15	\$	444	
4/23/2018	Acoustical ceilings - materials & installation - Adult Day (DISALLOWED)	\$	22,490	8	\$	1,171	
	Cubical system for Homecare/Hospice (DISALLOWED)	\$	11,355	10	\$	568	
	Install communications cabling Adult Day (DISALLOWED)	\$	8,880	15	\$	247	
	Heated air curtain, radiant heat	\$	12,900	15	\$	430	
	Signs for Adult Day (DISALLOWED)	\$	850	5	\$	71	
	Millwork - Adult Day (DISALLOWED)	\$	39,627	15	\$	1,101	
	Painting of Adult Day space (DISALLOWED)	\$	18,000	5	\$	1,500	
	Fire protection, material, equip, labor (DISALLOWED)	\$	13,070	25	\$	1,2 00	
	Electrical upgrades & lighting	\$	6,473	10	\$	108	
otal additions for lettions:	Building Improvement	\$	926,492		\$	21,548	
	Communication-phone, internet	\$	(14,451)	10	\$	_	
	Management Consulting for new site	\$	(5,040)	40	\$		
	General construction application 36, 37, & 38	\$	(30,000)	40	\$		
12/31/2017	To agree to ending PPE Schedule	\$	2,296	40	Ģ		
		φ	2,290				
otal deletions for I	Building Improvement	\$	(47,195)		\$	-	
*Ties to Page 23, I		φ	(+7,175)		φ	-	

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report perio

		Cont	Useful	D	
Acquisition Date Additions:	Description of Item	Cost	Life	Depi	reciation
	350-Microsoft exchange users license	\$ 10,132	3	\$	3,096
	22 roller shades-Adult Day space (DISALLOWED)	\$ 5,800	5	\$	387
Total additions for 1	Non-Movable Equipmer	\$ 15,932		\$	3,483
	ton-wovable Equipmen	\$ 15,952		Э	3,465
Deletions:					
Total deletions for N	Non-Movable Equipmen	\$ -		\$	-
*Ties to Page 23, L					

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report perio

Acquisition Date	Description of Item		Cost	Useful Life	Dopp	eciation
Additions:	Description of item		COSL	Life	Depi	cciation
	4-TPE470 I5-7200 Laptops	\$	3,724	3	\$	1,138
	4-TC M710QTiny-I5-7500 computers & displays	\$	3,416	3	\$	1,044
	4-TP E470 I5 ThinkPads	\$	3,724	3	\$	931
3/27/2018	6-TP T470 I5-6200/4G ThinkPads	\$	6.312	3	\$	1.052
3/27/2018	TP X1Yoga I5-7200 Laptop	\$	1,671	3	\$	279
	5-TC M710Q-Tiny I5, 5-22" Asus Monitors	\$	4,742	3	\$	659
9/14/2018	MS Surface Pro I5, keyboard	\$	1,469	3	\$	-
12/13/2017	2-Phillips Heartstart Defibrillators	\$	3,409	5	\$	511
2/16/2018	Bladder scanner and cart	\$	9,635	7	\$	803
2/19/2018	Music/speaker system for fitness center (DISALLOWED)	\$	3,148	10	\$	790
	Bed, bariatric, bed riser, head/foot	\$	5,040	15	\$	140
4/12/2018	2-Hoyer lifts	\$	8,148	10	\$	340
7/24/2018	Hobart dishwasher	\$	7,388	10	\$	123
	Outpatient Therapy Equipment & Office (Transfer from LHI) - DISALLOWED	\$	105,802	10	\$	10,580
3/1/2018	John Deere Compact Loader	\$	82,500	5	\$	8,250
3/1/2018	John Deere Skid Steer Loader	\$	38,500	4	\$	4,813
	Movable Equipmen	\$	288,628		\$	31,453
Deletions:		¢	(1.(2.1)	1.7	¢	
12/1/2017	Additional furniture for project-various	\$	(1,634)	15	\$	-
Total deletions for N	Movable Equipmen	\$	(1,634)		\$	-

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report peri-

Acquisition Date	Description of Item		Cost	Useful Life	Dep	oreciation
Additions:						
		_				
Total additions fo	or Leasehold Improvemen	\$	-		\$	-
Deletions:						
	One Post Road IT	\$	(19,669)	5	\$	-
	ADC One Post Road / Red Oak Cons	\$	(50,000)	10	\$	(2,913)
	ADC One Post Road Architect	\$	(2,251)	10	\$	(131)
	ADC One Post Road / Locks	\$	(400)	10	\$	(23)
	ADC One Post Road / Red Oak Cons	\$	(890)	10	\$	(52)
	ADC One Post Road / Red Oak Cons	\$	(12,400)	10	\$	(723)
	Remainder of Terrace Project	\$	(3,042)	10	\$	(177)
	Furnished & Installed 2 Auto Door Opener	\$	(4,740)	10	\$	(277)
	Outpatient Therapy Equipment & Office (Transfer to Moveable Equip)	\$	(105,802)	10	\$	-
Cotal delations fo	or Leasehold Improvemen	\$	(199,194)		\$	(4,296)

Amortization Schedule*

Nam	Name of Facility					Report for Yea	r Ended		Page	of
	sh Home for the Elderly of Fairfield Cour	nty		923		9/30/2018		24	37	
			e of isition			Accumulated Amort. to Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing		Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
B.	Mortgage Expense									
	1. Finance - Bond Expense	4	14	25	1,053,769	144,016	SL		42,002	
	2.									
	3.									
B-4.	Subtotal									42,002
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	VAR	VAR	Various	199,194	164,140	SL		4,296	
	2. Disposals (attach schedule)	VAR	VAR	Various	(199,194)	(164,140)	SL		(4,296)	
	3. Acquired during this report period									
	(attach schedule)									
C-4.	4. Subtotal									
D.	Total Amortization									42,002

* 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 FacilityLicense NoJewish Home for the Elderly of Fairfie923	э. 3-С	Report for Year En 9/30/2018		Page 25	of 37	
11. Property Questionnaire		•			· · ·	
Part A						
Is the property either owned by the Facility	0	Yes	\sim	No	If "Yes," complet	te Part B.
or leased from a Related Party?*	0	res	0	INO	If "No," complete	e Part C.
*If any owner or operator of this facility is related						
business association to any person or organization related party transaction.	from whom b	ouildings are leased, the	n it is considered a			
Description		Total				
1. Date Land Purchased		02/24/14				
2. Date Structure Completed		07/01/16				
3. If NOT Original Owner, Date of Purchas	e					
4. Date of Initial Licensure		1973				
5. Total Licensed Bed Capacity		294				
6. Square Footage		367,000				
7. Acquisition Cost		7 000 000				
a. Land b. Building		5,000,000				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	202
1. Financing		Tst Wortgage	2nd Wortgage	Jid Mongage	+til Wortga	age
a. Type of Financing (e.g., fixed, variab	le)	Fixed	Variable Tax-Ex			
b. Date Mortgage Obtained)	02/11/10	04/29/14			
c. Interest Rate for the Cost Year		4.00%	2.3			
d. Term of Mortgage (number of years)		10	25			
e. Amount of Principal Borrowed		2,000,000	62,000,000			
f. Principal balance outstanding as of 9/	30/18	712,946	56,850,730			
Complete if Mortgage was Refinanced						
During Current Cost Year	• `					
g. Type of Financing (e.g., fixed, variab h. Date of Refinancing	le)					
i. New Interest Rate						
j. Term of Mortgage (number of years)						
k. Amount of Principal Borrowed						
1. Principal Outstanding on Note Paid-C	Off					
Part C - Arms-Length Leases for Real	Property I	mprovements Only	/			
Name and Address of Lessor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amount	of Lease

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

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

Name of FacilityLicense No.Jewish Home for the Elderly of Fairfi923-C							
	9/30/2018			26 37			
	Total	CCNH	RHNS	(Specify)			
e							
	27740.8796	27,741					
3.99%							
	1,853,040	1,853,040					
	o /						
2.38-2.67	%						
Rate							
\$							
Rate							
\$							
\$	1,880,781	1,880,781					
	\$ Rate 2.38-2.67 \$ Rate \$ Rate	9/30/2018 Total e \$ 27740.8796 Rate 3.99% 1,853,040 Rate 2.38-2.67% Rate \$ 1,853,040 Rate 3.99% 1,853,040 Rate 3.99% 1,853,040 Rate 3.99% 1,853,040 Rate 3.99% 1,853,040 Rate 3.99% 1,853,040 Rate 1,955,040 Rate 1,955,	Total CCNH c X \$ 27740.8796 27,741 Rate X X 3.99% 1,853,040 1,853,040 Rate X X 2.38-2.67 X X Rate X X S X X Rate X X S X X Rate X X S X X S X X S X X S X X S X X S X X S X X X X X X X X X X X S X X X X X X X X X X X X X X X X X X X	9/30/2018 Total CCNH RHNS c 7740.8796 27,741 Rate 27,740.8796 27,741 3.99% 1,853,040 1,853,040 Rate 1,853,040 1,853,040 S 1,853,040 1,853,040 Rate 1,853,040 1,853,040 S 1,853,040 1,853,040 Rate 1,853,040 1,853,040 S 1,853,040 1,853,040 Rate 1,853,040 1,853,040 S 1,853,040 1,853,040 Rate 1,853,040 1,853,040 S 1,953,040 1,853,040 S 1,953,040 1,953,040 S 1,953,040 1,953,040 S 1,953,040 1,953,040 S 1,953,040 1,953,040 S 1,953,040 1,954,040			

(Carry Subtotals forward to next page)

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

Name of Facility License	Page	of					
Jewish Home for the Elderly of Fair 92	23-С		9/30/2018			27	37
Item			Total	CCNH	RHNS	(Spe	cify)
	btotals Brow	ught Forward:	1,880,781	1,880,781			
12. C. Movable Equipment							
1. Automotive Equipment		\$					
A. Item	Rate	Amount					
Lender	<u> </u>						
Address of Lender							
2. Other (<i>Specify</i>)		\$					
A. Item	Rate	Amount					
Equipment loan	2.90%	34,217					
Lender	2.7070	57,217					
W.I. Clark Company							
Address of Lender							
30 Barnes Industrial Park RdWallingford, CT	06492						
B. Item	Rate	Amount					
Equipment loan	0.00%	75,826					
Lender	u						
W.I. Clark Company							
Address of Lender							
30 Barnes Industrial Park RdWallingford, CT	06492						
12. C. 3. Total Movable Equipment Inter	est						
Expense (C1 + 2)		\$					
12. D. Other Interest Expense (Specify)		\$	20,887	20,887			
Related party loan							
13. Total All Interest Expense (12B7 + 12	C3 + 12D)	\$	1,901,668	1,901,668			
14. Insurance							
a. Insurance on Property (buildings o	nly)	\$	47,374	47,374			
b. Insurance on Automobiles		\$	22,081	22,081			
c. Insurance other than Property (as s	pecified ab	ove) \$					
1. Umbrella (Blanket Coverage)	104,065	104,065					
2. Fire and Extended Coverage		<u>\$</u> \$					
3. Other (<i>Specify</i>)	9,638	9,638					
14d. Total Insurance Expenditures (14a + 1	183,158	183,158					
15. Total All Expenditures (A-13 thru C-1		\$ \$		39,794,440			

D. Adjustments to Statement of Expenditures

Nam	e of Fa	acility		Lic	ense No.	Report for Yea	r Ended	Page	of
Jewis	sh Hor	ne for	the Elderly of Fairfield County		923-С	9/30/2018		28	37
			· · · · ·		Total				
Item	Page	Line			Amount of				
No.	No.		Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - S	Salarie	es and Wages						• /
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	a12g	Occupational Therapy	\$	537,152	537,152			
4.		Ŭ	Other - See attached Schedule	\$	676,058	676,058			
Page	13 - F	Profes	sional Fees						
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$	135,458	135,458			
Page	s 15 &	- 16	Administrative and General						
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$					
10.	15	1d	Accounting	\$	20,525	20,525			
10a.			Legal	\$	49,366	49,366			
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	17,712	17,712			
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.	15	1a9	Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$	3,824	3,824			
16.			Travel for purposes of attending		,				
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.	16	16	Automobile Expense (e.g. personal use)	\$	13,741	13,741			
18.	16	m3	Unallowable Advertising *	\$	29,948	29,948			
19.			Income Tax / Corporate Business Tax	\$					
20.	16	m4	Fund Raising / Contributions	\$	16,774	16,774			
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	201,340	201,340			
Page	18 - L	Dietar	y Expenditures		·				
24.			Meals to employees, guests and others						
			who are not residents	\$					
Page	19 - I	Laund	ry Expenditures						
25.			Laundry services to employees, guests						
			and others who are not residents	\$					
Page	20 - H	Touse	keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$					
	•	•	Subtotal (Items 1 - 26)		1,701,898	1,701,898			
			× /		(0				

* All except "Help Wanted".

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

⁽Carry Subtotal forward to next page)

Jewish Home for the Elderly of Fairfield County 9/30/2018

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
10	12n	Marketing/Community Relations Salaries	\$	5,287		
10	A2	Past President deferred compensation expense	\$	58,261		
10	120	Outpatient therapy salaries	\$	153,090		
10	A2	Administrator's salary allocable to nonreimbursable programs (20%)	\$	103,068		
10	120	Child care salaries - see pg. 29d attachment	\$	326,352		
10	A2	Administrator's bonus	\$	30,000		
Total Othe	otal Other Salaries Adjustment				\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
13	B2	Dentist	\$	27,112		
13	B4	Podiatrist	\$	4,450		
13	B8e	Psychiatrist	\$	16,942		
13	B12	Physician - long term care	\$	118		
13	B12	Post acute physician	\$	5,260		
13	B12	Inpatient Therapy - purchased services	\$	15,976		
13	B12	Inpatient Therapy - temp help	\$	59,603		
13	B12	Employee relations temp help	\$	5,997		
Total Othe	Total Other Fees Adjustments				\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Misc. consulting expense	\$ 72,945		
16	m13	Child care misc. expenses - see attachment page 29d	\$ 27		
16	m13	Misc. expenses	\$ 1,641		
16	m13	Inpatient therapy software	\$ 3,437		
16	m13	Outpatient therapy software	\$ 812		
16	m13	Bank fees/other charges	\$ 123,359		
16	m13	Employee Relations Software	\$ 10,806		
16	m13	Employee Relations Supplies	\$ 401		
15	1g	Child care office supplies - see attachment page 29d	\$ 670		
16	m9	Child care subscriptions - see attachment page 29d	\$ 186		
18	2a1	Child care food - see attachment page 29d	\$ 71		
16	m8	Disallowed dues (CALTC)	\$ 692		
16	L3	Other employee relations expense - see page 16 attachment	\$ 21,836		
15	1a1-1a8	Benefits on disallowed salaries	283,464		
15	1a1-1a8	Benefits disallowed in excess for nonreimbursable programs	(319,007)		
Total Othe	r A&G Adj	ustments	\$ 201,340	\$ -	\$ -

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

Name	e of Fa	acility	D. Aujustments to Statemen		ense No.	Report for Y		Page	of
		-	the Elderly of Fairfield County	210	923-C	9/30/2018	eur Enaca	29	37
					Total				1 0,
Item	Page	Line			Amount of				
	No.		Item Description		Decrease	CCNH	RHNS	(Sr	ecify)
1.01	1.01	1.01	Subtotals Brought Forward	\$	1,701,898	1,701,898	Turits	(~P	()
Page	20 - H	Reside	nt Care Supplies***	Ŷ	1,701,020	1,701,050			
27.	r	-	Prescription Drugs	\$	702,749	702,749			
28.		5d	Ambulance/Limousine	\$	131,149	131,149			
29.		5f	X-rays, etc	\$	68,012	68,012			
30.		5h	Laboratory	\$	79,234	79,234			
31.	20	5c	Medical Supplies	\$	117,202	117,202			
32.	20	5e2	Oxygen (non emergency)	\$	31,766	31,766			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	92,441	92,441			
Page	22 - N	Mainte	enance and Property						
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real						
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	30,666	30,666			
Page	27 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$	11,703	11,703			
	r - Mis	scella							
42.			Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.	30	IV8	Other - Miscellaneous Administrative	\$	380	380			
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$	271,394	271,394			
	For Pr	ofit P	roviders Only						
48.			Building/Non Movable Eq. Depreciation	I					
			Unallowable Building Interest -						
			See Attached Schedule	\$	(365,350)	(365,350)			
49.	Total	Amo	unt of Decrease (Items 1 - 48)	\$	2,873,243	2,873,243			

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Jewish Home for the Elderly of Fairfield County 9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
20	5d	Dental supplies	\$	12,239		
20	5j	Satellite TV	\$	50,210		
20	5j	Patient lost articles	\$	57		
20	5j	Inpatient therapy supplies	\$	12,503		
20	5j	Outpatient therapy supplies	\$	839		
20	5j	SNF therapy supplies	\$	352		
20	5j	Child care center supplies - see attachment page 29d	\$	3,965		
20	5i	Child care recreation supplies - see attachment page 29d	\$	10,465		
20	5c	Child care medical supplies	\$	1,810		
Total Othe	otal Other Ancillary Costs				\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

-- ----- --- ------ --

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8b	Amortization expense	\$ 30,666		
Total Othe	Total Other Property Adjustments		\$ 30,666	\$ -	\$ -

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
30	IV8	Child care tuition - see page 29d attachment	\$	58,203		
27	14c3	Child care insurance - see page 29d attachment	\$	8,567		
30	IV8	Miscellaneous revenue	\$	204,624		
Total Othe	Fotal Other Adjustments			271,394	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7b	Depreciation - adjust assets to 30 year life - see attachment page 29c	\$ (386,237)		
27	12D	Interest on related party loans payable	\$ 20,887		
Total Unal	Total Unallowable Building Interest		\$ (365,350)	\$ -	\$ -

Jewish Home for the Elderly of Fairfield County Inc., d/b/a Jewish Senior Services 2018 Medicaid Cost Report Attachment page 29c

Below calculation is to determine the depreciation adjustment to convert all 40 year assets to 30 year assets for cost report purposes. Depreciation began 8/1/2016 in accordance with the capitalization policy of the Home.

									2016			2017			2018	
Date in			2017	2018	Adjusted		Adjusted	Depreciation	Adjusted	Positive	Depreciation	Adjusted	Positive	Depreciation	Adjusted	Positive
Service	Description	Amount	Disposals I		Amount	Life	Life	Taken	Depreciation		Taken	Depreciation		Taken	Depreciation	Disallowance
	Civil Engineer Monitoring & reporting	583,211			583,211	40		2,430	3,240	810	14,580	19,440	4,860	14,580	19,440	4,860
7/1/2016	Architect Fees for Park Avenue Site	3,785,536	(61,372)		3,724,164	40	30	15,773	21,031	5,258	94,638	126,185	31,546	93,104	124,139	31,035
7/1/2016	Legal services for Park Avenue site	160,495			160,495	40	30	669	892	223	4,012	5,350	1,337	4,012	5,350	1,337
	Legal-Zoning & Acquisition JCC	70,939			70,939	40	30	296	394	98	1,773	2,365	591	1,773	2,365	591
7/1/2016	Management Consulting for new site	1,082,141			1,082,141	40	30	4,509	6,012	1,503	27,054	36,071	9,018	27,054	36,071	9,018
	Certificate of Need-Advisory Services	20,164			20,164	40	30	84	112	28	504	672	168	504	672	168
7/1/2016	Preconstruction design for Park Ave site	151,976			151,976	40	30	633	844	211	3,799	5,066	1,266	3,799	5,066	1,266
7/1/2016	Title search-JCC Park Avenue	682			682	40	30	3	4	1	17	23	6	17	23	6
7/1/2016	Certificate of need filing	42,636			42,636	40	30	178	237	59	1,066	1,421	355	1,066	1,421	355
7/1/2016	Video inspection of storm drains-Park Ave	2,400			2,400	40	30	10	13	3	60	80	20	60	80	20
	Appraisal and market study-Park Ave	15,750			15,750	40		66	88	22	394	525	131	394	525	131
	Legal costs for new campus	45,520			45,520	40	30	190	253	63	1,138	1,517	379	1,138	1,517	379
	Asbestos survey, lead and pcp analyses	98,570			98,570	40		411	548	137	2,464	3,286	821	2,464	3,286	821
	Geotechnical consulting service	46,123			46,123	40	30	192	256	64	1,153	1,537	384	1,153	1,537	384
	Legal for design & construction agreements	16,312			16,312	40	30	68	91	23	408	544	136	408	544	136
	Peer review of construction	23,897			23,897	40		100	133	33	597	797	199	597	797	199
	Purchase property at 4200 Park Avenue, B	53,927			53,927	40		225	300	75	1,348	1,798	449	1,348	1,798	449
	DEEP permit for Park Ave	625			625	40		3	3	0	16	21	5	16	21	5
	Legal services for Park Ave	972			972	40		4	5	1	24	32	8	24	32	8
	Pre construction document review	28,321			28,321	40		118	157	39	708	944	236	708	944	236
	Builders risk insurance	82,954			82,954	40		346	461	115	2,074	2,765	691	2,074	2,765	691
	Title insurance-additional fees	1,888			1,888	40		8	10	2	47	63	16	47	63	16
	Construction Costs	48,854,470			48,854,470	40		203,560	271,414	67,854	1,221,362	1,628,482	407,121	1,221,362	1,628,482	407,121
	Construction Agreement-Uri-Electricity	14,280			14,280	40		60	79	19	357	476	119	357	476	119
	Soil and construction material testing	148,342			148,342	40		618	824	206	3,709	4,945	1,236	3,709	4,945	1,236
	Building permit fee-Park Avenue	1,591,875			1,591,875	40		6,633	8,844	2,211	39,797	53,063	13,266	39,797	53,063	13,266
	Sewer Use	2,410			2,410	40		-	13	13	60	80	20	60	80	20
	Capitalized Interest	932,498			932,498	40		3,885	5,181	1,296	23,312	31,083	7,771	23,312	31,083	7,771
	Southern Conn Gas	92,488			92,488	40		385	514	129	2,312	3,083	771	2,312	3,083	771
	Thermal Consulting and inspecting	25,800			25,800	40		108	143	35	645	860	215	645	860	215
	Soil sample, PH sample	441			441	40		2	2	0	11	15	4	11	15	4
	Electricity	88,035			88,035	40		367	489	122	2,201	2,934	734	2,201	2,934	734
	Structural Engineer	7,000			7,000	40		29	39	10	175	233	58	175	2,554	58
	Courtyard Renderings	3,030			3,030	40		13	17	10	76	101	25	76	101	25
	Bridgeport Dept. of Health-Inspections	3,135			3,135	40		13	17	4	78	101	25	78	101	25
	Demolition and Abatement	881,042			881,042	40		3,671	4,895	1,224	22,026	29,368	7,342	22,026	29,368	7,342
	Fire Protection-Sprinkler	961,651			961,651	40		4.007	5,343	1,224	22,028	32,055	8,014	22,028	32,055	8,014
	General construction	1,732,330			1,732,330	40		4,007	5,345	1,330	36,090	48,120	12,030	43,308	57,744	
		1,732,330		(20 261)		40 40					· · ·	48,120 47,571	,	43,308 46,862	57,744 62,483	14,436
	General construction			(28,364)	1,874,483						34,631		12,940	,		15,621
	Civil engineering monitoring and reporting	922			922	40					23	31	8	23	31	8
	Architect fees	13,159		(5.040)	13,159	40					329	439	110	329	439	110
	Management consulting for site	5,040		(5,040)	-	40					126	168	42	-	-	-
10/1/2016	Construction document review	1,313			1,313	40	30				33	44	11	33	44	11

83,231

529,020

Allocation % included on Cost Report 73.01%
Adjusted Disallowance 382,928

524,487

73.01% 386,237

Jewish Senior Services Attachment page 29d 9/30/2018 Childcare Direct Expenses Disallowance

					Amount	Amount		
					Disallowed by	Disallowed - 5%	Additional	
Page	Line	Description	Direct Amount	Allocation Basis	Allocation Basis	of excess	Disallowance	Note
10	120	Salaries	367,146	Direct to SNF	-		326,352	
15	IGB	Office Supplies	1,155	Accum Cost	360		666	
16	L5	Education expenses	0	Accum Cost	-		-	
16	M3	Advertising - Other	0	Accum Cost	-		-	Line already disallowed 100%
16	M4	Travel	0	Accum Cost	-		-	
16	M7	Postage	0	Accum Cost	-		-	
16	M9	Licenses and Subscriptions	321	Accum Cost	100		185	
16	m13	Childcare misc. expenses	39	Accum Cost	12		27	Disallow full amount
18	2A1	Raw Food	103	Meals	23		68	
20	5c	Medical Supplies	2,144	Direct to SNF	-	107	1,810	Medical supplies already disallowed 5%
20	5i	Recreation	11,773	Direct to SNF	-		10,465	
20	5J	Other supplies	4,461	Direct to SNF	-		3,965	
27	14c3	Childcare insurance	9,638	Direct to SNF	-		8,567	
30	2M	Childcare Revenue	523,827	Direct to SNF	465,624		58,203	Revenue received for allowable employees
			Total	Disallowance, ex	clusive of benefits		410,309	
					Benefits disallowa	nce	80,154	included in overall benefits disallowance
		are allowable	11.11%		Total Disallowed		490,463	
Disallow	ance		88.89%					
Amount	disallow	ed via Accum. Cost Basis	31.21%					
Amount	disallow	ed via Meals Basis	22.66%					
Total Sal	aries to S	SNF per template	20,978,657					
Total Bei	nefits to	SNF per template	5,152,496					

State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

F. Statement of Revenue

F. Statement of Ke	ven		Γ 1 - 1		Deee
Name of Facility License No. Jewish Home for the Elderly of Fairfield (923-C		Report for Y 9/30/2018	ear Ended		Page of 30 37
sewish frome for the Enderty of Familien (725-6		7/50/2010			50 57
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	41,346,050	41,346,050		
b. Medicaid Room and Board Contractual Allowance **	\$	(18,954,361)	(18,954,361)		
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	8,284,901	8,284,901		
b. Medicare Room and Board Contractual Allowance **	\$	(1,421,085)	(1,421,085)		
4. a. Private-Pay Residents and Other	\$	11,921,790	11,921,790		
b. Private-Pay Room and Board Contractual Allowance **	\$	(912,899)	(912,899)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$	740,210	740,210		
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(740,795)	(740,795)		
c. Prescription Drugs - Non-Medicare	\$	79,032	79,032		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(79,032)	(79,032)		
2. a. Medical Supplies - Medicare	\$	12,054	12,054		
b. Medical Supplies - Medicare Contractual Allowance **	\$	(12,054)	(12,054)		
c. Medical Supplies - Non-Medicare	\$	1,422	1,422		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	(196)	(196)		
3. a. Physical Therapy - Medicare	\$	1,316,904	1,316,904		
b. Physical Therapy - Medicare Contractual Allowance **	\$	(1,200,949)	(1,200,949)		
c. Physical Therapy - Non-Medicare	\$	405,192	405,192		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(172,823)	(172,823)		
4. a. Speech Therapy - Medicare	\$	127,888	127,888		
b. Speech Therapy - Medicare Contractual Allowance **	\$	(91,076)	(91,076)		
c. Speech Therapy - Non-Medicare	\$	66,104	66,104		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(38,221)	(38,221)		
5. a. Occupational Therapy - Medicare	\$	943,460	943,460		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(872,870)	(872,870)		
c. Occupational Therapy - Non-Medicare	\$	426,161	426,161		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(331,630)	(331,630)		
6. a. Other (Specify) - Medicare	\$	5,357	5,357		
b. Other (Specify) - Non-Medicare	\$	39,240	39,240		
III. Total Resident Revenue (Section I. thru Section II.)	\$	40,887,774	40,887,774		
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	\$	60,312	60,312		
5. Interest Income (<i>Specify</i>)	\$	443	443		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$	2,192,867	2,192,867		
V. Total Other Revenue (1 thru 8)	\$	2,253,623	2,253,623		
VI. Total All Revenue (III +V)	\$	43,141,397	43,141,397		

* 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)
	Medicare A - X-Ray and Lab	\$ 191,406		
	Medicare A - X-Ray and Lab Contractual	\$ (186,049)		
Total Othe	er Resident Revenue - Medicare	\$ 5,357	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Other X Ray and Lab	\$ 54,798		
	Other X Ray and Lab Contractual	\$ (15,558)		
Total Othe	er Resident Revenue	\$ 39,240	\$-	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, IV4	Interest Income Operations		\$ 443		
Total Interest Income			\$ 443	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30, IV8	Vending Machine - Disallowed	\$ 380		
30, IV8	Child Care Tuition Fees - Disallowed	\$ 58,203		
30, IV8	Investment Income. net of fees	\$ 267,758		
30, IV8	Realized Gains on Investments, Net	\$ 198,061		
30, IV8	Unrealized Gains on Investments, Net	\$ 9,315		
30, IV8	Change in Value of Swap	\$ 22,040		
30, IV8	Contributions, Net	\$ 1,332,329		
30, IV8	Miscellaneous Revenue - Disallowed	\$ 204,624		
30, IV8	Evercare Quality Savings	\$ 59,062		
30, IV8	Community Events	\$ 13,840		
30, IV8	Long Term Care Late Fee Revenue	\$ 8,656		
30, IV8	Loss on sale of assets	\$ (6,811)		
30, IV8	Other Comprehensive Income - Change in Pension Liability	\$ 25,411		
Total Othe	r Revenue	\$ 2,192,867	\$-	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfi	ele 923-C	9/30/2018	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in banks)		\$	1,481,934
2. Resident Accounts Receival	ble (Less Allowance	for Bad Debts)	\$	4,864,007
3. Other Accounts Receivable	(Excluding Owners	or Related Parties)	\$	5,062
4 Inventories	· -		\$	119,021
5. Prepaid Expenses			\$	284,365
a. Prepaid Software Cost		4,786		
b. Prepaid Dues		7,538		
c. Prepaid Health Insurance	Premiums	272,041		
d. See Schedule		,		
6. Interest Receivable			\$	
7. Medicare Final Settlement I	Receivable		\$	
8. Other Current Assets (itemiz			\$	567,249
Residents' Trust Funds	,-)	151,304	+	
Due from GPG & Men's club		4,247		
Contributions receivable See Schedule		411,698	_	
A-9. Total Current Assets (Lines A)	thru 8)		\$	7,321,638
B. Fixed Assets	t till to j		Ψ	7,521,050
1. Land			\$	5,000,000
2. Land Improvements	*Historical Cost		\$	5,000,000
2. Land improvements	Accum. Deprecia	tion Net	Ψ	
3. Buildings	*Historical Cost	92,238,875	\$	85,119,345
5. Buildings		· · · · · · · · · · · · · · · · · · ·	Φ	05,119,545
4 Loogahald Immension anta	Accum. Deprecia *Historical Cost	tion 7,119,550 Net	\$	
4. Leasehold Improvements		tion Not	Ф	
5 N M 11 E	Accum. Deprecia		<u>ф</u>	000.000
5. Non-Movable Equipment	*Historical Cost	1,261,394	\$	809,923
	Accum. Deprecia	-	Φ.	2 252 074
6. Movable Equipment	*Historical Cost	4,074,969	\$	2,253,074
	Accum. Deprecia			
7. Motor Vehicles	*Historical Cost	258,859	\$	7,901
	Accum. Deprecia	tion 250,958 Net		
8. Minor Equipment-Not Depr	eciable		\$	
9. Other Fixed Assets (<i>itemize</i>)		\$	
See Schedule				
B-10. Total Fixed Assets (Lines B	31 thru 9)		\$	93,190,243

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended	Page		of
Jewi	sh H	Iome for the Elderly of Fairfiel	923-С	9/30/2018	32		37
			Account			Amount	
				Total Brought Forward:	\$	100,5	11,881
C.	Lea	asehold or like property recorde	ed for Equity Purpose	S.			
	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 Deprec	iable		\$		
C-8	To	tal Leasehold or Like Properti	es (C1 thru 7)		\$		
D.	Inv	estment 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 Reside	nt Care (<i>temize</i>)		\$		
	6.	Loans to Owners or Related P	arties <i>(itemize</i>)		\$		
		Name and Address	Amount	Loan Date			
	7.	Other Assets (<i>itemize</i>)			\$	13,0	54,972
		Investments		12,356,533			
		Contributions receivable		430,349			
		See Schedule		268,090			
		tal Investments and Other Ass	(/		\$		54,972
D-9.	То	tal All Assets (Lines A9 + B10	+ C8 + D8)		\$	113,5	66,853

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

Jewish Home for the Elderly of Fairfield County 9/30/2018

Attachment Page 31-34

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description				
Total Prep	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

I age Rei		Bescription		
32	D7	Charitable remainder trust	\$	268,090
Total Other Assets				268,090

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	Accrued bonus compensation	\$	123,000
33	A12	Hospice Pass Through	\$	356,886
33	A12	Pharmacy Expense	\$	98,430
33	A12	Accrued rent and SL rent adjustment	\$	100,984
33	A12	Other: Voluntary Choice W/H \$69,514, Sewer tax \$17,729, EE Giving fund \$40,355, Refund clearing (\$760)	\$	126,838
33	A12	Morrison senior dining	\$	366,728
Total Other Current Liabilities (Itemize)				

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

Page Ref	Line Ref	Description			
34	B4	Gift Annuity Liability		266,921	
34	B4	Term Loan Note Payable		290,997	
34	B4	Swap Liability		56,331	
Total Other Current Liabilities (Itemize)					

G. Balance Sheet (cont'd)

Name of Fac	ility		License No.	Report for Year E	nded	Page	of
Jewish Hom	e for	the Elderly of Fairfield Cour	923-С	9/30/2018		33	37
			Account				Amount
Liabilities							
А.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	772,287
	2.	Notes Payable (itemize)				\$	574,541
		Term loan payable		421,949			
		Current portion of related p	party loan (see page 34	4) 152,592			
		See Schedule					
	3.	Loans Payable for Equipm	ent (Current portion)	(itemize)		\$	24,456
		Name of Lender	Purpose	Amount	Date Due		
		W.I. Clark Company	Vehicle Loans	24,456	2022-23		
	4. Accrued Payroll(Exclusive of Owners and/or Stockholders only)						647,979
	5.	Accrued Payroll (Owners a		uly)		\$	
	6.	Accrued Payroll Taxes Pay	able			\$	42,311
	7.	Medicare Final Settlement	Payable			\$	
	8.	Medicare Current Financin	g Payable			\$	
	9.	Mortgage Payable (Curren	t Portion)			\$	1,968,333
	10	. Interest Payable (Exclusive	of Owner and/or Rela	ited Parties)		\$	
	11.	Accrued Income Taxes*				\$	
	12	. Other Current Liabilities (in	temize)			\$	3,414,618
		Deferred Revenue	304,248	Accrued accounting fees	100,000		
		Resident Funds	151,304	Deferred Compensation	1 84,309		
		Nursing Home User Fee	382,620	Deposits - Assisted Livit	n 244,500		
		Accrued Vacation		See Schedule	1,172,866		
A-13	. To	tal Current Liabilities (Line	es A1 thru 12)			\$	7,444,525

* 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
Jewish Home for the Elderly of Fairfield Co	923-С	9/30/2018			34		37
	Account	•			Ar	nount	
				14,525			
Liabilities (cont'd)							
B. Long-Term Liabilities							
1. Loans Payable-Equipment ((itemize)			\$		7	73,364
Name of Lender							
W.I. Clark Company	Vehicle Loans	73,364	2022-23				
2. Mortgages Payable				\$			32,397
3. Loans from Owners or Rela		Γ		\$		46	51,017
Name and Address of Lender	Amount	Loan D	ate				
Board of Directors	461,017						
4. Other Long-Term Liabilitie	s (itemize)	•		\$		4,96	5,892
Accrued Pension Cost		2,114,981					
Deferred Compensation Ob	ligation	45,933					
Deferred Revenue							
See Schedule		614,249					
B-5. Total Long-Term Liabilities (I				\$			32,670
C. Total All Liabilities (Lines A-1	(3 + B-5)			\$		67,82	27,195

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

	ne of Facility License No. Report for Year Ended	Pag	
Jew	ish Home for the Elderly of Fairfiel 923-C 9/30/2018 Account	35	Amount 37
A.	Reserves		Timount
	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	\$	
В.	Net Worth		
	1. Owner's Capital	\$	
	2. Capital Stock	\$	
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	45,130,841
	6. Gain or Loss for Period 10/1/2017 thru 9/30/2018	\$	608,817
	7. Total Net Worth	\$	45,739,658
C.	Total Reserves and Net Worth	\$	45,739,658
D.	Total Liabilities, Reserves, and Net Worth	\$	113,566,853

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H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year	Ended	Page		of
-	ne Elderly of Fairfield	923-C	9/30/2018	Lilava	36		37
	5	Account				mount	
A. Balance at Er	nd of Prior Period as sl	nown on Report of	09/30/2017	:	\$	45,130,	841
B. Total Revenu	\$	43,141,	397				
C. Total Expend	\$	39,794,	440				
D. Net Income of	or Deficit				\$	3,346,	957
E. Balance				:	\$	48,477,	798
F. Additions 1. Additions 2. Other (<i>ite</i>	al Capital Contributed	(itemize)					
	on nonreimburseable p	programs	(2,738,138) (2)				
F-3. Total Addition	ons				\$	(2,738,	140)
G. Deductions							
1. Drawings	of Owners/Operators/	Partners (Specify)			\$		
Name an	nd Address (No., City,	State, Zip)	Title	Amount			
2. Other Wi	thdrawings(Specify)				\$		
	Purpose		Amo	unt			
3. Total Dec					\$		
H. Balance at E	nd of Period	09/30	/18		\$	45,739,	658

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I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of				
Jewish Home for the Elderly of Fairfield	923-C	9/30/2018	37	37				
	Check appropriate category							
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)						
	Preparer/Reviewer Certification	tion						
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.								
Signature of Preparer.	Date Signed	9						
Printed Name of Preparer								
Blum Shapiro & Company, P.C. Addres Address	Blum Shapiro & Company, P.C.							
2 Enterprise Dr, Shelton, CT 06484		860-561-4000						
Annual Report Contact		Phone Number						
George Thomas 860-561-4000 Annual Report Contact Email Address								
gthomas@blumshapiro.com								

State of Connecticut 2018 Annual Cost Report

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