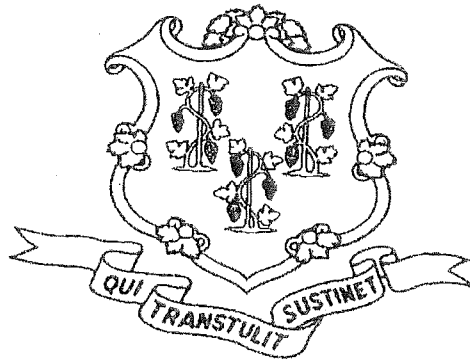


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

| | |
|--|-------------------------------------|
| Name of Facility (as licensed) Waveny Care Center, Inc. | |
| Address (No. & Street, City, State, Zip Code) 3 Farm Road, New Canaan, CT 06840 | |
| Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify) | |
| Report for Year Beginning 10/1/2018 | Report for Year Ending 9/30/2019 |

| | | | | |
|------------------|---------------|------|-----------|------------------------------|
| License Numbers: | CCNH 942-C | RHNS | (Specify) | Medicare Provider 07-5361 |
|------------------|---------------|------|-----------|------------------------------|

| | | | |
|----------------------------|--------------|------|---------|
| Medicaid Provider Numbers: | CCNH 9423 | RHNS | ICF-IID |
|----------------------------|--------------|------|---------|

For Department Use Only

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

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General Information

| | | | | |
|--|----------------------|------------------------------------|-----------|----------|
| Name of Facility (as licensed) Waveny Care Center, Inc. | License No. 942-C | Report for Year Ended 9/30/2019 | Page 1 | of 37 |
|--|----------------------|------------------------------------|-----------|----------|

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Waveny Care Center, Inc. [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

{a}

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

{a} Subject to Desk Audit Review

| | | | | | |
|--|----------|------|---|----------------------|------|
| Signed (Administrator) | | Date | Signed (Owner) | | Date |
| Printed Name (Administrator) Lynn Iverson | | | Printed Name (Owner) Russell R. Barksdale, Jr. | | |
| Subscribed and Sworn to before me: | State of | Date | Signed (Notary Public) | Comm. Expires / / | |
| Address of Notary Public | | | | | |

(Notary Seal)

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

| Data Required for Real Wage Adjustment | | | Page 1A | of 37 |
|--|------------------------------|-------------------|-----------------|-----------|
| Name of Facility Waveny Care Center, Inc. | Period Covered: | From 10/1/2018 | To 9/30/2019 | |
| Address of Facility 3 Farm Road, New Canaan, CT 06840 | | | | |
| Report Prepared By Marcum LLP | Phone Number 203-781-9600 | Date 2/2/2020 | | |
| Item | Total | CCNH | RHNS | (Specify) |
| 1. Dietary wages paid | \$ | | | |
| 2. Laundry wages paid | \$ | | | |
| 3. Housekeeping wages paid | \$ | | | |
| 4. Nursing wages paid | \$ | | | |
| 5. All other wages paid | \$ | | | |
| 6. Total Wages Paid | \$ | | | |
| 7. Total salaries paid | \$ | | | |
| 8. Total Wages and Salaries Paid (As per page 10 of Report) | \$ | | | |

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

| | | | | | |
|---|--|--|---|---|----------------------------------|
| Phone No. of Facility 203-594-5200 | | Report for Year Ended 9/30/2019 | | Page 2 | of 37 |
| Name of Facility (as shown on license) Waveny Care Center, Inc. | | | Address (No. & Street, City, State, Zip) 3 Farm Road, New Canaan, CT 06840 | | |
| License Numbers: | | CCNH 942-C | RHNS | (Specify) | Medicare Provider No. 07-5361 |
| Type of Facility (Check appropriate box(es)) | | | | | |
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) | | <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) | | <input type="checkbox"/> (Specify) | |
| Type of Ownership (Check appropriate box) | | | | | |
| <input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust | | | | | |
| If this facility opened or closed during report year provide: | | | Date Opened | Date Closed | |
| Has there been any change in ownership or operation during this report year? | | | | | |
| | | <input type="radio"/> Yes | | <input checked="" type="radio"/> No If "Yes," explain fully. | |
| N/A | | | | | |
| Administrator | | | | | |
| Name of Administrator Lynn Iverson | | | Nursing Home Administrator's License No.: | 1428 | |
| Other Operators/Owners who are assistant administrators (full or part time) of this facility. | | | | | |
| Name | | | License No.: | | |
| N/A | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2019 OFFICERS AND BOARD OF DIRECTORS

OFFICERS

Thomas S. Ferguson, Chairman
Kathleen Corbet, Vice Chairman
Richard Bierman, Secretary
Richard J. Townsend, Treasurer

DIRECTORS

Barb Achenbaum
Julius Alexander
Tiffany Begoon
Richard Croarkin
Richard (Dick) J. DePatie
Douglas Gillespie
Mrs. Tracey Hamill
Dr. Peter Hasapis
Mr. Leo Karl, III
First Selectman Kevin Moynihan
Dr. David M. Reed*
Jill Sautkulis*
Rev. Peter Walsh*

*ex officio

General Information and Questionnaire
Related Parties*

| | | | | |
|--|----------------------|------------------------------------|-----------|----------|
| Name of Facility Waveny Care Center, Inc. | License No. 942-C | Report for Year Ended 9/30/2019 | Page 4 | of 37 |
|--|----------------------|------------------------------------|-----------|----------|

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

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

| Name of Related Individual or Company | Business Address | Also Provides Goods/Services to Non-Related Parties | | | Description of Goods/Services Provided | Indicate Where Costs are Included in Annual Report Page # / Line # | Cost Reported | Actual Cost to the Related Party |
|--|-----------------------------------|---|----------------------------------|-----|--|--|---------------|----------------------------------|
| | | Yes | No | %** | | | | |
| Waveny Care Center Health Services, Inc. (WCCHS) | 3 Farm Road, New Canaan, CT 06840 | <input type="radio"/> | <input checked="" type="radio"/> | | Shared Expenses with Waveny Care Center, I | Various | | |
| Waveny Home Health Care, Inc. (WHHC) | 3 Farm Road, New Canaan, CT 06840 | <input type="radio"/> | <input checked="" type="radio"/> | | Shared Expenses with Waveny Care Center, I | Various | | |
| Waveny at Home, Inc. (WAH) | 3 Farm Road, New Canaan, CT 06840 | <input type="radio"/> | <input checked="" type="radio"/> | | Shared Expenses with Waveny Care Center, I | Various | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | |

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

| | | | | |
|---|--|------------------------------------|-----------|----------|
| Name of Facility Waveny Care Center, Inc. | License No. 942-C | Report for Year Ended 9/30/2019 | Page 5 | of 37 |
| If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows: | | | | |
| Item | Method of Allocation | | | |
| Dietary | Number of meals served to residents | | | |
| Laundry | Number of pounds processed | | | |
| Housekeeping | Number of square feet serviced | | | |
| Nursing | Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants | | | |
| Direct Resident Care Consultants | Number of hours of resident care provided by EACH specialist <i>(See listing page 13)</i> | | | |
| Maintenance and operation of plant | Square feet | | | |
| Property costs (depreciation) | Square feet | | | |
| Employee health and welfare | Gross salaries | | | |
| Management services | Appropriate cost center involved | | | |
| All other General Administrative expenses | Total of Direct and Allocated Costs | | | |
| The preparer of this report must answer the following questions applicable to the cost information provided. | | | | |
| 1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made. | | | | |
| | | | | |
| 2. Explain the allocation of related company expenses and attach copy of appropriate supporting data. | | | | |
| N/A | | | | |
| 3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.) | | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made. | | | | |
| | | | | |

General Information and Questionnaire Leases (Excluding Real Property)

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

| Name of Facility | | | License No. | Report for Year Ended | | | Page | of |
|---|---|----------------------------------|--------------------------------------|------------------------|------------------------|------------------------------|------------------|-------------------|
| Waveny Care Center, Inc. | | | 942-C | 9/30/2019 | | | 6 | 37 |
| Name and Address of Lessor | Related * to Owners, Operators, Officers | | Description of Items Leased | Date of Lease** | Term of Lease | Annual Amount of Lease | | Amount Claimed |
| | Yes | No | | | | | | |
| Pitney Bowes Global Financial Services, PO Box 856460, Louisville, KY 40285 | <input type="radio"/> | <input checked="" type="radio"/> | Postage meter & mail folding machine | 10/11/07 | Ongoing Lease | 2,906 | | 2,906 |
| Ford Motor Credit Company LLC, 1 American Rd, Dearborn, MI 48126 (See attached) | <input type="radio"/> | <input checked="" type="radio"/> | 2018 Ford Super Duty F-350 SRW | 11/20/18 | 5 Years | 3,891 | | 3,891 |
| De Lage Landen Financial Services, Inc. (See attached) | <input type="radio"/> | <input checked="" type="radio"/> | Various copiers (See attached) | Various (See attached) | Various (See attached) | 7,821 | | 7,821 |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | | | | | | | Total *** | 14,618 |

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.



FORD CREDIT

SUPPLEMENT TO
COMMERCIAL LEASE MASTER LEASE AGREEMENT (TRAC)

THIS IS A SUPPLEMENT (this "Supplement") to the Commercial Lease Master Lease Agreement (TRAC) dated 11/20/2018 (the "Lease Agreement") between Ford Motor Credit Company LLC, and in certain cases including its former subsidiaries CML East LLC and CML West LLC, (each a "Lessor" with respect to those Leased Vehicles titled in the name of and specifically allocated to such entity in a Supplement) and WAVENY CARE CENTER INC ("Lessee").

Capitalized terms used in this Supplement have the same meaning as in the Lease Agreement, unless otherwise defined herein. Subject to the terms and conditions of the Lease Agreement, which are incorporated herein by reference, Lessor and Lessee agree as follows:

1. **Effective Date.** Lessor and Lessee agree this Supplement is effective as of 11/20/2018 ("Supplement Date").
2. **Leased Vehicles.** The Leased Vehicles described in this Supplement have been delivered to and accepted by Lessee in good condition with the indicated mileage. The terms and conditions of this Supplement apply solely to the Lease Vehicles described herein. Lessee hereby certifies, under penalty of perjury, that Lessee intends that more than fifty percent (50%) of the use of each Leased Vehicle is to be used in a trade or business of Lessee. Lessee is hereby advised that Lessee will not be treated as the owner of the Leased Vehicles for Federal income tax purposes.
3. **Lease Terms and Charges.** Beginning on the Commencement Date indicated for each Leased Vehicle, Lessee will pay Lessor the Lease Charge on the Payment Due Day of each month of the specified Lease. Interim Lease Charges will be assessed for the period between the Supplement Date and the Commencement Date (the "Interim Lease Term") and will be shown on the billing statement.
4. **Assignment.** Lessor notifies Lessee that it intends to assign to QI Exchange, LLC Lessor's rights (but not its obligations) with respect to the purchase of the Leased Vehicles and the sale of the Leased Vehicles upon termination.
5. **Reaffirmation of Lessee's Warranties.** Lessee reaffirms that its representations and warranties set forth in the Lease Agreement are true and correct on the Supplement Date.
6. **Capitalized Cost of Leased Vehicles.** This Supplement includes a total of 1 Leased Vehicles with a combined capitalized cost of \$ 39,271.96 as detailed in the following Leased Vehicle Description and Lease Terms.
7. **Counterparts.** This Supplement may be executed in any number of counterparts, each of which, when so executed will be deemed to be an original, and all of which taken together will constitute one and the same agreement. Execution and delivery by facsimile signature will constitute valid and sufficient delivery.

NOTICE: The valid and collectible liability insurance and personal injury protection insurance of any authorized rental or leasing driver is primary for the limits of liability and personal injury protection coverage required by Section 324.021(7) and 627.736, Florida Statutes.

LEASED VEHICLE DESCRIPTION AND LEASE TERMS

VEHICLE #1

LESSOR: Ford Motor Credit Company LLC

VEHICLE INFORMATION AND PERIODIC LEASE CHARGES

Description:
Age: NEW
Year: 2018
Make: Ford
Model: Super Duty F-350 SRW
VIN: 1FTRF3B61JEB67447
Style: XL 4WD Reg Cab 8' Box
Capitalized Cost: \$39,271.96
Assumed Residual: \$7,854.39 (20%)
Mileage at Delivery: 0

Lease Program Type: TRAC
FS Offering Number: 11-16-2050
Lease Term: Interim Lease Term + 60 Months
Commencement Date: 11/20/2018
Payment Due Day: 20 day of the month
Periodic Payment Method: Monthly
Payment Timing: Arrears
Security Due: \$0.00
60 Lease Charge(s) @ \$675.20
Above excludes all taxes disclosed below and other Charges.

TAX AND BILLING ADDRESS INFORMATION

Garaging / Tax Location:
Address: 3 FARM RD
City: New Canaan
County: FAIRFIELD
State: CT
ZIP: 06840

| Tax Type, Present Rate | Tax Amount, \$ |
|-----------------------------|-----------------------------|
| [City] Rental Tax, 0.000% | [City] Rental Tax, \$0.00 |
| [County] Rental Tax, 0.000% | [County] Rental Tax, \$0.00 |
| [State] Rental Tax, 0.000% | [State] Rental Tax, \$0.00 |
| [Other] Tax, 0.000% | [Other] Tax, \$0.00 |

Billing / Invoice Address:
Address: 3 FARM RD
City: New Canaan
County: FAIRFIELD
State: CT
ZIP: 06840

Verify Garaging/Tax Location and Billing/Invoice Address

Lessor and Lessee have duly executed this Supplement as of the Supplement Date intending to be legally bound hereby.

LESSOR:

FORD MOTOR CREDIT COMPANY LLC

LESSEE:

WAVENY CARE CENTER INC

SIGN HERE

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

**[SIGNATURE PAGE TO SUPPLEMENT
TO COMMERCIAL LEASE MASTER LEASE AGREEMENT (TRAC)]**



FORD CREDIT

COMMERCIAL LEASE
MASTER LEASE AGREEMENT (TRAC)

THIS MASTER LEASE AGREEMENT (TRAC) dated 11/20/2018 (this "Lease Agreement"), is between WAVENY CARE CENTER INC ("Lessee") of 3 FARM RD New Canaan, CT, 06840 Corporation organized under the laws of Connecticut, and Ford Motor Credit Company LLC ("Lessor"). In consideration of the mutual promises and undertakings set forth herein, the receipt and sufficiency thereof are hereby acknowledged, Lessor and Lessee agree as follows:

1. LEASED VEHICLES. Lessor agrees to purchase and lease to Lessee, and Lessee agrees to lease from Lessor, the vehicles, including all modifications, alterations or additions thereto (the "Leased Vehicles"), described in one or more Supplements ("Supplement(s)") attached hereto, subject to the terms and conditions of this Lease Agreement and the applicable Supplement. Lessee will reimburse Lessor for any costs incurred by Lessor in connection with any vehicles ordered by Lessee for lease hereunder, but not accepted by Lessee upon delivery for any reason.

2. CHARGES. (a) Charges. In accordance with this Lease Agreement, Lessee will pay to Lessor all charges, reimbursements, administration fees or payments (collectively, the "Charge(s)") for the lease of each Leased Vehicle, including the lease charge (the "Lease Charge") set forth in the applicable Supplement. Lessee may retain any and all volume discounts, fleet rebates and dealer incentives it receives from manufacturers or vendors for leasing the Leased Vehicles, with no obligation to account to Lessor for such incentive payments, except as otherwise set forth in this Lease Agreement or otherwise agreed in writing by Lessor and Lessee.

(b) Billing and Payments. During the Lease Term, Lessor will bill Lessee for the Lease Charge and all other Charges when due and payable. All Lease Charges will be due on the Payment Due Day for the applicable period, as specified in the applicable Supplement. If Lessee fails to pay any Charge when due, Lessee will pay to Lessor, as an additional Charge, a late charge equal to the lesser of (i) 2.50% of such overdue Charge for each month or partial month the Charge is past due, or (ii) the maximum rate permitted by applicable law. Lessee will pay to Lessor or its assignee, as directed by Lessor, all Charges payable under this Lease Agreement without further notice or demand. Lessee's obligations to Lessor or its assignee under this Lease Agreement, including without limitation payment of all Charges, will not be subject to any reduction, abatement, defense, counterclaim, set off or recoupment which Lessee may now or hereafter have against Lessor or such assignee.

3. TERM AND TERMINATION. (a) Lease Term. The lease term ("Lease Term") for each Leased Vehicle will commence on the Supplement Date specified in the Supplement for the applicable Leased Vehicle, and unless terminated under Paragraphs 11 or 13, will expire on the later of (i) the last day of the Term specified in the applicable Supplement, or (ii) the day such Leased Vehicle is returned to Lessor in accordance with Paragraph 10. Lessor and Lessee may extend the Lease Term for a Leased Vehicle at the applicable Lease Charge by mutual written agreement.

(b) Termination of Lease Agreement. The term of this Lease Agreement will commence on the date of this Lease Agreement and will continue until terminated by either party upon ten days prior written notice to the other of the effective date of such termination (the "Termination Date"); provided, however, the terms and conditions of this Lease Agreement and the obligations of Lessee hereunder and any Supplement(s) with respect to Leased Vehicles leased prior to the Termination Date will remain in full force and effect until all such obligations have been fulfilled. At any time and in its sole discretion, Lessor will have the right to terminate, rescind or suspend this Lease Agreement with respect to the lease of any additional vehicles, to require the satisfaction of any additional or modified conditions precedent to any lease of any additional vehicles, and to determine the extent, if any, to which Lessor will lease additional vehicles to Lessee under this Lease Agreement.

NOTICE: The valid and collectible liability insurance and personal injury protection insurance of any authorized rental or leasing driver is primary for the limits of liability and personal injury protection coverage required by Section 324.021(7) and 627.736, Florida Statutes.

(c) Termination of Leased Vehicle. The termination or expiration of the lease of a Leased Vehicle will apply solely to that Leased Vehicle and will not result in the termination of this Lease Agreement or the lease of any other Leased Vehicles hereunder, and the rights and obligations of Lessor and Lessee under this Lease Agreement and the Supplement(s) hereto will continue in full force and effect with respect to the remaining Leased Vehicles subject to this Lease Agreement.

4. REGISTRATION, TAXES AND CITATIONS. (a) Registration of Leased Vehicles. Lessee will, at its expense, register, title and license each Leased Vehicle in the manner prescribed by Lessor from time to time so as to maintain Lessor's ownership and insurable interest in the Leased Vehicle and forward such title to Lessor as directed by Lessor from time to time.

(b) Taxes. The Lease Charge excludes all sales and use taxes. Lessee will be liable for all taxes, levies, duties, assessments and other governmental charges (including any interest and penalties, and any fees for titles or registration) levied or assessed against Lessee, Lessor or the Leased Vehicles, upon or with respect to the lease or the purchase, use, operation, ownership, value, return or other disposition of the Leased Vehicles, or the rent, earnings or receipts arising therefrom, exclusive, however, of any taxes based on Lessor's net income. Unless Lessor notifies Lessee in writing otherwise, Lessor will file all returns and remit all personal property taxes applicable to the Leased Vehicles. Lessee agrees to reimburse Lessor for all such personal property taxes, as an additional charge under the Lease, immediately upon receipt of Lessor's invoice including without limitation such taxes assessed or arising during the term of the Lease but remitted by Lessor after the termination of the Lease. At Lessor's option, Lessee agrees to remit, along with Lessee's Lease Charges under the Lease, an amount equal to a percentage of Lessor's reasonable estimate of the personal property taxes that will be assessable against the Leased Vehicles during the succeeding tax year. Any such amounts remitted to Lessor will be credited by Lessor against Lessee's obligations under this Paragraph. Lessee will remain obligated in the event that such amounts are insufficient to fully reimburse Lessor for the actual amount of such taxes and any surplus will be either credited to Lessee's other obligations to Lessor or returned to Lessee. If requested by Lessor, Lessee agrees to file promptly on behalf of Lessor on or before the due date thereof, all requested tax returns and reports concerning the Leased Vehicles in form satisfactory to Lessor, with all appropriate governmental agencies and to mail a copy thereof to Lessor concurrently with the filing thereof. Lessee further agrees to keep or cause to be kept and made available to Lessor any and all necessary records relative to the use of the Leased Vehicles and/or pertaining to the aforesaid taxes, levies, duties, assessments and other governmental charges. Lessee's obligations arising under this Paragraph will survive payment of all other obligations under the Lease and the expiration or termination of the Lease. Lessee will be responsible for the filing and prompt payment of the Federal Highway Use Tax ("FHUT") relating to the Leased Vehicles, and Lessee will retain all related receipts including Federal Highway Use Tax form 2290 and Schedule 1 and make such receipts available to Lessor upon request.

(c) Citations. Lessee is responsible for promptly paying all fines, tickets, citations or other penalties, including parking tickets, in each case assessed against the Leased Vehicle and/or the driver of the Leased Vehicle during the Lease Term for such Leased Vehicle. If the Lessee fails to pay any fine, ticket, citation or penalty, and the amounts are paid by Lessor on behalf of the Lessee, the Lessee will reimburse Lessor for such amounts and may be required to pay an administration fee, except as prohibited by law, in an amount established by Lessor from time to time, for each such fine, ticket, citation or penalty that is paid on Lessee's behalf. All fines, tickets, citations or penalties paid by Lessor on Lessee's behalf, together with any administration fee assessed by Lessor, constitute a Charge under this Lease Agreement.

5. OPERATION OF LEASED VEHICLES. (a) Alterations. Lessee will equip all Leased Vehicles in a manner approved by Lessor. Lessee may not make any additions, alterations or modifications to the Leased Vehicles during the Lease Term; except for additions to a Leased Vehicle which are approved in writing by Lessor and are readily removable without any damage to the Leased Vehicle.

(b) Use of Leased Vehicles. Lessee will use all Leased Vehicles in its business and in accordance with the terms and conditions of this Lease Agreement and all applicable governmental and insurer requirements and limitations. Each Leased Vehicle will be operated by a properly licensed employee or agent of Lessee subject to Lessee's exclusive direction and control. Lessee will not allow the Leased Vehicles to be operated (i) by a driver in possession or under the influence of alcohol or any drug which may impair his ability to operate the Leased Vehicle, (ii) in a reckless or abusive manner, (iii) on a flat tire, (iv) improperly loaded, or loaded beyond the licensed weight recommend by the manufacturer of the Leased Vehicle, or (v) to transport Hazardous Materials as defined in 49 CFR 171.8, unless otherwise approved by Lessor in writing. Lessee will not remove the Leased Vehicle from the United States without the prior written consent of Lessor except for less than thirty (30) days in Canada and Mexico. Upon Lessor's request, Lessee will provide Lessor with a list of all states in which the Leased Vehicles are located.

(c) Repair and Maintenance. Lessee will maintain, repair and service the Leased Vehicles at its own expense in accordance with the manufacturer requirements and recommendations, and will be responsible for all operating expenses of each Leased Vehicle, including, without limitation, gasoline, oil, grease, antifreeze, maintenance, adjustments and repairs and storage, fines, towing and servicing of the Leased Vehicles. Lessee will use, or authorize the use of, only manufacturer-approved replacement parts in the repair or maintenance of the Leased Vehicles.

(d) Additional Equipment Required by Law. In the event that subsequent to the Supplement Date of any Leased Vehicle any federal, state or local law, ordinance, rule or regulation requires the installation of any additional equipment or accessories, including, but not limited to, anti-pollution and/or safety devices, or in the event that any other modifications of the Leased Vehicles are required by such law, ordinance, rule or regulation, then and in any of such events, Lessee will pay the full cost thereof, including installation expense. Lessor may, at its option, arrange for the installation of such equipment or the performance of such modifications, and Lessee agrees to pay the full cost thereof as an additional Charge, immediately upon receipt of an invoice for same.

6. **INSURANCE.** (a) Insurance Coverage. Lessee will provide, or cause to be provided, on each Leased Vehicle during the Lease Term thereof insurance with coverage and amounts not less than the following:

Cars and Light Trucks

- A minimum of \$100,000 bodily injury per person
- \$300,000 bodily injury per accident, \$50,000 property damage
- Collision and Comprehensive Coverage with deductible not to exceed \$1,000

Medium and Heavy Truck

- A minimum of \$500,000 Combined Single Limit Liability per occurrence
- Collision and Comprehensive Coverage with deductible not to exceed \$2,500

Tractors over 33,001 LBS Gross Vehicle Weight

- A minimum of \$1,000,000 Combined Single Limit Liability coverage per occurrence
- Collision and Comprehensive coverage with deductible not to exceed \$2,500

Lessee, at its own expense, will provide, or cause to be provided, any other insurance and post any bonds required by any governmental authority with respect to the operation of any Leased Vehicle and will include Lessor as a named insured in any and all cargo, transportation or floater insurance policies covering any loss or damage to any goods or other property transported by any Leased Vehicle, and Lessee releases Lessor for any loss or damage to such goods and property. Notwithstanding anything else in this Lease Agreement to the contrary, in the event that Lessee fails to procure or maintain insurance as provided in this Paragraph 6 or fails to perform any other of Lessee's duties or obligations as set forth in this Lease Agreement, Lessor may, but will have no obligation to, obtain such insurance at Lessee's expense and perform such other duties and obligations of Lessee and any amounts expended therefore will be due and payable immediately as additional Charges. Lessee will not use or permit the use of any Leased Vehicle at any time when the insurance described in this Paragraph 6 is not in effect.

(b) Insurance Policy Terms. Each insurance policy provided by Lessee pursuant to this Paragraph must (i) insure Lessor, as owner and lessor of the Leased Vehicles, Lessee, and any person leasing or driving the Leased Vehicle with valid permission, (ii) designate Lessor as both loss payee and additional insured on such policy without regard to any breach of warranty or other act or omission of Lessee and will include a loss payable endorsement for the benefit of Lessor, and (iii) require the insurer to notify Lessor promptly of any cancellation or material change to the policy for any reason and provide that such cancellation or change will not be effective as to Lessor for 20 days after receipt by Lessor of such notice. **All insurance policies for Leased Vehicles operated or located in the State of Florida shall comply with the requirements of Florida Statute 324.021(9)(b) and must be endorsed to state that they provide at least the minimum split liability coverage limits of such statute.** Pursuant to Florida Statute, Section 627.7263, Lessor and Lessee agree that the liability insurance and personal injury protection insurance of Lessee or other permitted operator of the Leased Vehicles will be primary for the limits of liability and personal injury protection coverage required by Sections 324.021(7) and 627.736, Florida Statutes. Lessor does not assume any liability for loss of or damage to the contents or personal property contained any Leased Vehicles, and Lessee hereby releases and saves Lessor free from any and all liability for loss of or damage to any contents or personal property contained in said Leased Vehicles regardless of the circumstances under which such loss or damage may occur.

(c) Evidence of Insurance. Lessee will deliver to Lessor certificates of insurance issued by its insurer evidencing the insurance coverage required by this Paragraph upon execution of this Lease Agreement and evidencing each renewal of such coverage not less than thirty (30) days prior to the expiration of the original policy or preceding renewal policy. In addition, at the request of Lessor, Lessee will provide copies of each such insurance policy and receipts or other evidence that the premiums thereon have been paid.

(d) Insurance Claims. If any claim is made or action commenced for personal injury or death or property damage in connection with any Leased Vehicle, Lessee will promptly notify Lessor and the insurer and furnish each with a copy of each process and pleading received in connection therewith and diligently defend against such claim or action and/or cooperate in the defense thereof. Lessee will promptly furnish to the insurer a report of any accident involving a Leased Vehicle on the form acceptable to such insurer.

7. **LOSS OF LEASED VEHICLE.** (a) Risk of Loss. Lessee will bear the entire risk of the Leased Vehicle(s) being lost, stolen, destroyed, damaged or otherwise rendered permanently unfit or unavailable for use. Lessee will reimburse Lessor for any loss of tools, tarpaulins, accessories, spare tires or any other equipment furnished by Lessor and for damage to a Leased Vehicle caused by any goods or property transported by such Leased Vehicle.

(b) Total Loss of Leased Vehicle. In the event that a Leased Vehicle suffers a total loss or is stolen prior to the end of its Lease Term, Lessee will pay Lessor an amount equal to (i) the Lease Charge for the period in which such loss or theft occurs, (ii) any other Charges then due and owing, and (iii) the Early Termination Value, as defined in Paragraph 11(a), for such Leased Vehicle as calculated by Lessor for the period in which such loss or theft occurs. Any insurance proceeds will be for the account of Lessee to the extent of Lessee's payment pursuant to this Paragraph 7.

(c) Partial Loss of Leased Vehicle. Lessee will immediately repair any damage to a Leased Vehicle. Lessor will make the proceeds of any insurance coverage available to Lessee for such repairs.

8. PERFORMANCE BY LESSOR. If Lessee fails for any reason to perform any of its obligations under this Lease Agreement, Lessor may (but will not be obligated to) perform such obligations, without relieving Lessee of its obligation to do so. Lessee will reimburse Lessor upon demand for any costs and expenses incurred by Lessor in connection with such performance as an additional Charge under this Lease Agreement.

9. SALE OF LEASED VEHICLE. (a) Conditions of Sale. Any sale of a Leased Vehicle by Lessor pursuant to Paragraphs 11, 12 or 13 will be at wholesale and may be public or private and with only such notices as required by the governing Uniform Commercial Code in accordance with Paragraph 21(k). Any such sale by Lessor and any sale by Lessee pursuant to Paragraphs 11 and 12 and will be only for cash payable in full upon delivery of the Leased Vehicle and its title papers to the purchaser, and will be on an "AS IS, WHERE IS, BASIS" WITH NO RECOURSE TO OR WARRANTY BY LESSOR. Lessee will not be entitled to any compensation for serving as Lessor's agent in connection with such sale.

(b) Definitions of Net Proceeds, Assumed Residual and Capitalized Cost. For purposes of this Lease Agreement, the term "Net Proceeds" means the amount received by Lessor from the sale of the Leased Vehicle, less all expenses incurred by Lessor in selling the Leased Vehicle and all debts of Lessee which, if not paid, might constitute a lien on the Leased Vehicle or a liability of Lessor. The term "Assumed Residual" means the assumed residual for such Leased Vehicle expressed as a percentage of Capitalized Cost as set forth in the applicable Supplement. The "Capitalized Cost" of a Leased Vehicle means the amount advanced by Lessor to purchase such Leased Vehicle, including all modifications, alterations or additions and capitalized taxes.

10. RETURN OF LEASED VEHICLE. Upon the expiration or termination of the Lease Term of any Leased Vehicle, Lessee will return, at its own expense, such Leased Vehicle to a reasonable location designated by Lessor. Lessee will return all unexpired license plates with each Leased Vehicle. At Lessor's request and on behalf of Lessor, Lessee will store any Leased Vehicle for a period not to exceed thirty (30) days at Lessee's expense, other than for insurance coverage, which will be provided by Lessor. If (i) Lessor has not received title documents for the Leased Vehicle in order to permit sale of such Leased Vehicle, (ii) such Leased Vehicle is not returned to Lessor in accordance with this Paragraph 10, or (iii) Lessee has elected to purchase and retain the Leased Vehicle pursuant to Section 11(d), then Lessee will pay Lessor the then applicable Early Termination Value and Lessor will transfer all of its rights and title and interest in such Leased Vehicle to Lessee.

11. EARLY TERMINATION. (a) Calculation of Early Termination Value. The Early Termination Value for a Leased Vehicle for any particular period during the Lease Term will be equal to (i) the Capitalized Cost of such Leased Vehicle, plus (ii) any Charges due and payable under the Lease Agreement with respect to the Leased Vehicle, less (iii) that part of the Lease Charges paid by Lessee with respect to the Leased Vehicle, which has been earned by Lessor on an actuarial basis.

(b) Sale by Lessee. Lessee may terminate the lease of any Leased Vehicle prior to the expiration of the Lease Term thereof by giving Lessor at least thirty (30) days prior written notice of its election to terminate such lease. After giving such notice of termination, at Lessor's option, Lessee must attempt to sell such Leased Vehicle, as agent for Lessor, in an arm's length transaction to an unrelated purchaser in accordance with Paragraph 9. Upon such sale, the lease of such Leased Vehicles will terminate and Lessee will promptly notify Lessor and remit to Lessor the proceeds of such sale, any Lease Charges and other Charges due and owing through the date of termination and any additional Charges calculated in accordance with this Paragraph 11(b). If the Net Proceeds of such sale are less than the applicable Early Termination Value for such Leased Vehicle on the date of termination, Lessee will pay to Lessor the deficiency as an additional Charge. If the Net Proceeds of such sale exceed the applicable Early Termination Value for such Leased Vehicle on the date of termination, Lessor will pay or credit the excess to Lessee as a refund of Charges.

(c) Sale by Lessor. If Lessee is unable to sell the Leased Vehicle on behalf of Lessor within thirty (30) days of the date of such notice of termination, Lessee will promptly deliver the Leased Vehicle to Lessor as provided in Paragraph 10, and Lessor will attempt to sell such Leased Vehicle in accordance with Paragraph 9. The lease of such Leased Vehicle will terminate upon the earlier to occur of (i) the date of such sale by Lessor, or (ii) the date that is thirty (30) days after the date of delivery of the Leased Vehicle to Lessor. Upon the date of termination, Lessee will pay Lessor an amount equal to any Lease Charges and other Charges then due and owing hereunder to the date of termination, and either (x) the excess, if any, of the applicable Early Termination Value for such Leased Vehicle over the Net Proceeds of any sale, if Lessor was able to sell the Leased Vehicle prior to the termination date, or (y) the applicable Early Termination Value, if Lessor was unable to sell such Leased Vehicle prior to the termination date.

(d) Other Disposition of Leased Vehicle. In lieu of attempting to sell the Leased Vehicle pursuant to Paragraph 11(b) or returning the Leased Vehicle to Lessor pursuant to Paragraph 11(c), Lessee, with the consent of Lessor, may dispose

of or purchase and retain such Leased Vehicle for its own account, and the lease of such Leased Vehicle will terminate upon Lessee paying to Lessor the applicable Early Termination Value for such Leased Vehicle, plus any Lease Charges and other Charges then due and owing to the date of termination.

12. EXPIRATION OF LEASE. Upon the expiration of the Lease Term of a Leased Vehicle, at its option, Lessor may sell such Leased Vehicle in an arm's length transaction within thirty (30) days after expiration of its Lease Term or may appoint Lessee as Lessor's agent to sell such Leased Vehicle on Lessor's behalf in accordance with Paragraph 9. If Lessee, as Lessor's agent, sells the Leased Vehicle, Lessee will remit to Lessor the proceeds from such sale, any Lease Charges and other Charges then due and owing, and any additional Charges determined in accordance with this Paragraph. If the Net Proceeds of such sale are less than the Assumed Residual for such Leased Vehicle, Lessee will pay to Lessor the deficiency as an additional Charge. If the Net Proceeds of such sale exceed the Assumed Residual for such Leased Vehicle, Lessor will pay or credit the excess to Lessee as a refund of Charges.

13. DEFAULT AND REMEDIES. (a) Events of Default. Lessor may terminate this Lease Agreement at any time with respect to any or all of the Leased Vehicles by written notice to Lessee upon the occurrence of any of the following events of default ("Event of Default"): (i) failure to pay any Charge or any other sum payable to Lessor or any affiliate, successor or assignee of Lessor hereunder or under any other document, agreement or instrument and such failure continues for ten (10) days after written notice thereof to Lessee, (ii) failure or refusal by Lessee to operate the Leased Vehicles in accordance with this Lease Agreement and the applicable Supplement, (iii) failure or refusal by Lessee to perform any other obligation or covenant of Lessee hereunder and such failure or refusal continues for thirty (30) days after written notice thereof to Lessee, (iv) any representation or warranty made by Lessee proves to be false or misleading in any material respect as of the date on which the same was made, (v) the filing of any petition by or against Lessee under any bankruptcy or insolvency law or the assignment by Lessee of its assets, for the benefit of creditors or the appointment of any trustee or receiver for all or any part of Lessee's business or assets or the assignment (voluntary or involuntary) of Lessee's interest in any Leased Vehicle or the attachment of any lien or levy on any Leased Vehicle (unless such petition, assignment, appointment, or attachment is withdrawn or nullified within fifteen days thereafter) (vi) Lessee defaults under any other agreement with Lessor, Ford Motor Company (including its affiliates, subsidiaries, divisions, successors and assigns ("Ford") or any of their affiliates, subsidiaries, successors or assigns, (vii) if anyone in the control, custody or possession of the Leased Vehicles or the Lessee is accused or alleged or charged (whether or not subsequently arraigned, indicted or convicted by any governmental authority) to have used the Leased Vehicles in connection with the commission of any crime (other than a misdemeanor moving violation), (viii) if an appropriation, confiscation, retention, or seizure of control, custody or possession of any Leased Vehicles occurs by any governmental authority, (ix) there is a material change in the management, ownership or control of Lessee, or (x) there is a material adverse change in any of the (A) condition (financial or otherwise), business performance, prospects, operations or properties of the Lessee, (B) legality, validity or enforceability of the Lease, (C) ability of the Lessee to repay the indebtedness or perform its obligations under the Lease or (D) the rights and remedies of the Lessor under the Lease are impaired, (xi) any instrument or agreement which supports or is related to the lease, including, but not limited to, any guaranty or letter of credit, is breached, revoked, cancelled or terminated (unless consent to, in advance, by Lessor in writing) or (xii) any lien, claim or encumbrance is placed on any of the Leased Vehicles hereunder.

(b) Remedies of Lessor. Upon termination by Lessor pursuant to Paragraph 13(a), (i) Lessor may declare all sums due and to become due hereunder and all other sums then owing by Lessee to Lessor to be immediately due and payable and (ii) Lessee will deliver the Leased Vehicle(s) to Lessor in the manner and condition required by Paragraph 10. If Lessee fails to return the Leased Vehicle(s), Lessor may, without notice to Lessee, repossess the same (with or without legal process) at any time wherever the Leased Vehicles may be located and Lessee hereby authorizes Lessor to enter upon the premises of Lessee for the purpose of repossessing the Leased Vehicle(s). Lessor will dispose of such returned or repossessed Leased Vehicle in accordance with Paragraph 9, and Lessee will pay to Lessor an additional Charge calculated in accordance with Paragraph 11(c). Lessor will hold and dispose of any repossessed Leased Vehicle(s) free and clear of this Lease Agreement and any rights of Lessee in the Leased Vehicle(s). Subject to applicable law, Lessee agrees to pay to Lessor reasonable attorney fees if this Lease Agreement is placed with an attorney other than an employee of Lessor for collection. In addition, Lessor may exercise its remedies under Paragraph 19(b).

(c) Remedies Cumulative and Concurrent. The rights and remedies of Lessor under this Lease Agreement are cumulative and in addition to any other right, remedy or power herein specifically granted or now or hereafter existing in equity, in law, by virtue of statute or otherwise and may be pursued separately, successively, concurrently, independently or together against Lessee or any other party, at the sole discretion of Lessor, and may be exercised as often as occasion therefore will arise. The failure to exercise any such right or remedy will in no event be construed as a waiver or release thereof, nor will the choice of one remedy be deemed an election of remedies to the exclusion of other remedies. Acceptance of Charges in arrears will not waive or affect any right of Lessor to declare an Event of Default and exercise any remedies hereunder.

14. INDEMNITY. Lessee will indemnify and hold Lessor, its agents and employees, harmless against any and all losses, claims, damages or expenses (including attorney's fees) (the "Liabilities") connected with or arising out of the ownership, management, control, use, storage, condition (including, without limitation, defects, whether or not discoverable by Lessor or Lessee), maintenance or operation of any Leased Vehicle, or any default by Lessee in the performance of any of its obligations hereunder, including without limitation, (i) any Liabilities incurred by Lessor as a result of Lessee's failure to obtain and maintain

insurance as required by Paragraph 6, (ii) any Liabilities incurred by Lessor in excess of the limits of any insurance coverage provided by Lessee, (iii) any Liabilities relating to the loss or damage to the Leased Vehicles, (iv) any Liabilities incurred by Lessor as a result of the failure of Lessee to operate the Leased Vehicles in accordance with the terms of this Lease Agreement and the applicable Supplement, (v) any Liabilities with respect to any goods or other property transported by a Leased Vehicle, (vi) any fines, tickets, citations or other penalties assessed against the Lessee and/or the Leased Vehicle, and (vii) any Liabilities which Lessor would not otherwise be required to pay under the terms of this Lease Agreement. Lessee will promptly notify Lessor of any such Liability. The indemnities set forth herein will survive the termination or expiration of this Lease Agreement and any Supplement.

15. LESSEE'S TAX RELATED INDEMNITIES. Lessee's tax related indemnities to Lessor are as follows:

(a) General Indemnity. Lessee agrees to pay and to indemnify and hold Lessor harmless, on an after-tax basis, from and against all sales, use, personal property, leasing, leasing use, stamp or other taxes, levies, imposts, duties, charges, or withholdings of any nature (together with any penalties, fines, or interest thereon) now or hereafter imposed against Lessor, Lessee or the Vehicles or any part thereof or upon the purchase, ownership, delivery, leasing, possession, use, operation, return or other disposition thereof, or upon the rentals, receipts or earnings arising therefrom, or upon or with respect to the Lease (excluding, however, Federal and State taxes on, or measured by, the net income of Lessor). Lessee agrees to file, on behalf of Lessor, all required tax returns concerning the Vehicles with all appropriate governmental agencies and to furnish to Lessor a copy of each such return, including evidence of payment, promptly after the due date of each such filing; provided, that, in the event Lessee is not permitted to file any such return on behalf of Lessor, then Lessee agrees to prepare and forward each such return to Lessor in a timely manner with instructions to Lessor with respect to the filing thereof.

(b) Income Tax Indemnity. Lessee and Lessor agree that Lessor will be entitled to accelerated cost recovery or depreciation deductions with respect to the Leased Vehicles, and should, under any circumstances whatsoever, except as specifically below set forth, either the United States government or any state tax authority disallow, eliminate, reduce, recapture, or disqualify, in whole or in part, any benefits consisting of accelerated cost recovery (or depreciation) deductions with respect to any Leased Vehicle, Lessee will then indemnify Lessor by payment to Lessor, upon demand, of a sum which will be equal to the amount necessary to permit Lessor to receive (on an after-tax basis over the full term of the Lease) the same after-tax cash flow and after-tax yield assumed by Lessor in evaluating the transactions contemplated by this Lease (referred to hereafter as "Economic Return") that Lessor would have realized had there not been a loss or disallowance of such benefits, together with, on an after-tax basis, any interest or penalties which may be assessed by the governmental authority with respect to such loss or disallowance. In addition, if Lessee makes any addition or improvement to any Leased Vehicle, and as a result thereof, Lessor is required to include an additional amount in its taxable income, Lessee will also pay to Lessor, upon demand, an amount which will be equal to the amount necessary to permit Lessor to receive (on an after-tax basis over the full term of the Lease) the same Economic Return that Lessor would have realized had such addition or improvement not been made. Lessee will not be obligated to pay any sums required in this Paragraph 15(b) with respect to any Leased Vehicle in the event the cause of the loss of the deductions results solely from one or more of the following events: (i) a failure of Lessor to timely claim accelerated cost recovery (or depreciation) deductions for the Leased Vehicle in Lessor's tax return, other than a failure resulting from the Lessor's determination based upon opinion of counsel or otherwise, that no reasonable basis exists for claiming accelerated cost recovery (or depreciation) deductions, or (ii) a failure of Lessor to have sufficient gross income to benefit from accelerated cost recovery (or depreciation) deductions. Lessor agrees to promptly notify Lessee of any claim made by any federal or state tax authority against the Lessor with respect to the disallowance of such accelerated cost recovery (or depreciation) deductions.

(c) Payment and Enforceability. All amounts payable by Lessee pursuant to Paragraph 15(a) or 15(b) will continue in full force and effect notwithstanding the expiration or other termination of the Lease in whole or in part and are expressly made for the benefit of, and will be enforceable by, Lessor. Lessee's obligations under Paragraph 15(a) will be that of primary obligor irrespective of whether Lessor will also be indemnified with respect to the same matter under some other agreement by another party.

(d) Duration. The obligations of Lessee under this Paragraph 15 are expressly made for the benefit of, and are enforceable by, Lessor without necessity of declaring the Lease in default and Lessor may initially proceed directly against Lessee under this Paragraph 15 without first resorting to any other rights of indemnification it may have. In the event that, during the continuance of this Lease, an event occurs which gives rise to liability pursuant to this Paragraph 15, such liability will continue, notwithstanding the expiration or termination of the Lease, until all payments or reimbursements with respect to such liability are made.

(e) Survival. All of Lessee's obligations, indemnities and liabilities under this Paragraph 15 will survive the expiration or termination of the Lease.

16. LESSEE'S WARRANTIES AND COVENANTS. (a) Lessee represents and warrants to Lessor that: (i) Lessee is and will at all times hereafter be duly organized, validly existing and in good standing under the laws of the jurisdiction under which it is organized, registered or incorporated and it has duly authorized the execution, delivery and performance of this Lease Agreement; (ii) this Lease Agreement has been duly and validly executed and delivered by Lessee and constitutes the valid and binding obligation of Lessee; (iii) all financial statements presented to Lessor have been prepared in conformity with generally accepted accounting principles consistently applied, and fairly and accurately present Lessee's financial condition and income as of the date given, and since the date of such financial statements, there has been no material adverse change in the financial condition of Lessee or any guarantor of Lessee's obligation hereunder; and (iv) Lessee has read this Lease Agreement prior to signing.

(b) Lessee covenants that it will provide Lessor with at least 30 days prior written notice of a change to Lessee's (i) legal name, (ii) state of incorporation, registration or organization, (iii) social security number or tax identification number, (iv) location of its chief executive office, or (v) type of business organization (such as, corporation, partnership, etc.).

(c) Without Lessor's written approval, Lessee covenants that it will not (i) sell, transfer or otherwise dispose of any of Lessee's interest in this entity in the ordinary course of business, (ii) sell, transfer or otherwise dispose of any of Lessee's interest in this Lease Agreement, the Leased Vehicles or any Supplement, (iii) consolidate with or merge into any other business entity or permit any other business entity to consolidate with or merge into Lessee, or (iv) allow the sale, pledge, assignment, encumbrance or transfer to a third party of more than 20% of the voting stock, partnership interests or ownership interests (as the case may be) of Lessee.

(d) Lessee covenants that it will notify Lessor within thirty (30) days of a change to the garaging/ tax location of any Leased Vehicle and/or the Lessee's billing/invoice location.

17. DISCLAIMER OF WARRANTIES AND CONSEQUENTIAL DAMAGES; FORCE MAJEURE. (a) LESSEE ACKNOWLEDGES THAT LESSOR IS NOT THE MANUFACTURER, DESIGNER, PRODUCER OR DISTRIBUTOR (OR AGENT OF ANY OF FOREGOING) OF THE LEASED VEHICLES.

(b) LESSOR MAKES NO WARRANTY OR REPRESENTATION, EXPRESS OR IMPLIED, (i) AS TO THE FITNESS, SAFENESS, DESIGN, MERCHANTABILITY, CONDITION, QUALITY, CAPACITY OR WORKMANSHIP OF THE LEASED VEHICLES, OR (ii) THAT THE LEASED VEHICLES WILL SATISFY THE REQUIREMENTS OF ANY LAW OR ANY CONTRACT SPECIFICATION. AS BETWEEN LESSOR AND LESSEE, LESSEE AGREES TO BEAR ALL SUCH RISKS AT ITS SOLE RISK AND EXPENSE.

(c) LESSEE SPECIFICALLY WAIVES ALL RIGHT TO MAKE CLAIM AGAINST LESSOR AND ANY LEASED VEHICLES FOR BREACH OF ANY WARRANTY OF ANY KIND WHATSOEVER, AND AS TO LESSOR, LESSEE LEASES THE LEASED VEHICLES "AS IS." CALIFORNIA LESSEES WAIVE THE PROVISIONS OF SECTIONS 1955 AND 1957 OF THE CIVIL CODE OF THE STATE OF CALIFORNIA.

(d) IN NO EVENT WILL LESSOR BE LIABLE FOR ANY INCONVENIENCES, LOSS OF PROFITS OR ANY OTHER CONSEQUENTIAL, INCIDENTAL OR SPECIAL DAMAGES WHATSOEVER OR HOWSOEVER CAUSED, INCLUDING WITHOUT LIMITATION, DAMAGES RESULTING FROM ANY DEFECT IN ANY LEASED VEHICLE, OR ANY THEFT, DAMAGE, LOSS OR FAILURE OF ANY LEASED VEHICLE. THERE WILL BE NO ABATEMENT OR SETOFF OF LEASE CHARGES BECAUSE OF THE SAME.

(e) LESSOR WILL NOT BE LIABLE FOR ANY FAILURE OR DELAY IN DELIVERING ANY LEASED VEHICLE ORDERED FOR LEASE PURSUANT TO THIS LEASE AGREEMENT OR FOR ANY FAILURE TO PERFORM ANY PROVISION, RESULTING FROM FIRE OR OTHER CASUALTY, RIOT, STRIKE OR OTHER LABOR DIFFICULTY, GOVERNMENTAL REGULATION OR RESTRICTION, OR ANY CAUSE BEYOND LESSOR'S CONTROL.

18. VEHICLE WARRANTIES. Lessor assigns to Lessee for the Lease Term of each Leased Vehicle the warranties provided to the Lessor by any dealer, manufacturer, distributor or vendor selling the Leased Vehicles to Lessor; and Lessee may communicate with such dealer, manufacturer, distributor or vendor and receive an accurate and complete statement of those promises and warranties, including any disclaimers and limitations of them or of remedies. Lessee will resolve any claims under such warranties directly with the appropriate dealer, manufacturer, distributor, vendor or third party. Any such claim will not affect in any manner the unconditional obligation of Lessee to pay any Charge or perform its obligations hereunder.

19. LEASEHOLD INTEREST; SECURITY INTEREST. (a) Leasehold Interest. Lessor is the owner of the Leased Vehicles, including all modifications, alterations and additions thereto which are included in the Capitalized Cost thereof. Lessor and Lessee acknowledge and agree that this Lease Agreement is a lease of personal property for commercial and federal income tax purposes, and that Lessee does not acquire any right, title or interest in the Leased Vehicles or any proceeds thereof, except the right to possess and use the Leased Vehicles in accordance with the terms of this Lease Agreement and the applicable Supplement. Lessor and Lessee agree that Lessor is the only party entitled to claim income tax deductions for asset cost recovery, depreciation or investment tax credits (if any) with respect to the Leased Vehicles under the Internal Revenue Code of 1986 and applicable state laws.

(b) Assignment of Leases and Subleases; Repurchase Rights. To secure the full and punctual payment and performance of its obligations under this Lease, Lessee assigns to Lessor all Lessee's right, title and interest, whether now existing or hereafter acquired, in any lease or sublease of a Leased Vehicle, including the right to collect any rental, lease or other payments which may come due thereunder (the "Assigned Payments"). So long as no Event of Default has occurred and is continuing, Lessee may collect the Assigned Payments. If an Event of Default occurs, then Lessor may require Lessee to endorse and remit to Lessor all Assigned Payments in the same form as received by Lessee, or may direct any lessee or sublessee to pay the Assigned Payments directly to Lessor. Lessee will obtain the consent of any sublessee or lessee to assignment of the sublease or lease set forth in this Paragraph 19 (b), and will furnish such other documents to perfect this assignment as Lessor may require. In addition, Lessee assigns and pledges to Lessor, and grants to Lessor a security interest in, all amounts that may now or hereafter be payable to Lessee by Ford or any other manufacturer or distributor of motor vehicles, including, but not limited to, any amounts owing to Lessee or rights of Lessee under any Ford, or other manufacturer or distributor, repurchase program applicable to the Leased Vehicle.

(c) Security Interest. In the event any court determines that this Lease is not a true lease, then Lessee hereby grants Lessor a security interest in the Leased Vehicles, together with all accessions, replacements and substitutions therefore or thereto and proceeds thereof, including without limitation any Charges, proceeds of sale, exchange or other disposition of the Leased Vehicles, proceeds of any damage claim or insurance covering the Leased Vehicles, and the proceeds due or to become due from Lessee, any sublessee or third party with respect to the Leased Vehicles. At the written request of Lessor, Lessee will execute and deliver to Lessor any financing statement or other instrument required to perfect the foregoing security interest, and agrees to pay or reimburse Lessor for any searches, filings, recordings or stamp fees or taxes arising from the filing or recording of any such instrument or statement. Lessee authorizes Lessor to manually or electronically file this Lease Agreement or any financing statements with respect to this Lease Agreement or the Leased Vehicles and to execute Lessee's name to any such financing statement. Any such filing will not be deemed evidence of any intent to create a security interest under the Uniform Commercial Code.

20. INSPECTION; FINANCIAL STATEMENTS. During normal business hours, Lessor and its authorized representatives may inspect each Leased Vehicle and the books and records of Lessee relative thereto, including without limitation, any leases, subleases and insurance records. Lessor will have no duty to make any such inspection and will not incur any liability or obligation by reason of making or not making any such inspection. In addition, at the request of Lessor, Lessee will furnish Lessor any financial statements of Lessee, including, without limitation, balance sheets and income statements. Lessee will provide Lessor with any information requested by Lessor with respect to the Leased Vehicles and Lessee's use and operation of any Leased Vehicle.

21. MISCELLANEOUS TERMS AND CONDITIONS. (a) Assignment and Sublease. Lessee may not assign this Lease Agreement or any right hereunder, in whole or in part, or sublease or otherwise deliver, transfer or relinquish possession of a Leased Vehicle, without the prior written consent of Lessor. Any consent by Lessor to such transactions will be subject to satisfaction by Lessee and the sublessee or assignee (as the case may be) with the requirements of Lessor. Lessor may, at any time, without notice to Lessee, mortgage, grant a security interest in or otherwise transfer, sell or assign all or any part of its interest in this Lease Agreement, any Supplement, any Leased Vehicle or any Charges or other sums due or to become due hereunder, subject to Lessee's right to possess and the use the Leased Vehicles in accordance with the terms and conditions of this Lease Agreement and any applicable Supplement.

(b) Authorization to Share Information. Lessor or any assignee of this Lease or any Supplement may receive from and disclose to any affiliate of Lessor, the seller or manufacturer of any Vehicle or any affiliate thereof, any Guarantor or other party having a disclosed or undisclosed obligation related to the Liabilities or Leased Vehicles, or any potential purchaser, participant or investor in Lessee's obligations to Lessor, Lessor's successors or assigns and any affiliate of any of them, whether under this Lease, any Schedule or otherwise or any assignee or affiliate of any of them (collectively, an "Entity") and any credit reporting agency, or any purpose, information about Lessee's accounts, credit application and credit experience with Lessor or any Entity. Lessee authorizes any Entity to release to Lessor any information related to Lessee's accounts or credit experience. This is continuing authorization for all present and future disclosures of Lessee's account information, credit application and credit experience made by Lessor or any entity requested to release such information to Lessor.

(c) Returned Insurance Premiums and Service Contracts. This Lease Agreement may contain charges for insurance, service contracts, or other contracts. Lessee agrees that Lessor can claim benefits under these contracts. Unless prohibited by law, Lessor may upon default or termination cancel these contracts to obtain refunds of unearned charges. Lessee authorizes Lessor to subtract any refund from the amount Lessee owes under this Lease Agreement. If Lessee receives a refund, Lessee must pay the entire amount of the refund to Lessor.

(d) Servicing and Collection. Lessee agrees that Lessor, Lessor's affiliates, agents and service providers may monitor and record telephone calls regarding your account to assure the quality of our service or for other reasons. Lessee also expressly consents and agrees that Lessor, Lessor's affiliates, agents and service providers may use written, electronic or verbal means to contact you. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice mail messages, text messages, emails and/or automatic telephone dialing systems. Lessee agrees that Lessor, Lessor's affiliates, agents and service providers may use any email address or any telephone number you provide, now or in the future, including a number for a cellular phone or other wireless device, regardless of whether you incur charges as a result.

(e) Power of Attorney. LESSEE HEREBY APPOINTS LESSOR OR ANY OFFICER, EMPLOYEE OR DESIGNEE OF LESSOR, OR ANY ASSIGNEE OF LESSOR (OR ANY DESIGNEE OF SUCH ASSIGNEE) AS LESSEE'S ATTORNEY-IN-FACT TO, IN LESSEE'S OR LESSOR'S NAME: (i) PREPARE, EXECUTE AND SUBMIT ANY NOTICE OR PROOF OF LOSS IN ORDER TO REALIZE THE BENEFITS OF ANY INSURANCE POLICY INSURING THE LEASED VEHICLES; (ii) PREPARE, EXECUTE AND FILE ANY AGREEMENT, DOCUMENT, FINANCING STATEMENT, INSTRUMENT (OR ANY OTHER WRITING OR RECORD) THAT, IN LESSOR'S OPINION, IS NECESSARY TO PERFECT AND/OR GIVE PUBLIC NOTICE OF THE INTERESTS OF LESSOR IN ANY LEASED VEHICLES THAT SECURE OR THAT MAY SECURE ANY OBLIGATIONS OR INDEBTEDNESS OF LESSEE TO LESSOR; AND (iii) ENDORSE LESSEE'S NAME ON ANY REMITTANCE REPRESENTING PROCEEDS OF ANY INSURANCE RELATING TO THE LEASED VEHICLES OR THE PROCEEDS OF THE SALE, LEASE OR OTHER DISPOSITION OF THE LEASED VEHICLES (WHETHER OR NOT THE SAME IS A DEFAULT HEREUNDER). This power is coupled with an interest and is irrevocable so long as indebtedness remains unpaid from Lessee to Lessor. Lessee agrees to execute and deliver to Lessor, upon Lessor's request, such documents, writings, records and assurances as Lessor deems necessary or advisable for the confirmation or perfection of the security

interest in the Leased Vehicles and Lessor's rights hereunder, including such documents, writings, records and assurances as Lessor may require for filing or recording.

(f) Notices. Any notice required or permitted by this Lease Agreement must be in writing and given by personal delivery or sent by United States Mail, postage prepaid, addressed to Lessee at the Lessee's current billing address and addressed to Lessor at the address set forth on the most recent billing statement.

(g) Agency. Except as specifically provided in Paragraphs 11 and 12 with respect to a sale of the Leased Vehicle, Lessee will never at any time during the term of this Lease Agreement be or become the agent of Lessor for any purpose whatsoever. Lessor will not be responsible for the acts or omissions of Lessee or its agents.

(h) No Implied Waivers. The waiver by either party of, or failure to claim, a breach of any provision of this Lease Agreement will not be deemed to be a waiver of any subsequent breach or to affect in any way the effectiveness of such provision.

(i) Entire Agreement. This Lease Agreement will constitute the entire agreement between the parties and may not be changed except by an instrument in writing, signed by the party against whom the change is to be enforced.

(j) Non Substantive Data. Lessee authorizes Lessor to insert in this Lease Agreement serial numbers, other identification data of the Leased Vehicles when determined by Lessor and dates or other unintentionally omitted non-substantive items to render this Lease Agreement complete. Lessee agrees that at any time and from time to time, after the execution and delivery of the Lease, it will, upon request of Lessor, execute and deliver such further documents and do such further acts and things as Lessor may reasonably request in order to fully effect the purposes of the Lease and to protect Lessor's interest in the Leased Vehicles, including, but not limited to, furnishing any and all information necessary to enable lessor or its insurer to defend itself in any litigation arising in connection herewith.

(k) Governing Law. This Lease Agreement is governed by and construed in accordance with the laws of the state where Lessee's chief executive office is located, as indicated below.

(l) QI Exchange, LLC. Lessor notifies Lessee that it intends to assign to QI Exchange, LLC Lessor's rights (but not its obligations) with respect to the purchase of the Leased Vehicles and sale of the Leased Vehicles upon termination.

(m) Counterparts. This Lease Agreement may be executed in any number of counterparts, each of which, when so executed will be deemed to be an original, and all of which taken together will constitute one and the same agreement. Execution and delivery by facsimile signature will constitute valid and sufficient delivery.

The parties have duly executed this Lease Agreement as of the date set forth above intending to be legally bound hereby.

LESSOR
FORD MOTOR CREDIT COMPANY LLC

LESSEE
WAVENY CARE CENTER INC

By: _____

By: _____

Title: _____

Title: _____

Lessee's Social Security or Tax ID Number:
060859588

Lessee's Chief Executive Office:
Connecticut

Lessee's State of Organization:
Connecticut

MODIFICATION: This Lease Agreement and the Supplements hereto set forth all of the agreements of the Lessor and Lessee for the lease of the Leased Vehicles. There are no other agreements. Any change in this Lease Agreement must be in writing and signed by the Lessee and Lessor.

Lessee: WAVENY CARE CENTER INC

By: _____ Title: _____

LESSEE CERTIFICATION: Lessee hereby certifies under penalty of perjury that Lessee intends that more than fifty percent (50%) of the use of each Leased Vehicle is to be used in a trade or business of Lessee.

NOTICE OF TAX OWNERSHIP: Lessee is hereby advised that Lessee will not be treated as the owner of the Leased Vehicles for Federal Income Tax purposes.

Lessee: WAVENY CARE CENTER INC

By: _____ Title: _____

GUARANTEE

In consideration of the Lessor leasing to Lessee and other good and valuable consideration, the receipt of which is hereby acknowledged by the undersigned, the undersigned guarantor unconditionally guarantees payment of all amounts due or to become due to the Lessor, as such agreement may be amended, restated, extended, modified or otherwise supplemented from time to time, including without limitation, all lease charges and any amounts owing following surrender and sale of a Leased Vehicle.

(Guarantor)
Name _____
Address _____
City _____
State _____
Zip _____

(Guarantor)
Name _____
Address _____
City _____
State _____
Zip _____

Guarantor Signature

Guarantor Signature

(Guarantor)
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(Guarantor)
Name _____
Address _____
City _____
State _____
Zip _____

Guarantor Signature

Guarantor Signature

**CORPORATE CERTIFICATE
(Commercial/Retail/RCL/TRAC)**

The undersigned Secretary/Assistant Secretary of WAVENY CARE CENTER INC,
(Company Legal Name)

a _____ corporation with a principal place of business located at
(State of Incorporation)

3 FARM RD. New Canaan, CT, 06840 (the "Company") does hereby certify:
(Address of principal place of business)

The following are true, correct and complete resolutions duly approved by the board of directors or other governing body of the Company and that said resolutions are unchanged and are now in full force and effect:

"RESOLVED, That the officers of the Company are, and each of them is, hereby authorized on behalf of the Company to finance or lease from Ford Motor Credit Company, including any of its affiliates and subsidiaries ("Ford Credit"), such items of property, in such amounts and upon such terms and conditions as the officer or officers, in their discretion, may deem necessary or advisable; and

FURTHER RESOLVED, That the officers of the Company, and each of the following parties:

(Print Name & Title)

(Print Name & Title)

(Print Name & Title)

(Print Name & Title)

are authorized, directed and empowered to execute and deliver to Ford Credit, on behalf of the Company, such contracts, leases, powers of attorney and other documents as may be required by Ford Credit in connection with such finance or lease of property; and

FURTHER RESOLVED, That any actions taken by any officer of the Company or any party specifically identified in the foregoing resolutions acting on behalf of the Company before the date of these resolutions that are within the authority conferred by the foregoing resolutions are ratified and approved in all respects.

IN WITNESS WHEREOF I have hereunto set my hand as the Secretary/Assistant Secretary of the Company this _____ day of _____, 20____.
(Day) (Month) (Year)

WAVENY CARE CENTER INC
(Company Legal Name)

_____, Secretary/Assistant Secretary
(Signature)

(Print Signer Name)

De Lage Landen Financial Services, Inc.

Lease Agreement # FTN127933T-001

| | | | | | | |
|------------------------|---|---------------|-----------------------|-------------------------------|---|----------------|
| LESSEE | Full Legal Name WAVENY CARE CENTER, INC. | | | | Phone Number 2035944891 | |
| | Billing Address 3 FARM ROAD, NEW CANAAN, CT, 06840 | | | | Attention to | |
| Send Email Invoice to: | | | | Purchase Order Request Number | | |
| EQUIPMENT | Equipment Make | Model Number | Serial Number | Quantity | Description (Attach separate Schedule A if Necessary) | |
| | KYOCERA | | | 4 | SEE SCHEDULE A | |
| PAYMENT INFORMATION | Number of Lease Payments | Lease Payment | Plus Applicable Taxes | Term of Lease in Months | End of Lease Option | |
| | 3 | 351.50 * 40 | Plus Applicable Taxes | 51 | Fair Market Value | Monthly |
| | 48 | 351.50 | Plus Applicable Taxes | First Period Payment | End of Lease Purchase Option shall be FIM unless another option is indicated. | |
| | Lease Payment <input type="checkbox"/> includes / <input checked="" type="checkbox"/> does NOT include maintenance/service/supplies (check one) *Lease payment may be adjusted for up front sales tax. | | | | (PLUS) | Other (EQUALS) |
| | | | 40 | + | = | 40 |

1. Lease: You (the "Lessee") agree to lease from us (the "Lessor") the above Equipment and on any attached schedule (the "Lease"). You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or taxes differs from the supplier's estimate. This Lease is effective on the date that it is accepted and signed by you, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us interim rent for the period from the date the Equipment is delivered to you until the Commencement Date, as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your Lease obligations are absolute, unconditional and are not subject to cancellation, reduction, setoff or counterclaim. You agree to pay us a fee of \$75 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the Lease term. If a payment is not made when due, you will pay us a late charge of 10% of the payment or \$10, whichever is greater. We will charge you a fee of \$25 for any check that is returned. We may increase the Lease Payment on an annual basis, in an amount not to exceed ten percent (10%) of the Lease Payment in effect at the end of the prior annual period. YOU AGREE THAT NO ONE IS AUTHORIZED TO WAIVE OR CHANGE ANY TERM OR CONDITION OF THE LEASE.

2. Title: Unless you have a \$1.00 purchase option, we will have title to the Equipment. If you have a \$1.00 purchase option and/or the lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the Equipment.

3. Equipment Use, Maintenance and Warranties: We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. The above Lease Payments do not include the cost of maintenance, service, and/or supplies ("Service"), unless indicated in the above "Payment Information" box. Notwithstanding anything to the contrary, you agree that we are not responsible for providing such Service for the Equipment and you will make all claims related to Service to the Service provider ("Provider"). No Provider may alter the terms of this Lease or make any promises or arrangements that alter our rights or your obligations under this Lease. You agree that you are expressly assuming any risks arising from such Provider's inability to deliver such Service, under any circumstance, including, without limitation, such Provider's financial condition or its inability to repair or service the Equipment. You agree that any Service claims will not impact your obligation to pay all Lease payments when due.

4. Assignment: You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

5. Risk of Loss and Insurance: You are responsible for risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for the insurance and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain insurance against theft and physical damage, and add an insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This indemnity will continue after the termination of this Lease. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

6. Taxes: You agree to pay when due, either directly or as reimbursement to us, all taxes (including, without limitation, sales, use and personal property) and charges in connection with ownership, lease and use of the Equipment. We may charge you a processing fee for

administering property tax filings. You will indemnify us on an after-tax basis against the loss or unavailability of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions. This indemnity will continue even after the termination of this Lease.

7. End of Lease, Return, Purchase Option, and Renewal: You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial Lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return all the Equipment in good working condition at your cost in a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods. If the Equipment is returned to us, you shall remove all confidential information from the Equipment prior to return. If any Software license ("License") included hereunder passes title to you, such title shall automatically vest and remain in us.

8. Default and Remedies: You are in default on this Lease if a) you fail to pay a Lease payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future Lease payments and the Residual discounted to the date of default, at 6% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; (iv) charge you a return-check or non-sufficient funds charge ("NSF Charge") of \$25.00 for a check that is returned; and (v) require that you immediately return the Equipment to us or we may peacefully repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by you. You agree that if notice of sale is required by law to be given, 10 days notice will constitute reasonable notice. You are also required to pay (i) all expenses incurred by us in connection with enforcement of any remedies, including all expenses of repossessing, storing, shipping, repairing, and selling the Equipment, and (ii) reasonable attorney's fees.

9. Miscellaneous: You agree the Lease is a Finance Lease as defined in Article 2A of the UCC. You acknowledge we have given you the name of the Equipment supplier and that you may have rights under the contract with the supplier and may contact the supplier for a description of these rights. This Lease was made in Pennsylvania ("PA"), is to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to jurisdiction, personal or otherwise, in any state or federal court in PA and irrevocably waive a trial by jury. You agree (i) to waive any and all rights and remedies granted to you under UCC Section 2A-508 through 2A-522, (ii) that the Equipment will only be used for business purposes and not for personal, family, or household use, and will not be moved from the above location without our consent, and (iii) this Lease may be executed in counterparts and any facsimile, photographic or other electronic transmission and/or electronic signing of this Lease by you when manually countersigned by us or attached to our original signature counterpart and/or in our possession shall constitute the sole original chattel paper as defined in the UCC for all purposes and will be admissible as legal evidence thereof. At our option, we may require a manual signature. We may inspect the Equipment during the Lease term. We shall not be liable to you for indirect, special, or consequential damages. No failure to act shall be deemed a waiver of any rights hereunder. You authorize us and our agents to contact you about all of your accounts with us in any way, such as calling, texting, or using an automated dialer, at any number or email address you have provided to us, from which you have contacted us, or at which we believe we can reach you, even if you are charged for such contact by a provider.

| | | | |
|------------------|--|------------|--------------|
| LESSEE SIGNATURE | You agree that this is a non-cancelable lease. The Equipment is: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED | | |
| | Signature | Date | 6/11/18 |
| | Title | Print Name | Shawn Powell |
| | Legal Name of Corporation WAVENY CARE CENTER, INC. | | |

| | | |
|--------------|--|--------------|
| LESSOR | DE LAGE LANDEN FINANCIAL SERVICES, INC. | |
| | Lease Processing Cnt: 1111 Old Eagle School Road, Wayne, PA 19087-8608 | |
| | Phone: (800) 735-3273 • Fax: (800) 776-2329 | |
| | Commencement Date | Lease Number |
| Accepted by: | | |

| | | | |
|------------|---|---------|--------------|
| ACCEPTANCE | The Equipment has been received, put in use, is in good working order and is satisfactory and acceptable. | | |
| | Signature | Date | Print Name |
| | | 6/11/18 | Shawn Powell |
| | | | Title |
| | | | CFO |

DE LAGE LANDEN FINANCIAL SERVICES, INC.

Lease Agreement

#500-50008559

Send Email Invoicing to:

| | | | |
|--------|---|----------------------------|---------------------------------------|
| LESSEE | Full Legal Name WAVENTY CARE CENTER, INC. | | Phone Number (203) 594-4891 |
| | Billing Address 3 FARM RD, NEW CANAAN, CT 06840-6598 | | Purchase Order/Requestion Number |
| | Equipment Location (if not same as above) 73 Dorothea Ridge, New Canaan, CT 06840 | County Fairfield | Send Invoicing to Attention of |

| | | | | | |
|-----------|------------------------|--|---------------|----------------------|---|
| EQUIPMENT | Make KYOCERA | Model Number TASICALK 3553ci | Serial Number | Quantity 1 | Description (Attach Separate Schedule A if Necessary) Color MFP |
| | | | | | |

| | | | | |
|---------------------|---|-----------------------------------|--|--|
| PAYMENT INFORMATION | Number of Lease Payments 60 | Lease Payment \$ 131.50 | Term of Lease in Months 60 | Payment Frequency <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other |
| | Plus Applicable Taxes | | End of Lease Option <input checked="" type="checkbox"/> FMV <input type="checkbox"/> \$1 <input type="checkbox"/> Other | End of Lease Purchase Option shall be FMV unless another option is selected. |
| | Lease Payment <input type="checkbox"/> includes / <input checked="" type="checkbox"/> does NOT include maintenance/service/supplies (check one) | | Security Deposit (PLUS) 40 | First Period Payment (PLUS) + |

Sales Tax Exempt Please provide valid certificate. Total Payment Enclosed **= 40** Plus Applicable Taxes

TERMS AND CONDITIONS

1. Lease: You (the "Lessee") agree to lease from us (the "Lessor") the Equipment listed above and on any attached schedule (the "Lease"). You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or taxes differs from the supplier's estimate. You agree to pay us a fee of \$75.00 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the term of this Lease. We may increase the Lease Payment on an annual basis, in an amount not to exceed ten percent (10%) of the Lease Payment in effect at the end of the prior annual period. Security deposits are non-interest bearing. If you are not in default, we will return the deposit to you when the Lease is terminated. If a payment is not made when due, you will pay us a late charge of 5% of the payment or \$10.00, whichever is greater. YOU AGREE THAT NO ONE IS AUTHORIZED TO WAIVE OR CHANGE ANY LEASE TERM OR PROVISION.

2. Term: This Lease is effective on the date that it is accepted and signed by us, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us in advance for the period from the date the Equipment is delivered to you until the Commencement Date as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your obligations are absolute, unconditional, and are not subject to cancellation, reduction, setoff or counterclaim.

3. Title: Unless you have a \$1.00 purchase option, you will have title to the Equipment. If you have a \$1.00 purchase option and/or the Lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the Equipment.

4. Equipment Use, Maintenance and Warranties: We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. The Lease payments set forth above do not include the cost of maintenance, service, and/or supplies ("Services") unless indicated in the above "Payment Information" box. Notwithstanding anything to the contrary, however, you agree that we are not responsible for providing such Service for the Equipment and you acknowledge that we will make all claims related to Service to the Service provider ("Provider"). No Provider may alter the terms of this Lease or make any promises or arrangements that alter our rights or your obligations under this Lease. You agree that you are expressly assuming any risks arising from such Provider's inability to deliver such Service, under any circumstance, including, without limitation, such Provider's financial condition or its inability to repair or service the Equipment. You agree that any claims related to Service will not impact your obligation to pay all Lease payments when due.

5. Assignment: You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

6. Risk of Loss and Insurance: You are responsible for risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for the insurance and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain insurance against theft and physical damage, and add an insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This indemnity will continue after the termination of this Lease. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

7. Taxes: You agree to pay when due, either directly or as a reimbursement to us, all taxes (including, without limit, sales, use, and personal property) and changes in connection with ownership, lease and use of the Equipment. We may charge you a processing fee for administering property tax filings. You will indemnify us on a

8. Default and Remedies: You are in default on this Lease if: a) you fail to pay a Lease payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated and of Lease fair market value or fixed price purchase option (the "Residual") with future Lease payments and the Residual discounted to the date of default at 1% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; (iv) charge you a return-check or non-sufficient funds charge ("NSF Charge") of \$25.00 for a check that is returned; and (v) require that you immediately return the Equipment to us or we may peaceably repossess it. Any return or repossession will not constitute a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will not sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us. You agree that if notice of sale is required by law to be given, 10 days notice will constitute reasonable notice. You are also required to pay (i) all expenses incurred by us in connection with enforcement of any remedies, including all expenses of repossessing, storing, shipping, repairing, and selling the Equipment, and (ii) reasonable attorney's fees.

9. End of Lease, Return, Purchase Option, and Renewal: You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial lease term for any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return the Equipment in good working condition at your cost in a timely manner, and to a location we determine. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods. If the Equipment is returned to us, you shall remove all confidential information from the Equipment prior to return. If any Software License ("License") included hereunder passes title to you, such title shall automatically vest and remain in us. If such vesting requires a written conveyance, you hereby convey to us any title you have or hereafter acquire in the Software and relinquish any subsequent title in the Software. If Scansoft's consent is required, you shall assist us in obtaining consent.

10. Miscellaneous: You agree that the Lease is a Finance Lease as defined in Article 2A of the Uniform Commercial Code ("UCC"). You acknowledge that we have given you the Equipment supplier's name. We hereby notify you that you may have rights under the supplier's contract and may contact the supplier for a description of these rights. You agree that we are authorized, without notice to you, to supply missing information or correct obvious errors in the Lease. This Lease was made in Pennsylvania ("PA") is deemed to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to the non-exclusive jurisdiction, personal or otherwise, in any state or federal court in PA, and waive trial by jury. You agree (i) to waive any and all rights and remedies granted to you under UCC Section 2A-508 through 2A-522, (ii) that the Equipment will only be used for business purposes and not for personal, family, or household use, and will not be moved from the above location without our consent, and (iii) this Lease may be executed in counterparts and any facsimile, photographic or other electronic transmission and/or electronic signing of this Lease by you when manually countersigned by us or attached to our original signature counterpart and/or in our possession shall constitute the sole original chattel paper as defined in the UCC for all purpose and will be admissible as legal evidence thereof. We may inspect the Equipment during the Lease term. We shall not be liable to you for indirect, special, or consequential damages. No failure to act shall be deemed a waiver of any rights hereunder. This Lease contains the entire agreement of the parties. No amendment is binding unless mutually agreed to by both parties. You authorize us to contact you about your accounts in any way, including at any number or email address at which we believe we can reach you, even if you are charged for such contact.

| | | |
|------------------|--|---------------------------------------|
| LESSEE SIGNATURE | You agree that this is a non-cancelable lease. The Equipment is: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED/NOT NEW | |
| | Signature <i>[Signature]</i> | Date 7/15/19 |
| | Title CFO | Print Name ANDREW C. NAWKEE |
| | Legal Name of Corporation WAVENTY CARE CENTER, INC. | |

| | | |
|--------|--|-------------------------------------|
| Lessor | DE LAGE LANDEN FINANCIAL SERVICES, INC. | |
| | Lease Processing Center, 1111 Old Eagle School Road, Wayne, PA 19087 | |
| | Phone: (800) 735-3273 • Fax: (800) 776-2329 | |
| | Commencement Date 7-18-19 | Lease Number 500-50008559 |

Accepted by *[Signature]*

| | | | | |
|------------|---|------|------------|-------|
| ACCEPTANCE | The Equipment has been received, put in use, is in good working order and is satisfactory and acceptable. | | | |
| | Signature <i>[Signature]</i> | Date | Print Name | Title |

| | | | |
|----------|---|-------------------|------|
| GUARANTY | I unconditionally guaranty prompt payment of all the Lessee's obligations. The Lessor is not required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against me. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extensions or modification granted to the Lessee and the release and/or compromise of any obligations of the Lessee or any other guarantors without releasing me from my obligations. This is a continuing guaranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. This guaranty is governed by and constituted in accordance with the Laws of the Commonwealth of Pennsylvania, and, as applicable, the Electronic Signatures in Global and National Commerce Act and I consent to non-exclusive jurisdiction in any state or federal court in Pennsylvania and waive trial by jury. IF THIS GUARANTY HAS BEEN PROVIDED ELECTRONICALLY AND ANY GUARANTOR WISHES TO ENTER INTO THIS GUARANTY ELECTRONICALLY SUCH GUARANTOR'S ELECTRONIC SIGNATURE WILL CONSTITUTE SUCH GUARANTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO DO BUSINESS AND RECEIVE ALL RELATED RECORDS ELECTRONICALLY. If more than one Guarantor signs this Guaranty, each shall be jointly and severally liable. | | |
| | Signature | Name of Guarantor | Date |

080ED0C243V12

General Information and Questionnaire
Accounting Basis

| | | | | |
|--|--|--|--|----------|
| Name of Facility Waveny Care Center, Inc. | License No. 942-C | Report for Year Ended 9/30/2019 | Page 7 | of 37 |
| The records of this facility for the period covered by this report were maintained on the following basis: | | | | |
| <input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash | | | | |
| Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain. | | | | |
| N/A | | | | |
| Independent Accounting Firm | | | | |
| Name of Accounting Firm 1 Marcum LLP 2 3 4 | | Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511 | | |
| Services Provided by This Firm (<i>describe fully</i>) | | | | |
| 1 | Audit, Tax return, Medicaid & Medicare cost report | \$ | 58,337 | |
| 2 | | \$ | | |
| 3 | | \$ | | |
| 4 | | \$ | | |
| | | | Charge for Services Provided | |
| | | | \$ 58,337 | |
| Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. | | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1d | | | | |
| Legal Services Information | | | | |
| Name of Legal Firm or Independent Attorney 1 Robinson & Cole LLP 2 Wiggin & Dana LLP 3 Donahue, Durham & Noonan, P.C. 4 5 | | | Telephone Number 860-275-8200 203-498-4400 203-458-4424 | |
| Address (<i>No. & Street, City, State, Zip Code</i>) 1 280 Trumbull Street, Hartford, CT 06103-3597 2 PO Box 1832, New Haven, CT 06508-1832 3 741 Boston Post Rd., Guilford, CT 06437 4 5 | | | | |
| Services Provided by This Firm (<i>describe fully</i>) | | | | |
| 1 | Employee matters, 403b, self-insurance, EBS litigation settlement (Disallowed \$7,532 on Pg. 28) | \$ | 33,164 | |
| 2 | Resident/employee/general matters, collections (Disallowed \$9,140 on Pg. 28) | \$ | 10,920 | |
| 3 | Employee matters | \$ | 1,861 | |
| 4 | | \$ | | |
| 5 | | \$ | | |
| | | | Charge for Services Provided | |
| | | | \$ 45,945 | |
| Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. | | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1e | | | | |

Schedule of Resident Statistics

| Name of Facility Waveny Care Center, Inc. | | License No. 942-C | | | Report for Year Ended 9/30/2019 | | | | Page 8 | of 37 | | | |
|---|---------------------|------------------------|------------------------|--------------------|------------------------------------|--------|------|-----------|----------------------|----------|------|-----------|--|
| | Total All Levels | Total CCNH Level | Total RHNS Level | Total (Specify) | Period 10/1 Thru 6/30 | | | | Period 7/1 Thru 9/30 | | | | |
| | | | | | Total | CCNH | RHNS | (Specify) | Total | CCNH | RHNS | (Specify) | |
| 1. Certified Bed Capacity | | | | | | | | | | | | | |
| A. On last day of PREVIOUS report period | 76 | 76 | | | 76 | 76 | | | 76 | 76 | | | |
| B. On last day of THIS report period | 76 | 76 | | | 76 | 76 | | | 76 | 76 | | | |
| 2. Number of Residents | | | | | | | | | | | | | |
| A. As of midnight of PREVIOUS report period | 68 | 68 | | | 68 | 68 | | | 70 | 70 | | | |
| B. As of midnight of THIS report period | 69 | 69 | | | 70 | 70 | | | 69 | 69 | | | |
| 3. Total Number of Days Care Provided During Period | | | | | | | | | | | | | |
| A. Medicare | 7,605 | 7,605 | | | 5,635 | 5,635 | | | 1,970 | 1,970 | | | |
| B. Medicaid (Conn.) | 14,067 | 14,067 | | | 10,414 | 10,414 | | | 3,653 | 3,653 | | | |
| C. Medicaid (other states) | | | | | | | | | | | | | |
| D. Private Pay | 4,323 | 4,323 | | | 3,327 | 3,327 | | | 996 | 996 | | | |
| E. State SSI for RCH | | | | | | | | | | | | | |
| F. Other (Specify) Insurance | 373 | 373 | | | 328 | 328 | | | 45 | 45 | | | |
| G. Total Care Days During Period (3A thru F) | 26,368 | 26,368 | | | 19,704 | 19,704 | | | 6,664 | 6,664 | | | |
| 4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds | | | | | | | | | | | | | |
| A. Medicaid Bed Reserve Days | | | | | | | | | | | | | |
| B. Other Bed Reserve Days | | | | | | | | | | | | | |
| 5. Total Resident Days (3G + 4A + 4B) | 26,368 | 26,368 | | | 19,704 | 19,704 | | | 6,664 | 6,664 | | | |

Schedule of Resident Statistics (Cont'd)

| | | | | |
|--|----------------------|------------------------------------|-----------|----------|
| Name of Facility Waveny Care Center, Inc. | License No. 942-C | Report for Year Ended 9/30/2019 | Page 9 | of 37 |
|--|----------------------|------------------------------------|-----------|----------|

4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

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

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

| Item | Medicare | | Medicaid | | Self-Pay | | | Other State Assisted | |
|---------------------------|----------|------|----------|------|----------|------|-----------|----------------------|--------|
| | CCNH | RHNS | CCNH | RHNS | CCNH | RHNS | (Specify) | R.C.H. | ICF-MR |
| No. of Residents | 19 | | 42 | | 8 | | | | |
| Per Diem Rate | | | | | | | | | |
| a. One bed rm. | Various | | 260.79 | | 612.00 | | | | |
| b. Two bed rms. | Various | | 260.79 | | 565.00 | | | | |
| c. Three or more bed rms. | | | | | | | | | |

7. Total Number of Physical Therapy Treatments

| | TOTAL | CCNH | RHNS | (Specify) |
|---|---------------|---------------|------|-----------|
| A. Medicare - Part B | 705 | 705 | | |
| B. Medicaid (Exclusive of Part B) | | | | |
| 1. Maintenance Treatments | | | | |
| 2. Restorative Treatments | | | | |
| C. Other | 21,003 | 21,003 | | |
| D. Total Physical Therapy Treatments | 21,708 | 21,708 | | |

8. Total Number of Speech Therapy Treatments

| | | | | |
|---|--------------|--------------|--|--|
| A. Medicare - Part B | 480 | 480 | | |
| B. Medicaid (Exclusive of Part B) | | | | |
| 1. Maintenance Treatments | | | | |
| 2. Restorative Treatments | | | | |
| C. Other | 1,529 | 1,529 | | |
| D. Total Speech Therapy Treatments | 2,009 | 2,009 | | |

9. Total Number of Occupational Therapy Treatments

| | | | | |
|---|---------------|---------------|--|--|
| A. Medicare - Part B | 281 | 281 | | |
| B. Medicaid (Exclusive of Part B) | | | | |
| 1. Maintenance Treatments | | | | |
| 2. Restorative Treatments | | | | |
| C. Other | 21,393 | 21,393 | | |
| D. Total Occupational Therapy Treatments | 21,674 | 21,674 | | |

Report of Expenditures - Salaries & Wages

| Name of Facility | License No. | Report for Year Ended | Page | of | | |
|--|-------------|-----------------------|------|-------|-----------|-------|
| Waveny Care Center, Inc. | 942-C | 9/30/2019 | 10 | 37 | | |
| Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | |
| Total Cost and Hours | | | | | | |
| Item | CCNH | Hours | RHNS | Hours | (Specify) | Hours |
| A. Salaries and Wages* | | | | | | |
| 1. Operators/Owners (Complete also Sec. I of Schedule A1) | 285,861 | 1,320 | | | | |
| 2. Administrator(s) (Complete also Sec. III of Schedule A1) | 175,531 | 2,148 | | | | |
| 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) | | | | | | |
| 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) | 447,603 | 13,406 | | | | |
| 5. Dietary Service | | | | | | |
| a. Head Dietitian | | | | | | |
| b. Food Service Supervisor | | | | | | |
| c. Dietary Workers | 443,434 | 25,665 | | | | |
| 6. Housekeeping Service | | | | | | |
| a. Head Housekeeper | | | | | | |
| b. Other Housekeeping Workers | 172,967 | 11,663 | | | | |
| 7. Repairs & Maintenance Services | | | | | | |
| a. Engineer or Chief of Maintenance | 36,763 | 1,023 | | | | |
| b. Other Maintenance Workers | 80,783 | 3,599 | | | | |
| 8. Laundry Service | | | | | | |
| a. Supervisor | | | | | | |
| b. Other Laundry Workers | | | | | | |
| 9. Barber and Beautician Services | | | | | | |
| 10. Protective Services | | | | | | |
| 11. Accounting Services | | | | | | |
| a. Head Accountant | 128,359 | 988 | | | | |
| b. Other Accountants | 201,292 | 5,446 | | | | |
| 12. Professional Care of Residents | | | | | | |
| a. Directors and Assistant Director of Nurses | 142,136 | 2,147 | | | | |
| b. RN | | | | | | |
| 1. Direct Care | 861,086 | 20,944 | | | | |
| 2. Administrative** | 431,873 | 11,444 | | | | |
| c. LPN | | | | | | |
| 1. Direct Care | 795,999 | 24,343 | | | | |
| 2. Administrative** | | | | | | |
| d. Aides and Attendants | 1,456,582 | 82,624 | | | | |
| e. Physical Therapists | 42,778 | 2,142 | | | | |
| f. Speech Therapists | | | | | | |
| g. Occupational Therapists | | | | | | |
| h. Recreation Workers | 199,140 | 9,697 | | | | |
| i. Physicians | | | | | | |
| 1. Medical Director | | | | | | |
| 2. Utilization Review | | | | | | |
| 3. Resident Care*** | | | | | | |
| 4. Other (Specify) | | | | | | |
| j. Dentists | | | | | | |
| k. Pharmacists | | | | | | |
| l. Podiatrists | | | | | | |
| m. Social Workers/Case Management | 119,500 | 3,741 | | | | |
| n. Marketing | 91,719 | 1,697 | | | | |
| o. Other (Specify) | | | | | | |
| See Attached Schedule | 513,037 | 13,622 | | | | |
| <i>A-13. Total Salary Expenditures</i> | 6,626,443 | 237,659 | | | | |

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

| Position | CCNH | | RHNS | | (Specify) | |
|--|-------------------|---------------|-------------|----------|-------------|----------|
| | \$ | Hours | \$ | Hours | \$ | Hours |
| Wages - Scheduling | \$ 29,576 | 1,393 | | | | |
| Wages - Medical Records | 1,305 | 45 | | | | |
| Wages - Director of Volunteers | 49,333 | 1,479 | | | | |
| Wages - VP of Development | 119,279 | 1,593 | | | | |
| Wages - Director of Development | 81,694 | 2,203 | | | | |
| Wages - Other Development | 12,216 | 570 | | | | |
| Wages - Director of Spiritual Services | 32,267 | 962 | | | | |
| Wages - Admissions | 187,367 | 5,377 | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | \$ 513,037 | 13,622 | \$ - | - | \$ - | - |

Schedule of Other Fees (Page 13)

| Service | CCNH | | RHNS | | (Specify) | |
|-------------------------------------|-------------------|--------------|-------------|----------|-------------|----------|
| | \$ | Hours | \$ | Hours | \$ | Hours |
| Outpatient Therapies (See page 28a) | \$ 271,032 | 4,204 | | | | |
| Post Acute Cardiology | 7,850 | 39 | | | | |
| Rehab MD | 5,000 | 80 | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | \$ 283,882 | 4,323 | \$ - | - | \$ - | - |

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

| Name of Facility Waveny Care Center, Inc. | | | | License No. 942-C | Report for Year Ended 9/30/2019 | | | Page 11 | of 37 | |
|---|-------------|------|-----------|---|--|--------------------------|-------------------------------------|---|--------------------------|--------------------------|
| Name | Salary Paid | | | Fringe Benefits and/or Other Payments (describe fully) | Full Description of Services Rendered | Total Hours Worked | Line Where Claimed on Page 10 | Name and Address of All Other Employment** | Total Hours Worked | Compensation Received |
| | CCNH | RHNS | (Specify) | | | | | | | |
| Section I - Operators/Owners | | | | | | | | | | |
| William Piper (10/1/2018 - 12/31/2018 & Severance 1/1/2019 - 2/28/2019) | 130,340 | | | Non Discrim | President and CEO of WLCN | 409 | A1 | | | |
| Russell R. Barksdale, Jr. (11/1/2018 - Present) | 155,521 | | | Non Discrim | President and CEO of WLCN | 911 | A1 | | | |
| Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12). | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

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

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

| Name of Facility (as licensed) | | | | License No. | Report for Year Ended | | | Page | of | |
|--|-------------|------|-----------|--|---------------------------------------|--------------------|-------------------------------|--|--------------------|-----------------------|
| Waveny Care Center, Inc. | | | | 942-C | 9/30/2019 | | | 12 | 37 | |
| Name | Salary Paid | | | Fringe Benefits and/or Other Payments (describe fully) | Full Description of Services Rendered | Total Hours Worked | Line Where Claimed on Page 10 | Name and Address of All Other Employment** | Total Hours Worked | Compensation Received |
| | CCNH | RHNS | (Specify) | | | | | | | |
| Section III - Administrators*** | | | | | | | | | | |
| Lynn Iverson | 175,531 | | | Non Discrim | Administrator | 2,148 | A2 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Section IV - Assistant Administrators | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

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

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

B. Report of Expenditures - Professional Fees

| Name of Facility | License No. | Report for Year Ended | Page | of | | |
|---|------------------|-----------------------|------|-------|-----------|-------|
| Waveny Care Center, Inc. | 942-C | 9/30/2019 | 13 | 37 | | |
| Total Cost and Hours | | | | | | |
| Item | CCNH | Hours | RHNS | Hours | (Specify) | Hours |
| *B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1) | | | | | | |
| 1. Dietitian | 31,131 | 662 | | | | |
| 2. Dentist | 10,086 | 104 | | | | |
| 3. Pharmacist | 11,557 | 152 | | | | |
| 4. Podiatrist | | | | | | |
| 5. Physical Therapy | | | | | | |
| a. Resident Care | 394,425 | 6,675 | | | | |
| b. Other | | | | | | |
| 6. Social Worker | | | | | | |
| 7. Recreation Worker | | | | | | |
| 8. Physicians | | | | | | |
| a. Medical Director (entire facility) | 33,500 | 223 | Est | | | |
| b. Utilization Review (Title 18 and 19 only) monthly meeting | | | | | | |
| c. Resident Care** | | | | | | |
| d. Administrative Services facility | | | | | | |
| 1. Infection Control Committee (Quarterly meetings) | | | | | | |
| 2. Pharmaceutical Committee (Quarterly meetings) | | | | | | |
| 3. Staff Development Committee (Once annually) | | | | | | |
| e. Other (Specify) | | | | | | |
| 9. Speech Therapist | | | | | | |
| a. Resident Care | 93,341 | 1,298 | | | | |
| b. Other | | | | | | |
| 10. Occupational Therapist | | | | | | |
| a. Resident Care | 399,495 | 7,310 | | | | |
| b. Other | | | | | | |
| 11. Nurses and aides and attendants | | | | | | |
| a. RN | | | | | | |
| 1. Direct Care | | | | | | |
| 2. Administrative*** | 4,219 | 34 | | | | |
| b. LPN | | | | | | |
| 1. Direct Care | | | | | | |
| 2. Administrative*** | | | | | | |
| c. Aides | 3,686 | 134 | | | | |
| d. Other | | | | | | |
| 12. Other (Specify) | | | | | | |
| See Attached Schedule | 283,882 | 4,323 | | | | |
| B-13 Total Fees Paid in Lieu of Salaries | 1,265,322 | 20,915 | | | | |

* 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 Waveny Care Center, Inc. | | License No. 942-C | Report for Year Ended 9/30/2019 | Page 14 | of 37 |
|--|---|---|------------------------------------|---------------------------------------|----------|
| Name & Address of Individual | Full Explanation of Service | Related** to Owners, Operators, Officers | | Explanation of Relationship | |
| | | Yes | No | | |
| Joan Danford, New Canaan, CT | Dietitian | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| Lynn Holmberg, MS Rd, 148 East Ave, Norwalk, CT 06851 | Dietitian | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| HealthDrive Dental Group, 25 Needham St., Newton, MA 02461 | Dental Services | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| Hancocks Pharmacy, 840 E Main Street, Meridan, CT 06450 | Pharmacist | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| Procure LTC Pharmacy CT, 1492 Highland Ave, Cheshire, CT 06410 | Pharmacist | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| Soundview Medical Associates, 761 Main ave, Norwalk, CT 06851 | Medical Director | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| Post Acute Consulting | MDS | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| Waveny at Home, Inc., 3 Farm Road, New Canaan, CT 06840 | CNAs | <input checked="" type="radio"/> | <input type="radio"/> | Part of Waveny LifeCare Network, Inc. | |
| Post Acute Cardiology Care, LLC, 15 Half Mile Road, Darien, CT 06820 | Cardiology | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| Preferred Therapy, 850 Silas Deane Hwy, Wethersfield, CT 06109 | Physical, Occupational & Speech Therapy | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| SDX, 21 Waterville Road, Avon, CT 06840 | Speech Therapy | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| Claudio R. Petrillo M.D, Rehabilitation Consultants, P.O. Box 3150, Westport, CT 06880 | Rehab MD | <input type="radio"/> | <input checked="" type="radio"/> | N/A | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | |

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

C. Expenditures Other Than Salaries - Administrative and General

| Name of Facility | License No. | Report for Year Ended | Page | of |
|---|--------------|-----------------------|------|-----------|
| Waveny Care Center, Inc. | 942-C | 9/30/2019 | 15 | 37 |
| Item | Total | CCNH | RHNS | (Specify) |
| 1. Administrative and General | | | | |
| a. Employee Health & Welfare Benefits | | | | |
| 1. Workmen's Compensation | \$ 172,269 | 172,269 | | |
| 2. Disability Insurance | \$ 69,439 | 69,439 | | |
| 3. Unemployment Insurance | \$ 73,258 | 73,258 | | |
| 4. Social Security (F.I.C.A.) | \$ 502,455 | 502,455 | | |
| 5. Health Insurance | \$ 1,109,880 | 1,109,880 | | |
| 6. Life Insurance (employees only) (not-owners and not-operators) | \$ | | | |
| 7. Pensions (Non-Discriminatory) (not-owners and not-operators) | \$ 210,875 | 210,875 | | |
| 8. Uniform Allowance | \$ 8,741 | 8,741 | | |
| 9. Other (<i>Specify</i>) See Attached Schedule | \$ | | | |
| b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* | \$ | | | |
| c. Bad Debts* | \$ 131,659 | 131,659 | | |
| d. Accounting and Auditing | \$ 58,337 | 58,337 | | |
| e. Legal (<i>Services should be fully described on Page 7</i>) | \$ 45,945 | 45,945 | | |
| f. Insurance on Lives of Owners and Operators (<i>Specify</i>)* | \$ | | | |
| g. Office Supplies | \$ 90,132 | 90,132 | | |
| h. Telephone and Cellular Phones | | | | |
| 1. Telephone & Pagers | \$ 7,130 | 7,130 | | |
| 2. Cellular Phones | \$ 6,538 | 6,538 | | |
| i. Appraisal (<i>Specify purpose and attach copy</i>)* | \$ | | | |
| j. Corporation Business Taxes (<i>franchise tax</i>) | \$ | | | |
| k. Other Taxes (<i>Not related to property - See Page 22</i>) | | | | |
| 1. Income* | \$ | | | |
| 2. Other (<i>Specify</i>) See Attached Schedule | \$ | | | |
| 3. Resident Day User Fee | \$ 388,365 | 388,365 | | |
| Subtotal | \$ 2,875,023 | 2,875,023 | | |

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

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

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 Year Ended | | Page | of |
|---|--------------|-----------------------|------|-----------|----|
| Waveny Care Center, Inc. | 942-C | 9/30/2019 | | 16 | 37 |
| Item | Total | CCNH | RHNS | (Specify) | |
| Subtotals Brought Forward: | 2,875,023 | 2,875,023 | | | |
| l. Travel and Entertainment | | | | | |
| 1. Resident Travel and Entertainment | \$ | | | | |
| 2. Holiday Parties for Staff | \$ | | | | |
| 3. Gifts to Staff and Residents | \$ 6,416 | 6,416 | | | |
| 4. Employee Travel | \$ 6,473 | 6,473 | | | |
| 5. Education Expenses Related to Seminars and Conventions | \$ 12,410 | 12,410 | | | |
| 6. Automobile Expense (<i>not purchase or depreciation</i>) | \$ | | | | |
| 7. Other (<i>Specify</i>) See Attached Schedule | \$ | | | | |
| m. Other Administrative and General Expenses | | | | | |
| 1. Advertising Help Wanted (<i>all such expenses</i>) | \$ 83,473 | 83,473 | | | |
| 2. Advertising Telephone Directory (<i>all such expenses</i>)*** | \$ 632 | 632 | | | |
| 3. Advertising Other (<i>Specify</i>)*** See Attached Schedule | \$ 153,529 | 153,529 | | | |
| 4. Fund-Raising*** | \$ | | | | |
| 5. Medical Records | \$ | | | | |
| 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** | \$ 26,988 | 26,988 | | | |
| 7. Postage | \$ 11,609 | 11,609 | | | |
| * 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule | \$ 15,394 | 15,394 | | | |
| 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** | \$ 420 | 420 | | | |
| 9. Subscriptions | \$ 2,753 | 2,753 | | | |
| 10. Contributions*** See Attached Schedule | \$ | | | | |
| 11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) | \$ 100,445 | 100,445 | | | |
| 12. Administrative Management Services** | \$ | | | | |
| 13. Other (<i>Specify</i>) See Attached Schedule | \$ 250,834 | 250,834 | | | |
| C-14 Total Administrative & General Expenditures | \$ 3,546,399 | 3,546,399 | | | |

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

| Description | CCNH | RHNS | (Specify) |
|----------------------------------|-------------------|-------------|-------------|
| | - | | |
| Community Relations | \$ 3,248 | | |
| Public Community Relations | 4,477 | | |
| Annual Appeal | 12,831 | | |
| Dedication/Recognition/Signage | 40 | | |
| Golf Special Events Offset | 15,160 | | |
| Communications/Donor Publication | 895 | | |
| Capital Campaign | 2,274 | | |
| Donor Recognition Event | 24,252 | | |
| Advertising | 60,634 | | |
| Promotional Materials | 7,242 | | |
| Marketing Telephone | 53 | | |
| Website/SEO/SEM | 22,423 | | |
| Total Other Advertising | \$ 153,529 | \$ - | \$ - |

Schedule of Dues

| Description | CCNH | RHNS | (Specify) |
|--|------------------|-------------|-------------|
| | - | | |
| AANAC | \$ 1,110 | | |
| Leading Age Duos | 10,922 | | |
| CAHCF Dues | 350 | | |
| ACHE Dues | 1,140 | | |
| NEADHVS Dues (Disallowed on Pg. 28a) | 35 | | |
| ALTCFM Dues | 38 | | |
| SHRM Dues | 94 | | |
| NEAHP (Disallowed on Pg. 28a) | 125 | | |
| Rotary Club New Canaan (Disallowed on Pg. 28a) | 975 | | |
| Sacred Heart University Dues (Disallowed on Pg. 28a) | 448 | | |
| Chaplain Dues (Disallowed on Pg. 28a) | 157 | | |
| Total Dues | \$ 15,394 | \$ - | \$ - |

Schedule of Contributions

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

Schedule of Other Administrative and General

| Description | CCNH | RHNS | (Specify) |
|---|-------------------|-------------|-------------|
| | - | | |
| Departmental Guest Meals | \$ 1,468 | | |
| Licenses & Permits | 28,362 | | |
| Com Rel - Volunteer Recog | 4,684 | | |
| Bank Charges | 3,833 | | |
| Credit Card Processing Fees | 38,886 | | |
| Annual Report | 2,343 | | |
| Investment Manager Fees | 52,116 | | |
| Food (Employees) | 48 | | |
| Co-insurance Write-off | (519) | | |
| Remedy Partners | 119,613 | | |
| Total Other Administrative and General | \$ 250,834 | \$ - | \$ - |

Schedule C-1 - Management Services*

| Name of Facility Waveny Care Center, Inc. | License No. 942-C | Report for Year Ended 9/30/2019 | Page of 17 37 |
|---|----------------------------|---|--|
| Name & Address of Individual or Company Supplying Service | Cost of Management Service | Full Description of Mgmt. Service Provided | Indicate Where Costs are Included in Annual Report Page #/Line # |
| Morrison's Management Specialists, PO Box 102289, Atlanta, GA 30368 | 149,997 | Management of Dietary Services, company provides as part of the Director of Dining Services and an Executive Chef | Page 20 / Line 5k |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

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

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

| | | | | | |
|---|--|--------------------------------------|-------------------------------------|-----------------------|-----------|
| Name of Facility Waveny Care Center, Inc. | | License No. 942-C | Report for Year Ended 9/30/2019 | Page 18 | of 37 |
| Item | | Total | CCNH | RHNS | (Specify) |
| 2. Dietary | | | | | |
| a. In-House Preparation & Service | | | | | |
| 1. | Raw Food | \$ 335,662 | 335,662 | | |
| 2. | Non-Food Supplies | \$ 49,808 | 49,808 | | |
| 3. | Other (Specify) _____ | \$ | | | |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | | \$ | | | |
| c. Other (Specify) _____ | | \$ | | | |
| 2D. Total Dietary Expenditures (2a + b + c + d) | | \$ 385,470 | 385,470 | | |
| 2E. Dietary Questionnaire | | Total | CCNH | RHNS | (Specify) |
| F. | Resident Meals: Total no. of meals served per day:* | | | | |
| G. | Is cost of employee meals included in 2D? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | | |
| H. | Did you receive revenue from employees? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | If yes, specify amt. | |
| I. | Where is the revenue received reported in the Cost Report? (Page/Line Item) | | | | 30 IV 8 |
| J. | Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | If yes, specify cost. | |
| K. | Is any revenue collected from these people? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | If yes, specify amt. | |
| L. | Where is the revenue received reported in the Cost Report? (Page/Line Item) | | | | 30 IV 8 |
| M. | Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify cost. | |
| N. | Is any revenue collected from employees? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify amt. | |
| O. | Where is the revenue received reported in the Cost Report? (Page/Line Item) | | | | |

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

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

| Name of Facility Wavy Care Center, Inc. | | License No. 942-C | Report for Year Ended 9/30/2019 | Page 19 | of 37 |
|--|---------------------------|-------------------------------------|------------------------------------|------------|-----------|
| Item | | Total | CCNH | RHNS | (Specify) |
| 3. Laundry | | | | | |
| a. In-House Processing* | Lbs. | | | | |
| 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** | Amt. \$ | | | | |
| 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** | Lbs. | | | | |
| | Amt. \$ | | | | |
| 3. Personal clothing of residents washed, ironed, and/or processed.*** | Lbs. | | | | |
| | Amt. \$ | | | | |
| 4. Repair and/or purchase of linens.*** | Lbs. | | | | |
| | Amt. \$ | | | | |
| b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>) | \$ | 119,319 | 119,319 | | |
| c. Other (<i>Specify</i>) | \$ | | | | |
| 3D. Total Laundry Expenditures (3a + b + c) | \$ | 119,319 | 119,319 | | |
| 3E. Laundry Questionnaire | | | | | |
| F. Is cost of employee laundry included in 3D? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify cost. | | |
| G. Did you receive revenue from employees? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify amt. | | |
| H. Where is the revenue received reported in the Cost Report? | (Page/Line Item) | | | | |
| I. Is Cost of laundry provided to persons other than employees or residents included in 3D? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify cost. | | |
| J. Did you receive revenue from these people? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If yes, specify amt. | | |
| K. Where is the revenue received reported in the Cost Report? | (Page/Line Item) | | | | |

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.

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

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

| Name of Facility | | License No. | Report for Year Ended | | Page | of |
|--------------------------|--|----------------------------------|-----------------------|---------|------|-----------|
| Waveny Care Center, Inc. | | 942-C | 9/30/2019 | | 20 | 37 |
| Item | | | Total | CCNH | RHNS | (Specify) |
| 4. | Housekeeping | Sq. Ft. Serviced by Personnel | | | | |
| | a. In-House Care | | | | | |
| | 1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>) | Amt. \$ | 35,133 | 35,133 | | |
| | b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>) | Sq. Ft. Serviced by Personnel | | | | |
| | | Amt. \$ | | | | |
| | C. Other (<i>Specify</i>) | \$ | | | | |
| 4D. | Total Housekeeping Expenditures (4a + b + c) | \$ | 35,133 | 35,133 | | |
| 5. | Resident Care (Supplies)** | | | | | |
| | a. Prescription Drugs*** | | | | | |
| | 1. Own Pharmacy | \$ | | | | |
| | 2. Purchased from Hancock Pharmacy / Procure LTC | \$ | 355,065 | 355,065 | | |
| | b. Medicine Cabinet Drugs | \$ | 159,668 | 159,668 | | |
| | c. Medical and Therapeutic Supplies | \$ | 41 | 41 | | |
| | d. Ambulance/Limousine*** | \$ | 1,433 | 1,433 | | |
| | e. Oxygen | | | | | |
| | 1. For Emergency Use | \$ | | | | |
| | 2. Other*** | \$ | 27,262 | 27,262 | | |
| | f. X-rays and Related Radiological Procedures*** | \$ | 29,580 | 29,580 | | |
| | g. Dental (<i>Not dentists who should be included under salaries or fees</i>) | \$ | | | | |
| | h. Laboratory*** | \$ | 64,786 | 64,786 | | |
| | i. Recreation | \$ | 52,794 | 52,794 | | |
| | j. Direct Management Services* | \$ | | | | |
| | k. Indirect Management Services* | \$ | 149,997 | 149,997 | | |
| | l. Other (Specify)**** See Attached Schedule | \$ | 43,907 | 43,907 | | |
| 5M. | Total Resident Care Expenditures (5a - 5j) | \$ | 884,533 | 884,533 | | |

* 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.

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

| Name of Facility Waveny Care Center, Inc. | | | License No. 942-C | | Report for Year Ended 9/30/2019 | | | Page of 21 37 | | |
|--|---|---|----------------------------------|-----------------------------|---------------------------------------|-------------------------|------|--------------------|-------|-------|
| Name of Individual or Company | Address | Related ** to Owners, Operators, Officers | | Explanation of Relationship | Full Explanation of Service Provided* | Total Cost/Page Ref.*** | | | | |
| | | Yes | No | | | CCNH | RHNS | (Specify) | Pg | Line |
| ADP | PO Box 9001006, Louisville, KY 40290 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Payroll processing | 41,627 | | | 16 | m11 |
| Remedy Partners | 800 Connecticut Ave, Norwalk, CT 06854 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Billing demonstration program | 119,613 | | | 16 | m13 |
| The Giving Collaborative LLC | 53 Morgan Avenue, East Haven, CT 06512 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Fundraising | 36,999 | | | 16/20 | m11/2 |
| Point Click Care | Suite 155, Bloomington, Minnesota 55431 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | G/L and billing software | 19,116 | | | 16 | m11 |
| Unitex | Pkwy., Mt. Vernon, NY 10550 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Laundry processing | 79,442 | | | 19 | 4b |
| Magic Touch Cleaners | 48 Division Ave, Levittown, NY 11756 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Laundry processing | 14,378 | | | 19 | 4b |
| Kyocers Document Solutions of New England | 225 Sand Road, Fairfield, NJ 07004 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | maintenance and usage charges | 14,547 | | | 22 | 6f |
| Brian Capone Landscaping Services | Stamford, CT | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Landscaping | 14,342 | | | 22 | 6f |
| Morrison's Management Specialists | PO Box 102289, Atlanta, GA 30368 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Dietary services management | 149,997 | | | 20 | 5k |
| Coastal Mechanical Svcs, Inc. | 40 Hathaway Dr #2, Stratford, CT 06615 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | HVAC maintenance | 22,369 | | | 22 | 6f |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | | |

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

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

| Name of Facility | License No. | Report for Year Ended | | | Page | of |
|---|-------------------|-----------------------|------|-----------|------|----|
| Waveny Care Center, Inc. | 942-C | 9/30/2019 | | | 22 | 37 |
| Item | Total | CCNH | RHNS | (Specify) | | |
| 6. Maintenance & Operation of Plant | | | | | | |
| a. Repairs & Maintenance | \$ 66,706 | 66,706 | | | | |
| b. Heat | \$ 74,486 | 74,486 | | | | |
| c. Light & Power | \$ 118,022 | 118,022 | | | | |
| d. Water | \$ 23,587 | 23,587 | | | | |
| e. Equipment Lease (<i>Provide detail on page 6</i>) | \$ 14,618 | 14,618 | | | | |
| f. Other (<i>itemize</i>) | \$ 132,113 | 132,113 | | | | |
| See Attached Schedule | | | | | | |
| 6g. Total Maint. & Operating Expense (6a - 6f) | \$ 429,532 | 429,532 | | | | |
| 7. Depreciation (<i>complete schedule page 23*</i>) | | | | | | |
| a. Land Improvements | \$ 33,064 | 33,064 | | | | |
| b. Building & Building Improvements | \$ 170,817 | 170,817 | | | | |
| c. Non-Movable Equipment | \$ 99,919 | 99,919 | | | | |
| d. Movable Equipment | \$ 114,258 | 114,258 | | | | |
| *7e. Total Depreciation Costs (7a + b + c + d) | \$ 418,058 | 418,058 | | | | |
| 8. Amortization (<i>Complete att. Schedule Page 24*</i>) | | | | | | |
| a. Organization Expense | \$ | | | | | |
| b. Mortgage Expense | \$ | | | | | |
| c. Leasehold Improvements | \$ | | | | | |
| d. Other (<i>Specify</i>) | \$ | | | | | |
| *8e. Total Amortization Costs (8a + b + c + d) | \$ | | | | | |
| 9. Rental payments on leased real property less real estate taxes included in item 10b | \$ 4,718 | 4,718 | | | | |
| 10. Property Taxes | | | | | | |
| a. Real estate taxes paid by owner | \$ | | | | | |
| b. Real estate taxes paid by lessor | \$ | | | | | |
| c. Personal property taxes | \$ | | | | | |
| 11. Total Property Expenses (7e + 8e + 9 + 10) | \$ 422,776 | 422,776 | | | | |

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

Depreciation Schedule

| Name of Facility Waveny Care Center, Inc. | | License No. 942-C | | | Report for Year Ended 9/30/2019 | | | Page 23 | of 37 | | | | |
|--|--|--|--------------------------|---------------------------|---|--|--------------------------|-------------------------------|---|--|----------------|-------------------------------|---------|
| Property Item | | Historical Cost Exclusive of Land | Less Salvage Value | Cost to Be Depreciated | Accumulated Depreciation to Beginning of Year's Operations | Method of Computing Depreciation | Useful Life | Depreciation for This Year | Totals | | | | |
| A. Land Improvements | | | | | | | | | | | | | |
| 1. Acquired prior to this report period | | 396,265 | | 396,265 | 125,648 | S/L | Various | 32,683 | | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | 17,250 | | 17,250 | | S/L | Various | 381 | | | | | |
| A-4. Subtotal | | | | | | | | | 33,064 | | | | |
| B. Building and Building Improvements | | | | | | | | | | | | | |
| 1. Acquired prior to this report period | | 8,382,225 | | 8,382,225 | 4,301,190 | S/L | Various | 168,183 | | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | 79,653 | | 79,653 | | S/L | Various | 2,634 | | | | | |
| B-4. Subtotal | | | | | | | | | 170,817 | | | | |
| C. Non-Movable Equipment | | | | | | | | | | | | | |
| 1. Acquired prior to this report period | | 2,894,849 | | 2,894,849 | 2,163,129 | S/L | Various | 99,615 | | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | 8,152 | | 8,152 | | S/L | Various | 304 | | | | | |
| C-4. Subtotal | | | | | | | | | 99,919 | | | | |
| | | Is a mileage logbook maintained? | | Date of Acquisition | | Historical Cost Exclusive of Land | Less Salvage Value | Cost to Be Depreciated | Accumulated Depreciation to Beginning of Year's Operations | Method of Computing Depreciation | Useful Life | Depreciation for This Year | Totals |
| | | Yes | No | Month | Year | | | | | | | | |
| D. Movable Equipment | | | | | | | | | | | | | |
| 1. Motor Vehicles (Specify name, model and year of each vehicle) | | | | | | | | | | | | | |
| a. Dodge Van / Ford Coach | | X | | Var | Var | 74,071 | | 74,071 | 74,071 | S/L | Various | | |
| b. Snow Plow Equipment SNF Truck | | | X | 2 | 2001 | 2,383 | | 2,383 | 2,383 | S/L | 5 | | |
| c. Snow Plow Blade | | | X | 9 | 2006 | 847 | | 847 | 847 | S/L | 5 | | |
| d. 2007 Ford Pickup | | X | | 7 | 2009 | 21,187 | | 21,187 | 21,187 | S/L | 5 | | |
| 2. Movable Equipment | | | | | | | | | | | | | |
| a. Acquired prior to this report period | | | | Var | Var | 2,803,704 | | 2,803,704 | 2,463,881 | S/L | Various | 103,559 | |
| b. Disposals (attach schedule) | | | | | | | | | | | | | |
| c. Acquired during this report period (attach schedule) | | | | Var | Var | 113,288 | | 113,288 | | S/L | Various | 10,699 | |
| D-3. Subtotal | | | | | | | | | | | | | 114,258 |
| E. Total Depreciation | | | | | | | | | | | | | 418,058 |

Schedule of Land Improvements Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|--|---------------------|-----------|-------------|--------------|
| Additions: | | | | |
| See attached | See attached | \$ 17,250 | Various | \$ 381 |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Land Improvements | | \$ 17,250 | | \$ 381 * |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Land Improvements | | \$ - | | \$ - ** |

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|--|---------------------|-----------|-------------|--------------|
| Additions: | | | | |
| See attached | See attached | \$ 79,653 | Various | \$ 2,634 |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Building Improvements | | \$ 79,653 | | \$ 2,634 * |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Building Improvements | | \$ - | | \$ - ** |

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|--|---------------------|----------|-------------|--------------|
| Additions: | | | | |
| See attached | See attached | \$ 8,152 | Various | \$ 304 |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Non-Movable Equipment | | \$ 8,152 | | \$ 304 * |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Non-Movable Equipment | | \$ - | | \$ - ** |

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|--|---------------------|------------|-------------|--------------|
| Additions: | | | | |
| See attached | See attached | \$ 113,288 | Various | \$ 10,699 |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Movable Equipment | | \$ 113,288 | | \$ 10,699 * |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Movable Equipment | | \$ - | | \$ - ** |

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

| Name of Facility Wavny Care Center, Inc. | | | License No. 942-C | | Report for Year Ended 9/30/2019 | | | Page 24 | of 37 |
|---|---------------------|------|------------------------|----------------------|--|------------------------------------|--------|----------------------------|----------|
| Item | Date of Acquisition | | Length of Amortization | Cost to Be Amortized | Accumulated Amort. to Beginning of Year's Operations | Basis for Computing Amortization** | Rate % | Amortization for This Year | Totals |
| | Month | Year | | | | | | | |
| A. Organization Expense | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| A-4. Subtotal | | | | | | | | | |
| B. Mortgage Expense | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| B-4. Subtotal | | | | | | | | | |
| C. Leasehold Improvements and Other | | | | | | | | | |
| 1. Acquired prior to this report period | | | | | | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | | | | | | | | |
| C-4. Subtotal | | | | | | | | | |
| D. Total Amortization | | | | | | | | | |

* Straight-line method must be used.

** Specify which of the following bases were used:

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

WAVENY CARE CENTER
DEPRECIATION SCHEDULE
9/30/2019

LAND IMPROVEMENTS

| Date of Acquisition | Description | Cost | Depr Method | Life | 2018 Depr | Accum Depr @9/18 | 2019 Depr | Accum Depr @9/19 | NAV @9/19 |
|-------------------------------------|-----------------------------------|---------|-------------|---------|-----------|------------------|-----------|------------------|-----------|
| 300001 Prior to 10/1/01 | | 40,567 | S/L | Various | - | 40,567 | - | 40,567 | - |
| 300002 12/4 | 2 Sets Custom Aluminum Signs | 1,734 | S/L | 10 | - | 1,734 | - | 1,734 | - |
| 300003 9/5 | Planting of Shrubs | 3,095 | S/L | 5 | - | 3,095 | - | 3,095 | - |
| 300004 11/5 | Refurbish Irrigation System | 2,208 | S/L | 10 | - | 2,208 | - | 2,208 | - |
| 300005 12/10 | Sewer Force/POGS drainage systems | 90,915 | S/L | 20 | 4,546 | 34,094 | 4,546 | 38,640 | 52,275 |
| Total 2012 and Prior Acquisitions | | 138,519 | | | 4,546 | 81,698 | 4,546 | 86,244 | 52,275 |
| 2013 Acquisitions | | | | | | | | | |
| 300006 7/1/2013 | Paving of Sidewalks | 14,700 | S/L | 8 | 1,838 | 10,108 | 1,838 | 11,946 | 2,754 |
| Total 2013 Acquisitions | | 14,700 | | | 1,838 | 10,108 | 1,838 | 11,946 | 2,754 |
| 2014 Acquisitions | | | | | | | | | |
| 5/1-4 | Courtyard patio and Drainage | 19,837 | S/L | 10 | 1,984 | 9,920 | 1,984 | 11,904 | 7,933 |
| Total 2014 Acquisitions | | 19,837 | | | 1,984 | 9,920 | 1,984 | 11,904 | 7,933 |
| 2016 Acquisitions | | | | | | | | | |
| 10/21/2015 | Concrete slab for statue | 1,200 | S/L | 15 | 80 | 240 | 80 | 320 | 880 |
| 9/16 | Capone- Fencing Split with WCCIS | 25,720 | S/L | 8 | 3,215 | 9,645 | 3,215 | 12,860 | 12,860 |
| Total 2016 Acquisitions | | 26,920 | | | 3,295 | 9,885 | 3,295 | 13,180 | 13,740 |
| 2017 Acquisitions | | | | | | | | | |
| 7/1/2017 | WCC- Patio & Therapeutic Walkways | 69,378 | S/L | 15 | 4,625 | 9,250 | 4,625 | 13,875 | 55,503 |
| 11/27/2016 | HOA- Full Credit | (308) | S/L | N/A | - | (308) | - | (308) | - |
| Total 2017 Acquisitions | | 69,070 | | | 4,625 | 8,942 | 4,625 | 13,567 | 55,503 |
| 2018 Acquisitions & Disposals | | | | | | | | | |
| 4/30/2018 | Parking Lot Transfer from CIP | 131,161 | S/L | 8 | 8,198 | 8,198 | 16,395 | 24,593 | 106,568 |
| 12/1/2004 | 2 Sets Custom Aluminum Signs | (1,734) | S/L | 10 | - | (1,734) | - | (1,734) | - |
| 11/1/2005 | Refurbish Irrigation System | (2,208) | S/L | 10 | - | (2,208) | - | (2,208) | - |
| Total 2018 Acquisitions & Disposals | | 127,220 | | | 8,198 | 4,257 | 16,395 | 20,652 | 106,568 |
| 2019 Acquisitions & Disposals | | | | | | | | | |
| 10/2/2018 | K & J Tree Service | 7,200 | S/L | 20 | - | - | 180 | 180 | 7,020 |
| 11/30/2018 | Brian Capone | 10,050 | S/L | 25 | - | - | 201 | 201 | 9,849 |
| Total 2019 Acquisitions & Disposals | | 17,250 | | | - | - | 381 | 381 | 16,869 |
| Total Land Improvements | | 413,515 | | | 24,486 | 124,809 | 33,064 | 157,873 | 255,642 |

BUILDING

| Date of Acquisition | Description | Cost | Depr Method | Life | 2018 Depr | Accum Depr @9/18 | 2019 Depr | Accum Depr @9/19 | NAV @9/19 |
|-----------------------------------|-------------------------------------|-----------|-------------|---------|-----------|------------------|-----------|------------------|-----------|
| Prior to 10/1/01 | | 3,735,540 | S/L | Various | - | 3,735,540 | - | 3,735,540 | - |
| 10/01-6/02 | Renovations ReHab & Recreation | 15,591 | S/L | 20 | 780 | 12,864 | 780 | 13,644 | 1,947 |
| 5/2 | New Outpatient Area | 836 | S/L | 10 | - | 836 | - | 836 | - |
| 5/2 | Telecommunications Project | 88 | S/L | 5 | - | 88 | - | 88 | - |
| 6/2 | Add Work Flower Room | 9,980 | S/L | 15 | - | 9,980 | - | 9,980 | - |
| 9/2 | Fountain | 1,993 | S/L | 10 | - | 1,993 | - | 1,993 | - |
| 4/3 | Ceiling in Kitchen | 6,140 | S/L | 10 | - | 6,140 | - | 6,140 | - |
| 6/3 | Install outside flag pole lights | 690 | S/L | 15 | 23 | 690 | - | 690 | - |
| 8/3 | Door Opening Basement | 4,446 | S/L | 15 | 151 | 4,446 | - | 4,446 | - |
| 10/03 - 9/04 | Physical Therapy Expansion | 276,145 | S/L | 20 | 13,807 | 290,204 | 13,807 | 214,011 | 62,134 |
| 2/4 | 2nd Floor Remodeling | 6,754 | S/L | 20 | 338 | 4,898 | 338 | 5,236 | 1,518 |
| 7/4 | Interior Refurbishing | 29,000 | S/L | 20 | 1,450 | 21,025 | 1,450 | 22,475 | 6,525 |
| 9/4 | Furnish & Install ice water shield | 8,320 | S/L | 15 | 555 | 8,041 | 276 | 8,320 | 0 |
| 11/04 - 9/05 | Crafts Room | 247,202 | S/L | 20 | 12,370 | 169,053 | 12,370 | 181,423 | 65,969 |
| 12/4 | Interior Refurbishing | 10,000 | S/L | 20 | 500 | 7,500 | 500 | 8,000 | 2,000 |
| 7/05 - 9/05 | New Roof | 118,680 | S/L | 20 | 5,934 | 83,076 | 5,934 | 89,010 | 29,670 |
| 11/5 | New Roof Main Dining Room | 8,320 | S/L | 20 | 416 | 5,200 | 416 | 5,616 | 2,704 |
| 5/6 | Ice & Water Shields - Roof | 5,874 | S/L | 20 | 294 | 3,672 | 294 | 3,966 | 1,908 |
| 12/7 | Skybridge | 232,311 | S/L | 30 | 7,744 | 81,310 | 7,744 | 89,054 | 143,257 |
| 2/9 | Elevator - Care Center | 81,758 | S/L | 25 | 3,270 | 31,067 | 3,270 | 34,337 | 47,421 |
| 9/9 | Ceiling in Care Center | 74,244 | S/L | 15 | 4,950 | 47,023 | 4,950 | 51,973 | 22,271 |
| 3/10 | Renovate Dirty Utility Room | 13,701 | S/L | 25 | 548 | 4,658 | 548 | 5,206 | 8,495 |
| 3/10 | Renovate Clean Utility Room | 7,611 | S/L | 25 | 304 | 2,586 | 304 | 2,890 | 4,721 |
| 3/10 | Renovate two bathrooms | 4,254 | S/L | 25 | 170 | 1,446 | 170 | 1,616 | 2,639 |
| 8/10 | Refurbish two Nourishment rooms | 45,856 | S/L | 25 | 1,834 | 15,590 | 1,834 | 17,424 | 28,432 |
| 9/11 | Care Center Renovations | 832,042 | S/L | 25 | 33,282 | 249,614 | 33,282 | 282,896 | 549,146 |
| 1/12 | Renovations 1st floor dining room | 141,736 | S/L | 25 | 5,669 | 36,850 | 5,669 | 42,519 | 99,217 |
| Total 2012 and Prior Acquisitions | | 5,919,301 | | | 94,389 | 4,745,391 | 93,936 | 4,839,327 | 1,079,974 |
| 2014 Acquisitions | | | | | | | | | |
| 5/14 | Emergency Generator | 1,914 | S/L | 5 | 382 | 1,914 | - | 1,914 | - |
| 8/14 | Water Main | 14,049 | S/L | 20 | 702 | 3,510 | 702 | 4,212 | 9,837 |
| 6/16 | Roof | 23,950 | S/L | 20 | 1,198 | 5,990 | 1,198 | 7,188 | 16,762 |
| 9/14 | Front Septic whd | 4,358 | S/L | 20 | 218 | 1,090 | 218 | 1,308 | 3,050 |
| 9/14 | Care Center Renovations | 695,125 | S/L | 25 | 27,805 | 139,025 | 27,805 | 166,830 | 528,295 |
| 9/14 | Wallpaper CEO Office | 5,064 | S/L | 5 | 1,012 | 5,064 | - | 5,064 | - |
| 9/14 | New Cast Iron Waste Pipe | 6,617 | S/L | 20 | 331 | 1,655 | 331 | 1,986 | 4,631 |
| 9/14 | Water Meter/ Isolation Valves | 3,537 | S/L | 10 | 354 | 1,770 | 354 | 2,124 | 1,413 |
| Total 2014 Acquisitions | | 754,612 | | | 32,002 | 160,018 | 30,608 | 190,626 | 563,987 |
| 2015 Acquisitions & Disposals | | | | | | | | | |
| 10/1 | Water main | 1,784 | S/L | 20 | 89 | 356 | 89 | 445 | 1,339 |
| 10/1 | Replace sewage pump discharge lines | 3,045 | S/L | 10 | 305 | 1,220 | 305 | 1,525 | 1,520 |
| 12/1 | Loading Dock | 4,175 | S/L | 10 | 418 | 1,672 | 418 | 2,090 | 2,085 |
| 3/1 | Water main | 615 | S/L | 20 | 31 | 124 | 31 | 155 | 460 |
| 3/1 | Bathrooms | 27,305 | S/L | 25 | 1,092 | 4,368 | 1,092 | 5,460 | 21,845 |
| 5/1 | Water main | 410 | S/L | 20 | 21 | 84 | 21 | 105 | 305 |
| 6/1 | Slanted Roof Replacement | 12,600 | S/L | 20 | 630 | 2,520 | 630 | 3,150 | 9,450 |
| 6/1 | Window Replacement | 8,000 | S/L | 20 | 400 | 1,600 | 400 | 2,000 | 6,000 |
| 7/1 | Window Replacement | 11,451 | S/L | 20 | 573 | 2,292 | 573 | 2,865 | 8,586 |
| 7/1 | Water main - AJ Penna | 30,000 | S/L | 20 | 1,500 | 6,000 | 1,500 | 7,500 | 22,500 |
| 7/1 | Window Replacement | 23,400 | S/L | 20 | 1,170 | 4,680 | 1,170 | 5,850 | 17,550 |
| 8/1 | Fire Door | 1,255 | S/L | 15 | 84 | 336 | 84 | 420 | 835 |
| 8/1 | Water main - AJ Penna | 35,280 | S/L | 20 | 1,764 | 7,056 | 1,764 | 8,820 | 26,460 |
| 8/1 | Window Replacement | 11,451 | S/L | 20 | 573 | 2,292 | 573 | 2,865 | 8,586 |
| 8/1 | King's Roofing | 17,500 | S/L | 20 | 875 | 3,500 | 875 | 4,375 | 13,125 |
| 9/1 | King's Roofing | 17,500 | S/L | 20 | 875 | 3,500 | 875 | 4,375 | 13,125 |
| 9/1 | Bathrooms (Trsf from CIP) | 3,953 | S/L | 25 | 158 | 632 | 158 | 790 | 3,163 |
| 9/1 | Water main - AJ Penna | 20,100 | S/L | 20 | 1,005 | 3,015 | 1,005 | 4,020 | 16,080 |

| | | | | | | | | | |
|--|---|--------------------|-------------|--------------------|-------------|-----------|-----------|-----------|-----------|
| 9/1 | Water Main | (14,049) | S/L | 20 | (702) | (2,808) | (702) | (3,510) | (10,539) |
| 9/1 | Water Meter/ Isolation Valves | (3,537) | S/L | 10 | (354) | (1,416) | (354) | (1,770) | (1,767) |
| 9/1 | Water main | (1,784) | S/L | 20 | (89) | (312) | (89) | (401) | (1,383) |
| 9/1 | Water main | (615) | S/L | 20 | (31) | (108) | (31) | (139) | (476) |
| 9/1 | Water main | (410) | S/L | 20 | (21) | (73) | (21) | (94) | (316) |
| Total 2015 Acquisitions & Disposals | | 209,429 | | | 10,366 | 40,530 | 10,366 | 50,896 | 158,533 |
| 2016 Acquisitions & Disposals | | | | | | | | | |
| 2016 | Window Replacement | 3,238 | S/L | 20 | 162 | 486 | 162 | 648 | 2,590 |
| 2016 | Office/Bathroom/Basement+Data | 73,277 | S/L | 25 | 2,931 | 8,793 | 2,931 | 11,724 | 61,553 |
| 2016 | General Contracting Wall Repair 2nd Floor | 4,518 | S/L | 15 | 301 | 903 | 301 | 1,204 | 3,314 |
| 2016 | Alarm/Rainleach Sound | 3,650 | S/L | 15 | 243 | 729 | 243 | 972 | 2,678 |
| 2016 | Lighting Project | 59,377 | S/L | 10 | 5,938 | 17,814 | 5,938 | 23,752 | 35,625 |
| 2016 | Landside Const/Laundry room doors | 6,350 | S/L | 15 | 423 | 1,269 | 423 | 1,692 | 4,658 |
| 2016 | Santella Electric/Laundry | 4,215 | S/L | 20 | 211 | 633 | 211 | 844 | 3,371 |
| 2016 | King's Roofing | 161,700 | S/L | 20 | 8,085 | 24,255 | 8,085 | 32,340 | 129,360 |
| 2016 | Aluminum Reto-chain | 2,892 | S/L | 20 | 145 | 435 | 145 | 580 | 2,312 |
| 2016 | JH Barlow pump/repair main water | 7,477 | S/L | 20 | 374 | 1,122 | 374 | 1,496 | 5,981 |
| 2016 | Trenches for sewer pump | 3,556 | S/L | 20 | 178 | 534 | 178 | 712 | 2,844 |
| 2016 | Coastal Mechanical/ACC Basement | 8,021 | S/L | 10 | 802 | 2,406 | 802 | 3,208 | 4,813 |
| 2016 | Laundry room from CIP | 22,100 | S/L | 20 | 1,105 | 3,315 | 1,105 | 4,420 | 17,680 |
| 2016 | ReClass Roof from CIP - Infrared Survey | 1,560 | S/L | 20 | 75 | 225 | 75 | 300 | 1,200 |
| 9/1 | Disposal - Water main - AJ Penna | (20,100) | S/L | 20 | (2,010) | (3,015) | (1,005) | (4,020) | (16,080) |
| Total 2016 Acquisitions & Disposals | | 341,771 | | | 18,963 | 59,904 | 19,968 | 79,872 | 261,899 |
| 2017 Acquisitions | | | | | | | | | |
| 2017 | Basement Pump | 3,390 | S/L | 15 | 226 | 452 | 226 | 678 | 2,712 |
| 2017 | Integrated Security Sys | 1,216 | S/L | 15 | 81 | 162 | 81 | 243 | 973 |
| 2017 | New Carpet Care Center #45 | 1,845 | S/L | 5 | 369 | 738 | 369 | 1,107 | 738 |
| 2017 | New Carpet Care Center #33 | 1,495 | S/L | 5 | 299 | 598 | 299 | 897 | 598 |
| Total 2017 Acquisitions | | 7,946 | | | 975 | 1,950 | 975 | 2,925 | 5,021 |
| 2018 Acquisitions & Disposals | | | | | | | | | |
| 2018 | Replace Window Tempered Glass | 2,800 | S/L | 20 | 70 | 70 | 140 | 210 | 2,590 |
| 2018 | Building Improvements | 1,860 | S/L | 15 | 62 | 62 | 124 | 186 | 1,674 |
| 2018 | Fire Doors 3 | 3,203 | S/L | 15 | 107 | 107 | 214 | 321 | 2,882 |
| 2018 | Medical Room Refurbishment | 4,639 | S/L | 15 | 155 | 155 | 309 | 464 | 4,175 |
| 2018 | Fire Doors CareCenter Stairwell & adj Hall B3 | 4,860 | S/L | 15 | 162 | 162 | 324 | 486 | 4,374 |
| 2018 | Roll up Fire Door Kitchen | 11,650 | S/L | 10 | 583 | 583 | 1,165 | 1,748 | 9,902 |
| 2018 | Connect Fire alarm to release roll down Fire Do | 3,467 | S/L | 10 | 173 | 173 | 347 | 520 | 2,947 |
| 2018 | Carpeting HR Offices | 1,120 | S/L | 5 | 112 | 112 | 224 | 336 | 784 |
| 2018 | Circuits 20AMP Dietary | 1,085 | S/L | 20 | 27 | 27 | 54 | 81 | 1,004 |
| 2018 | Circuits for the Roll up Door Kitchen | 1,380 | S/L | 20 | 35 | 35 | 69 | 104 | 1,276 |
| 2018 | Carpeting Room #31 | 1,420 | S/L | 5 | 142 | 142 | 284 | 426 | 994 |
| 5/1/2002 | Telecommunications Project | (88) | S/L | 5 | - | (88) | - | (88) | - |
| 7/05 - 9/05 | New Roof | (118,680) | S/L | 20 | - | (118,680) | - | (118,680) | - |
| 11/1/2005 | New Roof Main Dining Room | (8,320) | S/L | 20 | - | (8,320) | - | (8,320) | - |
| 5/1/2006 | Ice & Water Shields - Roof | (5,874) | S/L | 20 | - | (5,874) | - | (5,874) | - |
| Total 2018 Acquisitions & Disposals | | (95,478) | | | 1,628 | (131,334) | 3,254 | (128,080) | 32,602 |
| 2019 Acquisitions | | | | | | | | | |
| 2019 | 2 Glass Panels HR | 1,120 | S/L | 15 | - | - | 28 | 28 | 1,092 |
| 2019 | Pit Project | 18,264 | S/L | 15 | - | - | 609 | 609 | 17,655 |
| 2019 | Outlet Relocation/Install | 1,509 | S/L | 5 | - | - | 38 | 38 | 1,471 |
| 2019 | Retab Project | 58,760 | S/L | 5 | - | - | 1,959 | 1,959 | 56,801 |
| Total 2019 Acquisitions | | 79,653 | | | - | - | 2,634 | 2,634 | 77,019 |
| Building ADP | | | | | | | | | |
| | <u>Date of Acquisition</u> | <u>Description</u> | <u>Cost</u> | <u>Depr Method</u> | <u>Life</u> | | | | |
| | Prior to 10/1/01 | | 363,043 | S/L | 40 | 9,076 | 300,086 | 9,076 | 309,162 |
| | Total 2012 and Prior Acquisitions | | 363,043 | | | 9,076 | 300,086 | 9,076 | 309,162 |
| | Total Building + Building ADP | | 7,580,277 | | | 167,398 | 5,176,545 | 170,817 | 5,347,362 |

| Fixed Equipment | | Date of Acquisition | Description | # | Cost | Depr Method | Life | 2018 Depr | Accum Depr @9/18 | 2019 Depr | Accum Depr @9/19 | NAV @9/19 |
|-----------------|--------------|-------------------------------------|-------------|----|-----------|-------------|---------|-----------|------------------|-----------|------------------|-----------|
| 400001 | | Prior to 10/1/01 | | | 1,157,984 | S/L | Various | - | 1,157,984 | - | 1,157,984 | - |
| 400002 | 10/1 | Install Tanks | | 10 | 4,330 | S/L | 10 | - | 4,330 | - | 4,330 | - |
| 400003 | 12/1 | Kitchen Equipment | | 10 | 70,000 | S/L | 10 | - | 70,000 | - | 70,000 | - |
| 400004 | 1/2 | Ceiling Heaters Shower Room | | 10 | 2,701 | S/L | 10 | - | 2,701 | - | 2,701 | - |
| 400005 | 1/2 | Fire Door | | 20 | 4,767 | S/L | 20 | 238 | 3,931 | 238 | 4,169 | 598 |
| 400006 | 1/2 | Fluorescent Lighting | | 5 | 2,426 | S/L | 5 | - | 2,426 | - | 2,426 | - |
| 400007 | 6/2 | Intercom Nurses Station | | 5 | 556 | S/L | 5 | - | 556 | - | 556 | - |
| 400008 | 6/2 | 2 Cubicle Curtains & Ceiling Tracks | | 10 | 2,806 | S/L | 10 | - | 2,806 | - | 2,806 | - |
| 400009 | 7/2 | Telephone System | | 10 | 17,528 | S/L | 10 | - | 17,528 | - | 17,528 | - |
| 400010 | 9/2 | Renovation Phase 11 | | 20 | 28 | S/L | 20 | 1 | 21 | 1 | 22 | 5 |
| 400011 | 9/2 | Repro Graphics-Plots | | 10 | 197 | S/L | 10 | 10 | 163 | 10 | 173 | 24 |
| 400012 | 9/2 | Telephone Cabling | | 10 | 1,948 | S/L | 10 | - | 1,948 | - | 1,948 | - |
| 400013 | 10/2 | Flooring Rooms 35 & 21 | | 80 | 1,600 | S/L | 20 | 80 | 1,240 | 80 | 1,320 | 280 |
| 400014 | 10/02 - 2/03 | Dish, Equipment & installation | | 10 | 5,447 | S/L | 10 | - | 5,447 | - | 5,447 | - |
| 400015 | 11/2 | 2 Door Closers | | 10 | 1,575 | S/L | 10 | - | 1,575 | - | 1,575 | - |
| 400016 | 12/2 | Outside & Basement Outlets | | 10 | 423 | S/L | 10 | - | 423 | - | 423 | - |
| 400017 | 12/2 | 11 Building Signs | | 10 | 3,450 | S/L | 10 | - | 3,450 | - | 3,450 | - |
| 400018 | 1/3 | Wall Mounted Eye Wash Station | | 10 | 269 | S/L | 10 | - | 269 | - | 269 | - |
| 400019 | 1/3 | RFD Device | | 10 | 461 | S/L | 10 | - | 461 | - | 461 | - |
| 400020 | 2/3 | Stainless Steel Backsplash | | 10 | 885 | S/L | 10 | - | 885 | - | 885 | - |
| 400021 | 2/3 | 2 Ice Machines/Water Dispenser | | 10 | 6,550 | S/L | 10 | - | 6,550 | - | 6,550 | - |
| 400022 | 2/3 | Physical Therapy Room | | 10 | 1,963 | S/L | 10 | - | 1,963 | - | 1,963 | - |
| 400023 | 2/3 | TR Room Carpeting | | 10 | 1,090 | S/L | 10 | - | 1,090 | - | 1,090 | - |
| 400024 | 4/3 | Installed 2 Recessed Lights | | 10 | 433 | S/L | 10 | - | 433 | - | 433 | - |
| 400025 | 4/3 | PT Expansion | | 10 | 1,798 | S/L | 10 | - | 1,798 | - | 1,798 | - |
| 400026 | 4/3 | Garbage Disposal & Installation | | 10 | 2,279 | S/L | 10 | - | 2,279 | - | 2,279 | - |
| 400027 | 4/3 | Furnish & Install Carpet | | 10 | 944 | S/L | 10 | - | 944 | - | 944 | - |
| 400028 | 6/3 | Flagpole Installation | | 20 | 1,580 | S/L | 20 | 79 | 1,225 | 79 | 1,304 | 277 |
| 400029 | 6/3 | Exhaust System | | 15 | 1,547 | S/L | 15 | 52 | 1,547 | - | 1,547 | - |
| 400030 | 6/3 | Security System | | 10 | 28,272 | S/L | 10 | - | 28,272 | - | 28,272 | - |
| 400031 | 6/3 | Carpet & Installation | | 10 | 922 | S/L | 10 | - | 922 | - | 922 | - |
| 400032 | 7/3 | Pushbutton Lock installed | | 15 | 765 | S/L | 15 | 26 | 765 | - | 765 | - |
| 400033 | 8/3 | Stainless Steel Shelving | | 20 | 1,016 | S/L | 20 | 51 | 788 | 51 | 839 | 177 |
| 400034 | 8/3 | Chain Link Fence | | 15 | 1,450 | S/L | 15 | 47 | 1,450 | - | 1,450 | - |
| 400035 | 9/3 | Call Bell System | | 10 | 35,341 | S/L | 10 | - | 35,341 | - | 35,341 | - |
| 400036 | 9/3 | Carpet & Installation | | 10 | 655 | S/L | 10 | - | 655 | - | 655 | - |
| 400037 | 11/3 | Call Bell System | | 10 | 1,474 | S/L | 10 | - | 1,474 | - | 1,474 | - |
| 400038 | 11/3 | Tank Monitor Leak Detection | | 15 | 11,950 | S/L | 15 | 797 | 11,553 | - | 11,553 | 397 |

| | | | | | | | | | | |
|-----------------------------------|------|--------------------------------------|-----------|-----|----|--------|-----------|--------|-----------|---------|
| 400039 | 11/3 | Call Bell System | 721 | S/L | 10 | - | 721 | - | 721 | - |
| 400040 | | | | | | - | - | - | - | - |
| 400041 | 11/3 | PA System/Satellite Dish | 1,645 | S/L | 10 | - | 1,645 | - | 1,645 | - |
| 400042 | 11/3 | Fax Line | 170 | S/L | 10 | - | 170 | - | 170 | - |
| 400043 | 11/3 | Communication Cabling | 1,633 | S/L | 10 | - | 1,633 | - | 1,633 | - |
| 400044 | 12/3 | Call Bell System | 808 | S/L | 10 | - | 808 | - | 808 | - |
| 400045 | 12/3 | Phone System | 3,510 | S/L | 10 | - | 3,510 | - | 3,510 | - |
| 400046 | 1/4 | Software | 600 | S/L | 5 | - | 600 | - | 600 | - |
| 400047 | 1/4 | Phone System | 3,474 | S/L | 10 | - | 3,474 | - | 3,474 | - |
| 400048 | 1/4 | Emergency Receptacles | 10,100 | S/L | 10 | - | 10,100 | - | 10,100 | - |
| 400049 | 1/4 | Scotchint Film 6 PT Lights | 966 | S/L | 10 | - | 966 | - | 966 | - |
| 400050 | 1/4 | Kitchen Emergency Lighting | 900 | S/L | 10 | - | 900 | - | 900 | - |
| 400051 | 2/4 | Call Bell System | 14,978 | S/L | 10 | - | 14,978 | - | 14,978 | - |
| 400052 | 2/4 | Windows Software Upgrade | 3,723 | S/L | 5 | - | 3,723 | - | 3,723 | - |
| 400053 | 2/4 | Phone System | 196,990 | S/L | 10 | - | 196,990 | - | 196,990 | - |
| 400054 | 3/4 | Install 4 Quads Basement | 640 | S/L | 10 | - | 640 | - | 640 | - |
| 400055 | 3/4 | Install Quad outlets 1st fl Nursing | 374 | S/L | 10 | - | 374 | - | 374 | - |
| 400056 | 3/4 | Software | 7,448 | S/L | 5 | - | 7,448 | - | 7,448 | - |
| 400057 | 4/4 | Melyx Pro Licenses & Installation | 2,797 | S/L | 5 | - | 2,797 | - | 2,797 | - |
| 400058 | 6/4 | Painting | 14,500 | S/L | 10 | - | 14,500 | - | 14,500 | - |
| 400059 | 6/4 | Control Unit w/Nurse call ports | 2,417 | S/L | 10 | - | 2,417 | - | 2,417 | - |
| 400060 | 6/4 | Pro Clinical & Accts Rec. Training | 1,055 | S/L | 5 | - | 1,055 | - | 1,055 | - |
| 400061 | 6/4 | Lot Wood Doors | 1,974 | S/L | 15 | 132 | 1,910 | 64 | 1,974 | 0 |
| 400062 | 7/4 | Carpeting | 86,600 | S/L | 10 | - | 86,600 | - | 86,600 | - |
| 400063 | 7/4 | Motorized Shades-Window Treats. | 3,286 | S/L | 10 | - | 3,286 | - | 3,286 | - |
| 400064 | 7/4 | Ice Bin Door | 562 | S/L | 10 | - | 562 | - | 562 | - |
| 400065 | 7/4 | Wallpaper | 993 | S/L | 5 | - | 993 | - | 993 | - |
| 400066 | 7/4 | Software Agreement | 4,348 | S/L | 5 | - | 4,348 | - | 4,348 | - |
| 400067 | 8/4 | Wallpaper | 195 | S/L | 5 | - | 195 | - | 195 | - |
| 400068 | 9/4 | On Site Training -Melyx | 2,004 | S/L | 5 | - | 2,004 | - | 2,004 | - |
| 400069 | 9/4 | Glass Replacement | 3,250 | S/L | 10 | - | 3,250 | - | 3,250 | - |
| 400070 | 9/4 | Potico Repairs & Painting | 9,202 | S/L | 10 | - | 9,202 | - | 9,202 | - |
| 400071 | 9/4 | Microwave Motion Sensor | 1,838 | S/L | 10 | - | 1,838 | - | 1,838 | - |
| 400072 | 9/4 | Lot Finishing Hardware | 729 | S/L | 10 | - | 729 | - | 729 | - |
| 400073 | 12/4 | Drapes & Cornice | 1,188 | S/L | 10 | - | 1,188 | - | 1,188 | - |
| 400074 | 1/5 | Magnetic Door Holder | 802 | S/L | 15 | 53 | 720 | 53 | 773 | 29 |
| 400075 | 1/5 | Carpeting | 32,751 | S/L | 10 | - | 32,751 | - | 32,751 | - |
| 400076 | 1/5 | Call Bell System Crdls Room | 1,520 | S/L | 10 | - | 1,520 | - | 1,520 | - |
| 400077 | 1/5 | Boards Reception Desk | 263 | S/L | 15 | 18 | 239 | 18 | 257 | 6 |
| 400078 | 2/5 | Sliding Door & Installation | 9,225 | S/L | 10 | - | 9,225 | - | 9,225 | - |
| 400079 | 8/5 | Drapes & Cornice | 2,254 | S/L | 10 | - | 2,254 | - | 2,254 | - |
| 400080 | 8/5 | Edge of Docklever | 1,450 | S/L | 10 | - | 1,450 | - | 1,450 | - |
| 400081 | 9/5 | Carpeting | 3,639 | S/L | 10 | - | 3,639 | - | 3,639 | - |
| 400082 | 9/5 | Phone System | 930 | S/L | 10 | - | 930 | - | 930 | - |
| 400083 | 9/5 | Ice & Water Machine | 4,680 | S/L | 10 | - | 4,680 | - | 4,680 | - |
| 400084 | 9/5 | Install 2 Magnetic Door Holders | 1,567 | S/L | 15 | - | 1,567 | - | 1,567 | - |
| 400085 | 9/5 | Install Insulated Glass | 2,114 | S/L | 10 | - | 2,114 | - | 2,114 | - |
| 400086 | 9/5 | Awning | 4,570 | S/L | 15 | 305 | 4,114 | 305 | 4,419 | 151 |
| 400087 | 9/5 | Outside Junction Box & Wiring | 2,947 | S/L | 20 | 147 | 1,988 | 147 | 2,135 | 812 |
| 400088 | 9/5 | Antennas/Programming/Ritron Units | 7,326 | S/L | 10 | - | 7,326 | - | 7,326 | - |
| 400089 | 9/5 | Prefinish Fire Wood Door | 2,579 | S/L | 15 | 172 | 2,321 | 172 | 2,493 | 86 |
| 400090 | 11/5 | Wallpapering Library | 810 | S/L | 10 | - | 810 | - | 810 | - |
| 400091 | 11/5 | Wallpapering Library | 336 | S/L | 10 | - | 336 | - | 336 | - |
| 400092 | 11/5 | 3 Emergency Switches Furnance | 889 | S/L | 10 | - | 889 | - | 889 | - |
| 400093 | 11/5 | New Septic Pump & Control Panel | 6,986 | S/L | 15 | 466 | 5,823 | 466 | 6,289 | 697 |
| 400094 | 12/5 | Supplies for new Septic Pump | 324 | S/L | 15 | 22 | 271 | 22 | 293 | 30 |
| 400095 | 12/5 | Wiring Septic Pump | 952 | S/L | 15 | 63 | 791 | 63 | 854 | 98 |
| 400096 | 12/5 | New Door Dirty Utility Room | 648 | S/L | 15 | 43 | 539 | 43 | 582 | 66 |
| 400097 | 1/6 | Garbage Disposal | 1,230 | S/L | 10 | - | 1,230 | - | 1,230 | - |
| 400098 | 1/6 | Refurbish Special Care Dining Room | 1,735 | S/L | 10 | - | 1,735 | - | 1,735 | - |
| 400099 | 2/6 | Install Outlet for Pellet Warmer | 365 | S/L | 10 | - | 365 | - | 365 | - |
| 400100 | 2/6 | Installation Garbage Disposal | 382 | S/L | 10 | - | 382 | - | 382 | - |
| 400101 | 3/6 | Security System | 2,900 | S/L | 10 | - | 2,900 | - | 2,900 | - |
| 400102 | 4/6 | New Piping Mechanical Room | 2,950 | S/L | 15 | 197 | 2,460 | 197 | 2,657 | 293 |
| 400103 | 4/6 | Tiling Room 107 | 2,300 | S/L | 10 | - | 2,300 | - | 2,300 | - |
| 400104 | 4/6 | Rebtl Cooling Tower Fan Mechanism | 2,465 | S/L | 10 | - | 2,465 | - | 2,465 | - |
| 400105 | 6/6 | Awning | 4,200 | S/L | 15 | 280 | 3,500 | 280 | 3,780 | 420 |
| 400106 | 6/6 | Hot Water Booster | 2,073 | S/L | 10 | - | 2,073 | - | 2,073 | - |
| 400107 | 7/6 | Awning Installation | 370 | S/L | 15 | 25 | 310 | 25 | 335 | 35 |
| 400108 | 8/6 | Wiring Awning | 600 | S/L | 15 | 40 | 500 | 40 | 540 | 60 |
| 400109 | 8/6 | 3 steel emergency exit doors | 10,347 | S/L | 20 | 517 | 6,465 | 517 | 6,982 | 3,365 |
| 400110 | 9/6 | Tile Main Vestibule | 1,287 | S/L | 20 | 64 | 803 | 64 | 867 | 420 |
| 400111 | 9/6 | Automatic Doors Front Vestible | 13,590 | S/L | 10 | - | 13,590 | - | 13,590 | - |
| 400112 | 10/6 | 4 VAV motor assemblies | 3,750 | S/L | 10 | - | 3,750 | - | 3,750 | - |
| 400113 | 1/7 | New Carpeting - Volunteer Office | 2,840 | S/L | 10 | - | 2,840 | - | 2,840 | - |
| 400114 | 1/7 | Satellite TV wiring | 8,500 | S/L | 15 | 567 | 6,518 | 567 | 7,085 | 1,415 |
| 400115 | 2/7 | New Shaft & Blower wheels A/C unit | 7,635 | S/L | 10 | - | 7,635 | - | 7,635 | - |
| 400116 | 2/7 | New Satellite TV System | 12,000 | S/L | 15 | 800 | 9,200 | 800 | 10,000 | 2,000 |
| 400117 | 3/7 | Refurbish Volunteer & Schd. Office | 1,505 | S/L | 10 | - | 1,505 | - | 1,505 | - |
| 400118 | 3/7 | Heat Exchanger | 9,431 | S/L | 15 | 629 | 7,232 | 629 | 7,861 | 1,571 |
| 400119 | 5/7 | Tray line shelf - Staff dining area | 3,165 | S/L | 10 | - | 3,165 | - | 3,165 | - |
| 400120 | 6/7 | Replacement piping Spinkler system | 3,140 | S/L | 15 | 209 | 2,406 | 209 | 2,615 | 525 |
| 400121 | 7/7 | Garbage Disposal | 2,347 | S/L | 10 | - | 2,347 | - | 2,347 | - |
| 400122 | 8/7 | Insinkerator | 1,290 | S/L | 10 | - | 1,290 | - | 1,290 | - |
| 400123 | 9/7 | 78 Brenkaway Cords | 3,638 | S/L | 5 | - | 3,638 | - | 3,638 | - |
| 400124 | 10/7 | Wanderguard additions - SNF | 39,336 | S/L | 15 | 2,622 | 27,534 | 2,622 | 30,156 | 9,180 |
| 400125 | 12/7 | Exterior Fencing | 24,651 | S/L | 15 | 1,643 | 17,254 | 1,643 | 18,897 | 5,754 |
| 400126 | 1/8 | Photo cells parking lot, heater | 1,800 | S/L | 10 | 90 | 1,800 | - | 1,800 | - |
| 400127 | 1/8 | Compressor computer room A/C | 1,881 | S/L | 10 | 94 | 1,881 | - | 1,881 | - |
| 400128 | 2/8 | Renovate Cart Wash room (Kitchen) | 10,650 | S/L | 15 | 710 | 7,455 | 710 | 8,165 | 2,485 |
| 400129 | 2/8 | Hot Water Heater | 9,859 | S/L | 10 | 492 | 9,859 | - | 9,859 | - |
| 400130 | 4/8 | Chiller | 138,464 | S/L | 20 | 6,923 | 72,693 | 6,923 | 79,616 | 58,848 |
| 400131 | 4/8 | Elect. outlets for beauty shop & UHS | 1,877 | S/L | 15 | 125 | 1,314 | 125 | 1,439 | 439 |
| 400132 | 8/8 | Backflow Preventer | 4,424 | S/L | 10 | 222 | 4,424 | - | 4,424 | - |
| 400133 | 11/8 | Parking lot light | 1,500 | S/L | 10 | 150 | 1,425 | 75 | 1,500 | - |
| 400134 | 2/9 | Hot Water Heater | 12,291 | S/L | 15 | 819 | 7,783 | 819 | 8,602 | 3,689 |
| 400135 | 3/10 | 1st floor Nurses Station | 32,842 | S/L | 20 | 1,642 | 13,957 | 1,642 | 15,599 | 17,242 |
| 400136 | 5/11 | New Transfer Switch - Generator | 7,258 | S/L | 10 | 726 | 5,444 | 726 | 6,170 | 1,087 |
| 400137 | 6/11 | New Pump Sewer system | 6,554 | S/L | 15 | 437 | 3,277 | 437 | 3,714 | 2,840 |
| 400138 | 1/12 | Wiring & Installation - Cable TV | 1,845 | S/L | 15 | 123 | 800 | 123 | 923 | 923 |
| 400139 | 1/12 | Carpeting 1st floor dining room | 6,325 | S/L | 15 | 422 | 2,742 | 422 | 3,164 | 3,161 |
| 400140 | 2/12 | Carpeting Cure Center | 120,475 | S/L | 15 | 8,032 | 52,207 | 8,032 | 60,239 | 60,236 |
| 400141 | 4/12 | Installation of Back Flow preventer | 3,105 | S/L | 10 | 310 | 2,016 | 310 | 2,326 | 779 |
| 400142 | 5/12 | Back Flow preventer valve | 1,454 | S/L | 10 | 145 | 944 | 145 | 1,089 | 366 |
| Total 2012 and Prior Acquisitions | | | 2,387,209 | | | 31,858 | 2,176,451 | 29,894 | 2,206,345 | 180,865 |
| 2013 Acquisitions | | | | | | | | | | |
| 400143 | 5/21 | Door for Volunteer Office | 1,600 | S/L | 15 | 107 | 588 | 107 | 695 | 905 |
| 400144 | 5/29 | Pumping Equipment | 30,473 | S/L | 10 | 3,047 | 16,759 | 3,047 | 19,806 | 10,667 |
| 400144 | 5/14 | Add On to Sewer pumps | 976 | S/L | 10 | 98 | 538 | 98 | 636 | 340 |
| 400144 | 6/10 | Add On to Sewer pumps | 3,375 | S/L | 10 | 338 | 1,858 | 338 | 2,196 | 1,179 |

| | | | | | | | | | | |
|-------------------------------------|---|------------------------|-------------|-------------|-----------|------------------|------------------|------------------|------------------|-----------|
| Total 2013 Acquisitions | | 36,424 | | | 3,500 | 19,744 | 3,590 | 23,334 | 13,091 | |
| 2014 Acquisitions | | | | | | | | | | |
| 11/13 | Fish tank Countertop | 2,600 | S/L | 15 | 173 | 865 | 173 | 1,038 | 1,562 | |
| 11/13 | Carpeting | 9,870 | S/L | 15 | 658 | 3,290 | 658 | 3,948 | 5,922 | |
| 11/13 | Fire Alarm System | 81,678 | S/L | 10 | 8,168 | 40,840 | 8,168 | 49,008 | 32,670 | |
| 1/14 | Aquarium Installation | 7,164 | S/L | 15 | 478 | 2,390 | 478 | 2,868 | 4,296 | |
| 2/14 | Carved sign Panel | 775 | S/L | 5 | 155 | 775 | - | 775 | - | |
| 3/14 | Straight Truck | 13,390 | S/L | 10 | 1,339 | 6,695 | 1,339 | 8,034 | 5,356 | |
| 4/14 | Mixing Valve | 4,139 | S/L | 10 | 414 | 2,070 | 414 | 2,484 | 1,655 | |
| 5/14 | Carpet, Tile, Admin Wing-Main Lobby | 18,780 | S/L | 15 | 1,252 | 6,260 | 1,252 | 7,512 | 11,268 | |
| 6/14 | Entrance & Parking lot signs | 10,738 | S/L | 10 | 1,074 | 5,370 | 1,074 | 6,444 | 4,294 | |
| 6/14 | Nurse Call System | 41,394 | S/L | 10 | 4,139 | 20,695 | 4,139 | 24,834 | 16,560 | |
| 9/14 | Generator | 668,151 | S/L | 20 | 33,408 | 167,040 | 33,408 | 204,448 | 467,703 | |
| 9/14 | Lighting | 3,660 | S/L | 10 | 366 | 1,830 | 366 | 2,196 | 1,464 | |
| Total 2014 Acquisitions | | 862,339 | | | 51,624 | 258,120 | 51,469 | 309,589 | 552,750 | |
| 2015 Acquisitions | | | | | | | | | | |
| 5/1 | Air conditioner for Data Room | 2,890 | S/L | 10 | 289 | 1,156 | 289 | 1,445 | 1,445 | |
| 6/1 | Dishwasher, Equipment & installation | 55,146 | S/L | 10 | 5,515 | 22,060 | 5,515 | 27,575 | 27,571 | |
| 8/1 | Air Conditioner for Data Room | 2,280 | S/L | 10 | 228 | 912 | 228 | 1,140 | 1,140 | |
| 9/1 | Electrical for Dishwasher | 1,330 | S/L | 10 | 133 | 532 | 133 | 665 | 665 | |
| 12/1 | Curved Sign Panel | (775) | S/L | 5 | (155) | (620) | (155) | (775) | - | |
| Total 2015 Acquisitions | | 60,871 | | | 6,010 | 24,040 | 6,010 | 30,050 | 30,821 | |
| 2016 Acquisitions | | | | | | | | | | |
| 2016 | Data Room/AC/Fire | 16,336 | S/L | 10 | 1,634 | 4,902 | 1,634 | 6,536 | 9,800 | |
| 2016 | Sewer Pump | 17,725 | S/L | 10 | 1,773 | 5,319 | 1,773 | 7,092 | 10,633 | |
| 2016 | Refrigerator | 2,765 | S/L | 10 | 277 | 831 | 277 | 1,108 | 1,657 | |
| 2016 | Water Heaters/Exhaust | 51,628 | S/L | 10 | 5,163 | 15,489 | 5,163 | 20,652 | 30,976 | |
| Total 2016 Acquisitions | | 88,454 | | | 8,847 | 26,541 | 8,847 | 35,388 | 53,066 | |
| 2017 Acquisitions | | | | | | | | | | |
| 2017 | Emergency Generator Stop | 1,306 | S/L | 12 | 109 | 218 | 109 | 327 | 979 | |
| 2017 | Heated Pellet Dispenser | 5,184 | S/L | 10 | 518 | 1,036 | 518 | 1,554 | 3,630 | |
| Total 2017 Acquisitions | | 6,490 | | | 627 | 1,254 | 627 | 1,881 | 4,609 | |
| 2018 Acquisitions & Disposals | | | | | | | | | | |
| 2/9/2018 | Voltage Regulator Generator | 2,727 | S/L | 5 | 273 | 273 | 545 | 818 | 1,909 | |
| 6/02 | 2 Cubicle Curtains & Ceiling Tracks | (2,806) | S/L | 10 | - | (2,806) | - | (2,806) | - | |
| 7/02 | Telephone System | (17,528) | S/L | 10 | - | (17,528) | - | (17,528) | - | |
| 10/02 -2/03 | Dish. Equipment & installation | (5,447) | S/L | 10 | - | (5,447) | - | (5,447) | - | |
| 12/02 | 11 Building Signs | (3,450) | S/L | 10 | - | (3,450) | - | (3,450) | - | |
| 2/03 | 2 Ice Machines/Water Dispenser | (6,550) | S/L | 10 | - | (6,550) | - | (6,550) | - | |
| 2/03 | TR Room Carpeting | (1,090) | S/L | 10 | - | (1,090) | - | (1,090) | - | |
| 4/03 | Furnish & Install Carpet | (944) | S/L | 10 | - | (944) | - | (944) | - | |
| 6/03 | Carpet & Installation | (922) | S/L | 10 | - | (922) | - | (922) | - | |
| 8/03 | Chain Link Fence | (1,450) | S/L | 15 | - | (1,450) | - | (1,450) | - | |
| 9/03 | Carpet & Installation | (655) | S/L | 10 | - | (655) | - | (655) | - | |
| 11/03 | PA System/Satellite Dish | (1,645) | S/L | 10 | - | (1,645) | - | (1,645) | - | |
| 12/03 | Phone System | (3,510) | S/L | 10 | - | (3,510) | - | (3,510) | - | |
| 1/04 | Software | (600) | S/L | 5 | - | (600) | - | (600) | - | |
| 1/04 | Phone System | (3,474) | S/L | 10 | - | (3,474) | - | (3,474) | - | |
| 1/04 | Emergency Receptacles | (10,100) | S/L | 10 | - | (10,100) | - | (10,100) | - | |
| 2/04 | Windows Software Upgrade | (3,723) | S/L | 5 | - | (3,723) | - | (3,723) | - | |
| 2/04 | Phone System | (196,990) | S/L | 10 | - | (196,990) | - | (196,990) | - | |
| 6/04 | Pro Clinical & Aects Rec. Training | (1,055) | S/L | 5 | - | (1,055) | - | (1,055) | - | |
| 7/04 | Carpeting | (86,600) | S/L | 10 | - | (86,600) | - | (86,600) | - | |
| 7/04 | Motorized Shades-Window Treats. | (3,286) | S/L | 10 | - | (3,286) | - | (3,286) | - | |
| 12/04 | Drapes & Cornice | (1,188) | S/L | 10 | - | (1,188) | - | (1,188) | - | |
| 1/05 | Carpeting | (32,751) | S/L | 10 | - | (32,751) | - | (32,751) | - | |
| 8/05 | Drapes & Cornice | (2,254) | S/L | 10 | - | (2,254) | - | (2,254) | - | |
| 9/05 | Carpeting | (3,639) | S/L | 10 | - | (3,639) | - | (3,639) | - | |
| 9/05 | Carpeting | (930) | S/L | 10 | - | (930) | - | (930) | - | |
| 9/05 | Phone System | (7,326) | S/L | 10 | - | (7,326) | - | (7,326) | - | |
| 9/05 | Antennas/Programming/Rf/ten Units | (365) | S/L | 10 | - | (365) | - | (365) | - | |
| 2/06 | Install Outlet for Pellet Warmer | (365) | S/L | 10 | - | (365) | - | (365) | - | |
| 4/06 | Tiling Room 107 | (2,300) | S/L | 10 | - | (2,300) | - | (2,300) | - | |
| 1/07 | New Carpeting - Volunteer Office | (2,840) | S/L | 10 | - | (2,840) | - | (2,840) | - | |
| 1/07 | Satellite TV wiring | (8,500) | S/L | 15 | - | (6,518) | (567) | (7,085) | (1,415) | |
| 2/07 | New Satellite TV System | (12,000) | S/L | 15 | - | (9,200) | (800) | (10,000) | (2,000) | |
| 5/07 | Tray line shelf - Staff dining area | (3,165) | S/L | 10 | - | (3,165) | - | (3,165) | - | |
| 1/08 | Photo cells parking lot, heater | (1,800) | S/L | 10 | - | (1,800) | - | (1,800) | - | |
| 1/08 | Compressor computer room A/C | (1,881) | S/L | 10 | - | (1,881) | - | (1,881) | - | |
| Total 2018 Acquisitions & Disposals | | (430,036) | | | 273 | (427,708) | (822) | (428,530) | (1,506) | |
| 2019 Acquisitions | | | | | | | | | | |
| 11/9/2018 | Air Transmitter Pneumatic Receiver , Controller | 2,798 | S/L | 20 | - | - | 70 | 70 | 2,728 | |
| 4/25/2019 | Steam Table Cafeteria | 3,100 | S/L | 10 | - | - | 155 | 155 | 2,945 | |
| 5/3/2019 | Code Compliance kitchen Outlets | 1,382 | S/L | 20 | - | - | 35 | 35 | 1,347 | |
| 6/18/2019 | Parking lot space signs (WCC portion) | 872 | S/L | 10 | - | - | 44 | 44 | 828 | |
| Total 2019 Acquisitions | | 8,152 | | | - | - | 304 | 304 | 7,848 | |
| Total Fixed Equipment | | 3,019,904 | | | 102,829 | 2,078,442 | 99,919 | 2,178,361 | 841,544 | |
| Fixed Equipment ADP | | | | | | | | | | |
| | Date of Acquisition | Cost | Depr Method | Useful Life | 2018 Depr | Accum Depr @9/18 | 2019 Depr | Accum Depr @9/19 | NAV @9/19 | |
| | Prior to 10/1/01 | 2,228 | | | - | 2,228 | - | 2,228 | - | |
| | 2018 Disposal | (2,228) | | | - | (2,228) | - | (2,228) | - | |
| Total Fixed Equipment ADP | | - | | | - | - | - | - | - | |
| Fixed Equipment Geriatric | | | | | | | | | | |
| | Date of Acquisition | Cost | Depr Method | Useful Life | 2018 Depr | Accum Depr @9/18 | 2019 Depr | Accum Depr @9/19 | NAV @9/19 | |
| | Prior to 10/1/01 | 525 | | | - | 525 | - | 525 | - | |
| | 2018 Disposal | (525) | | | - | (525) | - | (525) | - | |
| Total Fixed Equipment - Geriatric | | - | | | - | - | - | - | - | |
| Total Fixed Equip + ADP + Geriatric | | 3,019,904 | | | 102,829 | 2,078,442 | 99,919 | 2,178,361 | 841,544 | |
| Movable Equipment | | | | | | | | | | |
| | Date of Acquisition | Description | Cost | Depr Method | Life | 2018 Depr | Accum Depr @9/18 | 2019 Depr | Accum Depr @9/19 | NAV @9/19 |
| | 5/00/01 Prior to 10/1/01 | | 1,209,778 | | | - | 1,209,778 | - | 1,209,778 | - |
| | 5/00/02 10/1 | Tables Employee Lounge | 732 | S/L | 20 | 37 | 606 | 37 | 643 | 89 |

| | | | | | | | | | | |
|--------|------|------------------------------------|--------|-----|----|-----|--------|------|--------|-------|
| 500003 | 10/1 | Storage Cabinet | 338 | S/L | 15 | - | 338 | - | 338 | - |
| 500004 | 10/1 | Chair | 375 | S/L | 10 | - | 375 | - | 375 | - |
| 500005 | 11/1 | Refrigerator | 1,313 | S/L | 10 | - | 1,313 | - | 1,313 | - |
| 500006 | 11/1 | Stainless Steel Stand | 300 | S/L | 10 | - | 300 | - | 300 | - |
| 500007 | 11/1 | 4 Janitor Carts | 1,256 | S/L | 10 | - | 1,256 | - | 1,256 | - |
| 500008 | 11/1 | Shelves | 3,260 | S/L | 20 | 163 | 2,689 | 163 | 2,852 | 407 |
| 500009 | 11/3 | 3 Vacuum Cleaners | 1,085 | S/L | 5 | - | 1,085 | - | 1,085 | - |
| 500010 | 11/3 | Hum Hot Water Machine | 1,100 | S/L | 5 | - | 1,100 | - | 1,100 | - |
| 500011 | 11/3 | Envelope feeder | 242 | S/L | 5 | - | 242 | - | 242 | - |
| 500012 | 12/1 | 4 RCA 20" TVs | 1,402 | S/L | 5 | - | 1,402 | - | 1,402 | - |
| 500013 | 12/1 | Reupholster 20 Chairs | 3,890 | S/L | 10 | - | 3,890 | - | 3,890 | - |
| 500014 | 1/2 | 4 Monitors & Configuration | 4,266 | S/L | 10 | - | 4,266 | - | 4,266 | - |
| 500015 | 1/2 | Posts & Caps | 1,213 | S/L | 10 | - | 1,213 | - | 1,213 | - |
| 500016 | 1/2 | Food Processor | 799 | S/L | 5 | - | 799 | - | 799 | - |
| 500017 | 2/2 | 2 Enhancer Cushions | 629 | S/L | 10 | - | 629 | - | 629 | - |
| 500018 | 3/2 | Copier | 1,745 | S/L | 5 | - | 1,745 | - | 1,745 | - |
| 500019 | 3/2 | PC Modems | 170 | S/L | 5 | - | 170 | - | 170 | - |
| 500020 | 4/2 | ErgoFit Scale | 1,694 | S/L | 15 | - | 1,694 | - | 1,694 | - |
| 500021 | 4/2 | Clean Craft Caps for Posts | 202 | S/L | 10 | - | 202 | - | 202 | - |
| 500022 | 4/2 | Computer Equipment | 4,409 | S/L | 5 | - | 4,409 | - | 4,409 | - |
| 500023 | 4/2 | Enhancer Cushion | 299 | S/L | 10 | - | 299 | - | 299 | - |
| 500024 | 4/2 | ErgoFit Scale | 1,700 | S/L | 15 | - | 1,700 | - | 1,700 | - |
| 500025 | 4/2 | 2 File Cabinets | 884 | S/L | 15 | - | 884 | - | 884 | - |
| 500026 | 4/2 | 10 Cial Extractor | 2,071 | S/L | 5 | - | 2,071 | - | 2,071 | - |
| 500027 | 5/2 | Copier Nurses office | 4,080 | S/L | 5 | - | 4,080 | - | 4,080 | - |
| 500028 | 5/2 | Lap Top | 2,343 | S/L | 5 | - | 2,343 | - | 2,343 | - |
| 500029 | 5/2 | File Cabinets | 2,309 | S/L | 15 | - | 2,309 | - | 2,309 | - |
| 500030 | 5/2 | Rovic (Correction) | (85) | S/L | 1 | - | (85) | (85) | (170) | 85 |
| 500031 | 5/2 | 2 Zann Mattresses | 2,400 | S/L | 10 | - | 2,400 | - | 2,400 | - |
| 500032 | 6/2 | Multimedia Plasma Monitor | 4,542 | S/L | 7 | - | 4,542 | - | 4,542 | - |
| 500033 | 6/2 | Keyboard | 211 | S/L | 5 | - | 211 | - | 211 | - |
| 500034 | 6/2 | Cables (5) | 106 | S/L | 10 | - | 106 | - | 106 | - |
| 500035 | 6/2 | 4 Zann Mattresses | 4,800 | S/L | 10 | - | 4,800 | - | 4,800 | - |
| 500036 | 6/2 | Altadyme | 2,295 | S/L | 10 | - | 2,295 | - | 2,295 | - |
| 500037 | 7/2 | Physical Therapy Equipment | 60,227 | S/L | 10 | - | 60,227 | - | 60,227 | - |
| 500038 | 7/2 | Resident Education Desk Design | 672 | S/L | 20 | 34 | 556 | 34 | 590 | 82 |
| 500039 | 7/2 | Artwork Hallway Employee Lounge | 1,635 | S/L | 15 | - | 1,635 | - | 1,635 | - |
| 500040 | 7/2 | File Cabinets PT Room | 1,698 | S/L | 15 | - | 1,698 | - | 1,698 | - |
| 500041 | 8/2 | Chairs | 488 | S/L | 10 | - | 488 | - | 488 | - |
| 500042 | 8/2 | Viewsonic | 776 | S/L | 5 | - | 776 | - | 776 | - |
| 500043 | 8/2 | 6 Recliners | 6,535 | S/L | 10 | - | 6,535 | - | 6,535 | - |
| 500044 | 8/2 | Credit IBM | (35) | S/L | 5 | - | (35) | - | (35) | - |
| 500045 | 9/2 | Walkie Talkies | 1,968 | S/L | 5 | - | 1,968 | - | 1,968 | - |
| 500046 | 9/2 | Litter Receptacle with stone | 2,446 | S/L | 10 | - | 2,446 | - | 2,446 | - |
| 500047 | 9/2 | Portable PA System | 426 | S/L | 10 | - | 426 | - | 426 | - |
| 500048 | 10/2 | Color TV & VCR | 592 | S/L | 5 | - | 592 | - | 592 | - |
| 500049 | 10/2 | Cover PA System | 42 | S/L | 5 | - | 42 | - | 42 | - |
| 500050 | 10/2 | SYM JRCXCOMB V4.8 CD | 134 | S/L | 5 | - | 134 | - | 134 | - |
| 500051 | 10/2 | Digital Camera | 513 | S/L | 5 | - | 513 | - | 513 | - |
| 500052 | 10/2 | File Cabinet & Chair | 215 | S/L | 10 | - | 215 | - | 215 | - |
| 500053 | 10/2 | 2 Ergofits | 8,764 | S/L | 10 | - | 8,764 | - | 8,764 | - |
| 500054 | 11/2 | Desk | 1,027 | S/L | 20 | 51 | 794 | 51 | 845 | 181 |
| 500055 | 11/2 | Chrome Wire Shelves & Custers | 8,957 | S/L | 10 | - | 8,957 | - | 8,957 | - |
| 500056 | 11/2 | Leaf Blower | 450 | S/L | 5 | - | 450 | - | 450 | - |
| 500057 | 11/2 | Water Cooler | 1,500 | S/L | 10 | - | 1,500 | - | 1,500 | - |
| 500058 | 11/2 | Telephones CAT5c | 1,262 | S/L | 10 | - | 1,262 | - | 1,262 | - |
| 500059 | 12/2 | Super Coach Vacuum/Attachments | 445 | S/L | 10 | - | 445 | - | 445 | - |
| 500060 | 12/2 | Vacuum Cleaners | 1,800 | S/L | 8 | - | 1,800 | - | 1,800 | - |
| 500061 | 12/2 | Computer Software | 360 | S/L | 5 | - | 360 | - | 360 | - |
| 500062 | 12/2 | Vacuum | 633 | S/L | 8 | - | 633 | - | 633 | - |
| 500063 | 12/2 | 10 Pentium 4 Computers | 6,120 | S/L | 5 | - | 6,120 | - | 6,120 | - |
| 500064 | 1/3 | Copier | 18,795 | S/L | 5 | - | 18,795 | - | 18,795 | - |
| 500065 | 1/3 | Furniture | 7,755 | S/L | 10 | - | 7,755 | - | 7,755 | - |
| 500066 | 1/3 | Shade & Valance Conference Room | 695 | S/L | 10 | - | 695 | - | 695 | - |
| 500067 | 1/3 | Scanner, CDRW Memory | 593 | S/L | 5 | - | 593 | - | 593 | - |
| 500068 | 1/3 | Surge Protector Outlets Time Clock | 574 | S/L | 10 | - | 574 | - | 574 | - |
| 500069 | 2/3 | Payroll System | 6,950 | S/L | 5 | - | 6,950 | - | 6,950 | - |
| 500070 | 2/3 | 2 Headsets & Cordless Base | 683 | S/L | 5 | - | 683 | - | 683 | - |
| 500071 | 2/3 | Gerchair | 186 | S/L | 10 | - | 186 | - | 186 | - |
| 500072 | 2/3 | Addressograph Machine | 495 | S/L | 5 | - | 495 | - | 495 | - |
| 500073 | 2/3 | 3 Phone Cables | 545 | S/L | 10 | - | 545 | - | 545 | - |
| 500074 | 2/3 | Phone Lines & Cables | 1,552 | S/L | 10 | - | 1,552 | - | 1,552 | - |
| 500075 | 3/3 | Computer Equipment | 513 | S/L | 5 | - | 513 | - | 513 | - |
| 500076 | 3/3 | Computer Equipment | 344 | S/L | 5 | - | 344 | - | 344 | - |
| 500077 | 3/3 | Fax Machine | 1,179 | S/L | 3 | - | 1,179 | - | 1,179 | - |
| 500078 | 3/3 | 16 Monitors | 2,146 | S/L | 5 | - | 2,146 | - | 2,146 | - |
| 500079 | 3/3 | Pallet Hand Truck | 505 | S/L | 10 | - | 505 | - | 505 | - |
| 500080 | 3/3 | Computer XP Upgrade | 1,192 | S/L | 5 | - | 1,192 | - | 1,192 | - |
| 500081 | 3/3 | 2 Low Profile Cushion | 608 | S/L | 10 | - | 608 | - | 608 | - |
| 500082 | 4/3 | Reclining Chair | 2,000 | S/L | 10 | - | 2,000 | - | 2,000 | - |
| 500083 | 4/3 | Cabinets & Overhead Storage | 8,562 | S/L | 10 | - | 8,562 | - | 8,562 | - |
| 500084 | 4/3 | Foot Pillows | 233 | S/L | 5 | - | 233 | - | 233 | - |
| 500085 | 4/3 | Phone lines & Cable | 1,025 | S/L | 10 | - | 1,025 | - | 1,025 | - |
| 500086 | 5/3 | Mini Spotter Kit/Extractor | 3,398 | S/L | 5 | - | 3,398 | - | 3,398 | - |
| 500087 | 5/3 | Heel Elevating Cushion | 232 | S/L | 5 | - | 232 | - | 232 | - |
| 500088 | 5/3 | Nurses Station | 7,788 | S/L | 15 | 260 | 7,788 | - | 7,788 | - |
| 500089 | 5/3 | Safety Cabinet | 506 | S/L | 15 | 16 | 506 | - | 506 | - |
| 500090 | 5/3 | 9 Chairs | 3,607 | S/L | 10 | - | 3,607 | - | 3,607 | - |
| 500091 | 5/3 | Computer Equipment | 1,269 | S/L | 5 | - | 1,269 | - | 1,269 | - |
| 500092 | 6/3 | Wheelod Stretchlers | 743 | S/L | 10 | - | 743 | - | 743 | - |
| 500093 | 7/3 | Refrigerator | 5,300 | S/L | 10 | - | 5,300 | - | 5,300 | - |
| 500094 | 7/3 | 3 TVs | 1,034 | S/L | 5 | - | 1,034 | - | 1,034 | - |
| 500095 | 8/3 | Computers | 6,641 | S/L | 5 | - | 6,641 | - | 6,641 | - |
| 500096 | 9/3 | Piano | 11,395 | S/L | 20 | 570 | 8,832 | 570 | 9,402 | 1,993 |
| 500097 | 9/3 | Fax Machine | 715 | S/L | 3 | - | 715 | - | 715 | - |
| 500098 | 9/3 | Fish Tank | 1,205 | S/L | 10 | - | 1,205 | - | 1,205 | - |
| 500099 | 9/3 | Sound Buffles | 225 | S/L | 10 | - | 225 | - | 225 | - |
| 500100 | 10/3 | Convalescent Recliner | 457 | S/L | 10 | - | 457 | - | 457 | - |
| 500101 | 11/3 | Recliner Wheelchair | 564 | S/L | 5 | - | 564 | - | 564 | - |
| 500102 | 11/3 | Recliner | 1,341 | S/L | 10 | - | 1,341 | - | 1,341 | - |
| 500103 | 11/3 | Microtates/Stainless steel shelf | 700 | S/L | 10 | - | 700 | - | 700 | - |
| 500104 | 11/3 | PT Equipment | 2,011 | S/L | 10 | - | 2,011 | - | 2,011 | - |
| 500105 | 11/3 | CallPac Cooling Unit/Optiflex CPM | 3,859 | S/L | 10 | - | 3,859 | - | 3,859 | - |
| 500106 | 11/3 | Staircase/Stool | 1,109 | S/L | 10 | - | 1,109 | - | 1,109 | - |
| 500107 | 11/3 | 3 Therapy Bars/Ring Tows | 124 | S/L | 10 | - | 124 | - | 124 | - |
| 500108 | 11/3 | ErgoFit Scale | 3,420 | S/L | 10 | - | 3,420 | - | 3,420 | - |
| 500109 | 11/3 | Mobile Cart | 333 | S/L | 10 | - | 333 | - | 333 | - |
| 500110 | 11/3 | Sport Cycle | 742 | S/L | 10 | - | 742 | - | 742 | - |
| 500111 | 12/3 | Chairs/File Cabinets | 4,603 | S/L | 5 | - | 4,603 | - | 4,603 | - |
| 500112 | 12/3 | 2 Beds w/Frames | 2,693 | S/L | 10 | - | 2,693 | - | 2,693 | - |
| 500113 | 12/3 | Chan | 486 | S/L | 10 | - | 486 | - | 486 | - |

| | | | | | | | | | | |
|--------|------|--------------------------------------|--------|-----|----|-------|--------|-------|--------|-----|
| 500114 | 12/3 | Donor Board | 1,284 | S/L | 10 | - | 1,284 | - | 1,284 | - |
| 500115 | 12/3 | PT Equipment | 14,631 | S/L | 10 | - | 14,631 | - | 14,631 | - |
| 500116 | 12/3 | Cuisinart DLC Plus | 800 | S/L | 5 | - | 800 | - | 800 | - |
| 500117 | 1/4 | Vacuum Cleaner | 317 | S/L | 8 | - | 317 | - | 317 | - |
| 500118 | 1/4 | 13 Computers | 9,218 | S/L | 5 | - | 9,218 | - | 9,218 | - |
| 500119 | 1/4 | Television | 500 | S/L | 5 | - | 500 | - | 500 | - |
| 500120 | 1/4 | Automatic Sweeper | 3,056 | S/L | 5 | - | 3,056 | - | 3,056 | - |
| 500121 | 1/4 | Chrome Wire Shelves | 465 | S/L | 20 | 23 | 335 | 23 | 358 | 107 |
| 500122 | 1/4 | 5 Framed Prints | 1,000 | S/L | 15 | 67 | 968 | 32 | 1,000 | 0 |
| 500123 | 1/4 | PT Equipment | 6,124 | S/L | 10 | - | 6,124 | - | 6,124 | - |
| 500124 | 1/4 | Burnisher w/Pad Holder | 856 | S/L | 10 | - | 856 | - | 856 | - |
| 500125 | 1/4 | Snow Blower | 1,299 | S/L | 5 | - | 1,299 | - | 1,299 | - |
| 500126 | 2/4 | PT Equipment | 4,945 | S/L | 10 | - | 4,945 | - | 4,945 | - |
| 500127 | 2/4 | Extractor | 5,804 | S/L | 5 | - | 5,804 | - | 5,804 | - |
| 500128 | 2/4 | 2 Donor Board Frames | 1,750 | S/L | 10 | - | 1,750 | - | 1,750 | - |
| 500129 | 3/4 | Computer Enginaver | 1,922 | S/L | 5 | - | 1,922 | - | 1,922 | - |
| 500130 | 3/4 | Furniture for Offices | 24,919 | S/L | 15 | 1,661 | 24,087 | - | 24,087 | 832 |
| 500131 | 3/4 | Draperies | 10,370 | S/L | 5 | - | 10,370 | - | 10,370 | - |
| 500132 | 4/4 | Chairs | 4,260 | S/L | 15 | 284 | 4,118 | 142 | 4,260 | - |
| 500133 | 4/4 | Tracers & Recliners | 6,049 | S/L | 10 | - | 6,049 | - | 6,049 | - |
| 500134 | 4/4 | Corian Table | 1,595 | S/L | 15 | 106 | 1,541 | 54 | 1,595 | 0 |
| 500135 | 4/4 | Furniture | 11,281 | S/L | 15 | 752 | 10,905 | 376 | 11,281 | 0 |
| 500136 | 4/4 | Mats | 2,737 | S/L | 5 | - | 2,737 | - | 2,737 | - |
| 500137 | 5/4 | Chair & Table | 2,246 | S/L | 15 | 150 | 2,172 | 74 | 2,246 | (0) |
| 500138 | 5/4 | Lift Chair | 1,659 | S/L | 10 | - | 1,659 | - | 1,659 | - |
| 500139 | 5/4 | Computers | 1,109 | S/L | 5 | - | 1,109 | - | 1,109 | - |
| 500140 | 5/4 | Vapor Heat Steamer | 2,108 | S/L | 5 | - | 2,108 | - | 2,108 | - |
| 500141 | 6/4 | Computers | 3,655 | S/L | 5 | - | 3,655 | - | 3,655 | - |
| 500142 | 6/4 | Chair | 285 | S/L | 15 | 19 | 275 | 9 | 284 | 0 |
| 500143 | 6/4 | Furniture | 16,302 | S/L | 15 | 1,087 | 15,759 | 542 | 16,301 | 0 |
| 500144 | 6/4 | Draperies | 1,188 | S/L | 5 | - | 1,188 | - | 1,188 | - |
| 500145 | 6/4 | Lobby Furniture | 3,000 | S/L | 15 | 200 | 2,900 | 100 | 3,000 | - |
| 500146 | 6/4 | Reception Desk | 450 | S/L | 15 | 30 | 435 | 15 | 450 | - |
| 500147 | 7/4 | 2 Lift Chairs | 1,106 | S/L | 10 | - | 1,106 | - | 1,106 | - |
| 500148 | 7/4 | Draperies | 10,370 | S/L | 5 | - | 10,370 | - | 10,370 | - |
| 500149 | 7/4 | Portable Radio | 1,458 | S/L | 10 | - | 1,458 | - | 1,458 | - |
| 500150 | 7/4 | 55 Gal. Fish Tank Complete | 600 | S/L | 10 | - | 600 | - | 600 | - |
| 500151 | 8/4 | Benches Reupholstered & Woodwork | 3,630 | S/L | 10 | - | 3,630 | - | 3,630 | - |
| 500152 | 8/4 | Glass Wood Loungie | 325 | S/L | 10 | - | 325 | - | 325 | - |
| 500153 | 8/4 | Furniture | 39,833 | S/L | 15 | 2,656 | 38,506 | 1,328 | 39,834 | (0) |
| 500154 | 8/4 | Textiles | 535 | S/L | 5 | - | 535 | - | 535 | - |
| 500155 | 9/4 | Hammock Slings | 621 | S/L | 10 | - | 621 | - | 621 | - |
| 500156 | 9/4 | Wheelchair Scale | 2,400 | S/L | 10 | - | 2,400 | - | 2,400 | - |
| 500157 | 9/4 | Reception Desk | 450 | S/L | 15 | 30 | 435 | 15 | 450 | - |
| 500158 | 9/4 | Equipment System for MDS | 5,500 | S/L | 5 | - | 5,500 | - | 5,500 | - |
| 500159 | 9/4 | Furniture | 1,783 | S/L | 15 | 119 | 1,724 | 59 | 1,783 | (0) |
| 500160 | 9/4 | Ergolift | 300 | S/L | 5 | - | 300 | - | 300 | - |
| 500161 | 10/4 | Computers | 2,789 | S/L | 5 | - | 2,789 | - | 2,789 | - |
| 500162 | 10/4 | Power Shredder | 1,200 | S/L | 5 | - | 1,200 | - | 1,200 | - |
| 500163 | 10/4 | Upholster Chairs/Refinish wood frame | 3,500 | S/L | 7 | - | 3,500 | - | 3,500 | - |
| 500164 | 11/4 | Auto Display Pager | 374 | S/L | 10 | - | 374 | - | 374 | - |
| 500165 | 11/4 | Lakeside Kitchen Cart | 370 | S/L | 10 | - | 370 | - | 370 | - |
| 500166 | 12/4 | New File Server | 5,588 | S/L | 5 | - | 5,588 | - | 5,588 | - |
| 500167 | 12/4 | Furniture | 11,708 | S/L | 12 | 976 | 10,245 | 976 | 11,221 | 486 |
| 500168 | 12/4 | Patient Lift | 2,400 | S/L | 10 | - | 2,400 | - | 2,400 | - |
| 500169 | 12/4 | Reupholster/refinish Furniture | 3,500 | S/L | 7 | - | 3,500 | - | 3,500 | - |
| 500170 | 1/5 | Furniture | 3,351 | S/L | 15 | 223 | 3,014 | 223 | 3,237 | 114 |
| 500171 | 1/5 | Reupholster 14 chairs refinish wood | 3,500 | S/L | 7 | - | 3,500 | - | 3,500 | - |
| 500172 | 2/5 | Blackberry | 318 | S/L | 5 | - | 318 | - | 318 | - |
| 500173 | 2/5 | Hiatric Bed & Side rails | 4,200 | S/L | 15 | 280 | 3,780 | 280 | 4,060 | 140 |
| 500174 | 3/5 | Furniture Cnals room | 6,702 | S/L | 10 | - | 6,702 | - | 6,702 | - |
| 500175 | 3/5 | Framing, Prints & Mirror | 2,311 | S/L | 15 | 154 | 2,079 | 154 | 2,233 | 77 |
| 500176 | 3/5 | Copier | 18,495 | S/L | 5 | - | 18,495 | - | 18,495 | - |
| 500177 | 3/5 | Blade for Cisco 6500 Series | 4,820 | S/L | 5 | - | 4,820 | - | 4,820 | - |
| 500178 | 3/5 | Medline Software for Tracking | 2,250 | S/L | 5 | - | 2,250 | - | 2,250 | - |
| 500179 | 3/5 | New File Server | 5,536 | S/L | 15 | 369 | 5,351 | 185 | 5,536 | (0) |
| 500180 | 4/5 | 5 Zenith TVs | 1,614 | S/L | 5 | - | 1,614 | - | 1,614 | - |
| 500181 | 4/5 | Framing, Prints & Mirror | 2,311 | S/L | 15 | 77 | 2,311 | - | 4,202 | 144 |
| 500182 | 5/5 | Furniture Library | 4,346 | S/L | 15 | 290 | 3,912 | 290 | 4,670 | 25 |
| 500183 | 5/5 | Framing, Prints & Mirror | 695 | S/L | 15 | 46 | 624 | 46 | 670 | - |
| 500184 | 6/5 | Laumex Low Bed | 1,344 | S/L | 15 | 90 | 1,211 | 90 | 1,301 | 43 |
| 500185 | 6/5 | 42" TV | 1,500 | S/L | 5 | - | 1,500 | - | 1,500 | - |
| 500186 | 6/5 | Refinish Furniture | 2,900 | S/L | 7 | - | 2,900 | - | 2,900 | - |
| 500187 | 7/5 | Lamps & Shades | 561 | S/L | 10 | - | 561 | - | 561 | - |
| 500188 | 7/5 | TV Stand | 200 | S/L | 15 | 13 | 179 | 13 | 192 | 8 |
| 500189 | 7/5 | Computer Equipment | 3,675 | S/L | 5 | - | 3,675 | - | 3,675 | - |
| 500190 | 8/5 | Furniture | 4,606 | S/L | 12 | - | 4,606 | - | 4,606 | - |
| 500191 | 9/5 | Refinish Furniture | 4,360 | S/L | 7 | - | 4,360 | - | 4,360 | - |
| 500192 | 9/5 | Robot Coupe w/mixer | 900 | S/L | 10 | - | 900 | - | 900 | - |
| 500193 | 9/5 | Cuisinart DLC | 799 | S/L | 10 | - | 799 | - | 799 | - |
| 500194 | 9/5 | Copier | 4,815 | S/L | 5 | - | 4,815 | - | 4,815 | - |
| 500195 | 9/5 | Mobile Tool Cart | 660 | S/L | 10 | - | 660 | - | 660 | - |
| 500196 | 9/5 | Pallet Truck | 562 | S/L | 10 | - | 562 | - | 562 | - |
| 500197 | 9/5 | Computer Equipment | 4,458 | S/L | 5 | - | 4,458 | - | 4,458 | - |
| 500198 | 9/5 | Computer | 1,200 | S/L | 5 | - | 1,200 | - | 1,200 | - |
| 500199 | 9/5 | Refinish & reupholster Furniture | 3,060 | S/L | 7 | - | 3,060 | - | 3,060 | - |
| 500200 | 9/5 | Marketing Software | 860 | S/L | 5 | - | 860 | - | 860 | - |
| 500201 | 10/5 | 2 Brighton vertical blinds | 1,283 | S/L | 10 | - | 1,283 | - | 1,283 | - |
| 500202 | 11/5 | Lined Drapes & Hardware lotnges | 5,238 | S/L | 10 | - | 5,238 | - | 5,238 | - |
| 500203 | 11/5 | Refinish Two Tables | 800 | S/L | 7 | - | 800 | - | 800 | - |
| 500204 | 11/5 | Refinish & Reupholster nine chairs | 2,295 | S/L | 7 | - | 2,295 | - | 2,295 | - |
| 500205 | 11/5 | DVR Recorder for surveillance system | 887 | S/L | 5 | - | 887 | - | 887 | - |
| 500206 | 1/6 | Deposit 2 Side Boards for day Room | 355 | S/L | 10 | - | 355 | - | 355 | - |
| 500207 | 1/6 | Deposit 13 Tables | 3,016 | S/L | 10 | - | 3,016 | - | 3,016 | - |
| 500208 | 1/6 | Carpet Cleaner | 3,198 | S/L | 5 | - | 3,198 | - | 3,198 | - |
| 500209 | 1/6 | Resident Bed | 1,528 | S/L | 5 | - | 1,528 | - | 1,528 | - |
| 500210 | 2/6 | Software, AP, G/L and fixed assets | 8,445 | S/L | 5 | - | 8,445 | - | 8,445 | - |
| 500211 | 2/6 | Work Surface Station (Dietary) | 1,181 | S/L | 10 | - | 1,181 | - | 1,181 | - |
| 500212 | 2/6 | 3 Personal Computers | 2,136 | S/L | 5 | - | 2,136 | - | 2,136 | - |
| 500213 | 2/6 | 2 Flat Panel Monitors | 798 | S/L | 5 | - | 798 | - | 798 | - |
| 500214 | 2/6 | 1 Base Dispenser, 2 Delivery Carts | 11,473 | S/L | 10 | - | 11,473 | - | 11,473 | - |
| 500215 | 2/6 | Drapses 2nd floor lounge | 853 | S/L | 10 | - | 853 | - | 853 | - |
| 500216 | 2/6 | Win SQL Server Agent Box | 709 | S/L | 5 | - | 709 | - | 709 | - |
| 500217 | 3/6 | 42" 10.3" TV | 1,710 | S/L | 5 | - | 1,710 | - | 1,710 | - |
| 500218 | 3/6 | 2 Side Boards | 915 | S/L | 10 | - | 915 | - | 915 | - |
| 500219 | 3/6 | Sheet Pan Rack | 485 | S/L | 10 | - | 485 | - | 485 | - |
| 500220 | 3/6 | Printer | 382 | S/L | 5 | - | 382 | - | 382 | - |
| 500221 | 4/6 | Vacuum Cleaner | 589 | S/L | 5 | - | 589 | - | 589 | - |
| 500222 | 4/6 | Xerox Printer | 1,648 | S/L | 5 | - | 1,648 | - | 1,648 | - |
| 500223 | 4/6 | 12 Recliners | 15,391 | S/L | 10 | - | 15,391 | - | 15,391 | - |
| 500224 | 5/6 | New Motor & Steam Trap Cov. Oven | 1,072 | S/L | 10 | - | 1,072 | - | 1,072 | - |

| | | | | | | | | | | |
|--------|------|---------------------------------------|--------|-----|----|-----|--------|-----|--------|-------|
| 500225 | 5/6 | Software Installation (w/p, w/f, f/n) | 1,520 | S/L | 5 | - | 1,520 | - | 1,520 | - |
| 500226 | 5/6 | 13 Tables | 2,675 | S/L | 10 | - | 2,675 | - | 2,675 | - |
| 500227 | 5/6 | Fax Machine | 1,849 | S/L | 5 | - | 1,849 | - | 1,849 | - |
| 500228 | 6/6 | Work Surface Station (Hal Dne) | 1,181 | S/L | 10 | - | 1,181 | - | 1,181 | - |
| 500229 | 6/6 | Cable Machine | 915 | S/L | 10 | - | 915 | - | 915 | - |
| 500230 | 6/6 | Electric Hi-Lo Stand In Table | 3,430 | S/L | 10 | - | 3,430 | - | 3,430 | - |
| 500231 | 7/6 | Overhead Table | 186 | S/L | 10 | - | 186 | - | 186 | - |
| 500232 | 7/6 | Safe | 638 | S/L | 15 | 43 | 534 | 43 | 577 | 61 |
| 500233 | 8/6 | Artwork | 3,764 | S/L | 20 | 188 | 2,352 | 188 | 2,540 | 1,224 |
| 500234 | 8/6 | Low Air alternating mattress | 699 | S/L | 5 | - | 699 | - | 699 | - |
| 500235 | 9/6 | 3 Mobile book carts | 3,078 | S/L | 10 | - | 3,078 | - | 3,078 | - |
| 500236 | 9/6 | 3 Overbed Tables | 558 | S/L | 5 | - | 558 | - | 558 | - |
| 500237 | 9/6 | Copy Machine | 6,295 | S/L | 5 | - | 6,295 | - | 6,295 | - |
| 500238 | 9/6 | Hi-Lo Bed | 1,525 | S/L | 5 | - | 1,525 | - | 1,525 | - |
| 500239 | 10/6 | 2 Adobe Software | 1,675 | S/L | 5 | - | 1,675 | - | 1,675 | - |
| 500240 | 10/6 | Development Software | 900 | S/L | 5 | - | 900 | - | 900 | - |
| 500241 | 10/6 | 2 Hand Adaptive Devices | 14,930 | S/L | 5 | - | 14,930 | - | 14,930 | - |
| 500242 | 10/6 | Barracuda Span Firewall | 2,693 | S/L | 5 | - | 2,693 | - | 2,693 | - |
| 500243 | 11/6 | 5 TVs & 10 remotes | 2,205 | S/L | 5 | - | 2,205 | - | 2,205 | - |
| 500244 | 11/6 | Hi-Lo Bed | 1,518 | S/L | 5 | - | 1,518 | - | 1,518 | - |
| 500245 | 11/6 | Motorolo 5 way Radio | 727 | S/L | 5 | - | 727 | - | 727 | - |
| 500246 | 11/6 | Vacuum Cleaner | 356 | S/L | 5 | - | 356 | - | 356 | - |
| 500247 | 11/6 | Vacuum Cleaner | 558 | S/L | 5 | - | 558 | - | 558 | - |
| 500248 | 11/6 | Laser Jet Printer | 361 | S/L | 5 | - | 361 | - | 361 | - |
| 500249 | 12/6 | Washing Machine | 335 | S/L | 5 | - | 335 | - | 335 | - |
| 500250 | 12/6 | CoolPac Freezer | 634 | S/L | 5 | - | 634 | - | 634 | - |
| 500251 | 1/7 | Personal Computer | 1,152 | S/L | 5 | - | 1,152 | - | 1,152 | - |
| 500252 | 1/7 | HP Laser Jet Printer | 450 | S/L | 5 | - | 450 | - | 450 | - |
| 500253 | 1/7 | Keuphulster 2 chairs | 717 | S/L | 10 | - | 717 | - | 717 | - |
| 500254 | 1/7 | Drapes - dining room | 7,608 | S/L | 10 | - | 7,608 | - | 7,608 | - |
| 500255 | 2/7 | Hi-Lo Bed | 1,515 | S/L | 5 | - | 1,515 | - | 1,515 | - |
| 500256 | 2/7 | W.B. Mason | 419 | S/L | 5 | - | 419 | - | 419 | - |
| 500257 | 2/7 | Furniture - Vol. & Med. Rec. office | 19,978 | S/L | 10 | - | 19,978 | - | 19,978 | - |
| 500258 | 3/7 | Nu Step Recumbent Cross Trainer | 3,946 | S/L | 10 | - | 3,946 | - | 3,946 | - |
| 500259 | 3/7 | 2 IBM PC's & 1 Monitor | 1,675 | S/L | 5 | - | 1,675 | - | 1,675 | - |
| 500260 | 3/7 | HP Laser Jet Printer | 370 | S/L | 5 | - | 370 | - | 370 | - |
| 500261 | 3/7 | 2 PC'S and attachments | 2,018 | S/L | 5 | - | 2,018 | - | 2,018 | - |
| 500262 | 3/7 | Ice Maker | 2,905 | S/L | 10 | - | 2,905 | - | 2,905 | - |
| 500263 | 5/7 | HP Printer/Envelope feeder | 1,136 | S/L | 5 | - | 1,136 | - | 1,136 | - |
| 500264 | 5/7 | Task Chair | 608 | S/L | 10 | - | 608 | - | 608 | - |
| 500265 | 5/7 | 3 Televisions | 853 | S/L | 5 | - | 853 | - | 853 | - |
| 500266 | 5/7 | Dano Dolly | 514 | S/L | 10 | - | 514 | - | 514 | - |
| 500267 | 5/7 | Mini Floor Machine | 686 | S/L | 5 | - | 686 | - | 686 | - |
| 500268 | 6/7 | 5 20" Resident room T.V.'s | 1,792 | S/L | 5 | - | 1,792 | - | 1,792 | - |
| 500269 | 6/7 | 4 Vacuum Cleaners | 1,608 | S/L | 5 | - | 1,608 | - | 1,608 | - |
| 500270 | 6/7 | Porta-Washer | 2,193 | S/L | 5 | - | 2,193 | - | 2,193 | - |
| 500271 | 7/7 | Mattress | 405 | S/L | 5 | - | 405 | - | 405 | - |
| 500272 | 8/7 | Vapor Cleaning Machine | 3,165 | S/L | 10 | - | 3,165 | - | 3,165 | - |
| 500273 | 8/7 | Lakeside Cart | 625 | S/L | 5 | - | 625 | - | 625 | - |
| 500274 | 8/7 | 60 inch Television | 2,500 | S/L | 10 | - | 2,500 | - | 2,500 | - |
| 500275 | 9/7 | TV Cabinet | 470 | S/L | 10 | - | 470 | - | 470 | - |
| 500276 | 9/7 | DVD/VCR Player | 360 | S/L | 5 | - | 360 | - | 360 | - |
| 500277 | 10/7 | 4 Hair Dryers - Beauty Salon | 1,100 | S/L | 5 | - | 1,100 | - | 1,100 | - |
| 500278 | 10/7 | Bioness L300 Leg Device | 15,330 | S/L | 5 | - | 15,330 | - | 15,330 | - |
| 500279 | 10/7 | 2 WII Systems | 550 | S/L | 5 | - | 550 | - | 550 | - |
| 500280 | 10/7 | 2 Portable A/C Cond units | 682 | S/L | 5 | - | 682 | - | 682 | - |
| 500281 | 10/7 | Furniture CEO's office | 12,482 | S/L | 15 | 832 | 8,737 | 832 | 9,569 | 2,913 |
| 500282 | 10/7 | Cuisinart - Food Processor | 795 | S/L | 5 | - | 795 | - | 795 | - |
| 500283 | 11/7 | Wheelchair Scale | 2,059 | S/L | 5 | - | 2,059 | - | 2,059 | - |
| 500284 | 11/7 | 3 Copies Adobe Acrobat | 625 | S/L | 5 | - | 625 | - | 625 | - |
| 500285 | 11/7 | Dry Vacuum Cleaner | 417 | S/L | 5 | - | 417 | - | 417 | - |
| 500286 | 12/7 | Christmas Train Set | 1,000 | S/L | 5 | - | 1,000 | - | 1,000 | - |
| 500287 | 12/7 | Sander for Pickup Truck | 3,850 | S/L | 10 | 193 | 3,850 | - | 3,850 | - |
| 500288 | 12/7 | Balance System Machine | 10,361 | S/L | 10 | 518 | 10,361 | - | 10,361 | - |
| 500289 | 1/8 | 2 Dry Vacuum Cleaners | 800 | S/L | 5 | - | 800 | - | 800 | - |
| 500290 | 1/8 | Phones & wall brackets | 18,997 | S/L | 10 | 949 | 18,997 | - | 18,997 | - |
| 500291 | 1/8 | Window Treatments | 4,514 | S/L | 10 | 227 | 4,514 | - | 4,514 | - |
| 500292 | 1/8 | Shutters | 1,864 | S/L | 10 | 94 | 1,864 | - | 1,864 | - |
| 500293 | 1/8 | 20 Overbed tables | 1,790 | S/L | 10 | 90 | 1,790 | - | 1,790 | - |
| 500294 | 2/8 | 5 Storage Cabinets | 500 | S/L | 10 | 25 | 500 | - | 500 | - |
| 500295 | 2/8 | 20 Chairs | 4,900 | S/L | 10 | 245 | 4,900 | - | 4,900 | - |
| 500296 | 2/8 | Barracuda software | 2,490 | S/L | 3 | - | 2,490 | - | 2,490 | - |
| 500297 | 2/8 | 2 Two way radios(Housekeeping) | 1,508 | S/L | 5 | - | 1,508 | - | 1,508 | - |
| 500298 | 2/8 | UPS, Firewall for Server | 720 | S/L | 5 | - | 720 | - | 720 | - |
| 500299 | 3/8 | Furniture HR Office | 2,769 | S/L | 15 | 185 | 1,940 | 185 | 2,125 | 644 |
| 500300 | 3/8 | Fax Machine | 925 | S/L | 5 | - | 925 | - | 925 | - |
| 500301 | 4/8 | 5 20" Hospital TV's (Residents) | 1,784 | S/L | 5 | - | 1,784 | - | 1,784 | - |
| 500302 | 4/8 | New Control for Hot Water Heater | 1,300 | S/L | 5 | - | 1,300 | - | 1,300 | - |
| 500303 | 4/8 | P.C. Monitor, Memory | 767 | S/L | 5 | - | 767 | - | 767 | - |
| 500304 | 4/8 | Entrance way mat | 1,060 | S/L | 5 | - | 1,060 | - | 1,060 | - |
| 500305 | 5/8 | Auto Sweeper | 3,993 | S/L | 5 | - | 3,993 | - | 3,993 | - |
| 500306 | 5/8 | Carpet Extractor | 3,915 | S/L | 5 | - | 3,915 | - | 3,915 | - |
| 500307 | 5/8 | 2 Two way radios(Maintenance) | 1,508 | S/L | 5 | - | 1,508 | - | 1,508 | - |
| 500308 | 5/8 | Scale & Patient Lift | 2,240 | S/L | 5 | - | 2,240 | - | 2,240 | - |
| 500309 | 5/8 | 12 Chairs & dolly | 611 | S/L | 5 | - | 611 | - | 611 | - |
| 500310 | 6/8 | Putting Green - Rehab | 3,295 | S/L | 10 | 163 | 3,295 | - | 3,295 | - |
| 500311 | 6/8 | HP Printer | 1,059 | S/L | 5 | - | 1,059 | - | 1,059 | - |
| 500312 | 6/8 | 3 Flat screen monitors | 640 | S/L | 5 | - | 640 | - | 640 | - |
| 500313 | 6/8 | 15 20" Hospital TV's | 6,165 | S/L | 5 | - | 6,165 | - | 6,165 | - |
| 500314 | 7/8 | Server | 4,015 | S/L | 5 | - | 4,015 | - | 4,015 | - |
| 500315 | 7/8 | File Cabinet | 870 | S/L | 10 | 43 | 870 | - | 870 | - |
| 500316 | 8/8 | Shelving | 656 | S/L | 5 | - | 656 | - | 656 | - |
| 500317 | 9/8 | 15 Mattresses | 3,148 | S/L | 5 | - | 3,148 | - | 3,148 | - |
| 500318 | 10/8 | 3 sets of drapes Admn. Offices | 2,850 | S/L | 10 | 285 | 2,708 | 285 | 2,993 | (143) |
| 500319 | 11/8 | Washer & Dryer | 688 | S/L | 5 | - | 688 | - | 688 | - |
| 500320 | 12/8 | Digital Camern | 653 | S/L | 5 | - | 653 | - | 653 | - |
| 500321 | 12/8 | 2 11200 hand devices | 11,190 | S/L | 5 | - | 11,190 | - | 11,190 | - |
| 500322 | 12/8 | Refurbish 8 chairs | 4,380 | S/L | 10 | 438 | 4,161 | 219 | 4,380 | - |
| 500323 | 2/9 | HP/Oxim Vital sign machines | 4,332 | S/L | 10 | 433 | 4,115 | 217 | 4,332 | 0 |
| 500324 | 2/9 | Copy Machine | 16,295 | S/L | 7 | - | 16,295 | - | 16,295 | - |
| 500325 | 2/9 | 50 Battery UPS Backups | 2,350 | S/L | 5 | - | 2,350 | - | 2,350 | - |
| 500326 | 3/9 | 3 PC's and monitors, maintenance | 2,418 | S/L | 5 | - | 2,418 | - | 2,418 | - |
| 500327 | 3/9 | 5 - Hi-Lo Electric Beds | 6,440 | S/L | 5 | - | 6,440 | - | 6,440 | - |
| 500328 | 3/9 | 2 Alternating pressure mattresses | 1,226 | S/L | 5 | - | 1,226 | - | 1,226 | - |
| 500329 | 4/9 | Backup system software | 4,076 | S/L | 5 | - | 4,076 | - | 4,076 | - |
| 500330 | 4/9 | 12 Mattresses | 3,055 | S/L | 5 | - | 3,055 | - | 3,055 | - |
| 500331 | 5/9 | 2 Dry Vacuum Machines | 856 | S/L | 5 | - | 856 | - | 856 | - |
| 500332 | 6/9 | 2 Dry Vacuum Machines | 1,408 | S/L | 5 | - | 1,408 | - | 1,408 | - |
| 500333 | 6/9 | 2 Laptops | 1,594 | S/L | 5 | - | 1,594 | - | 1,594 | - |
| 500334 | 6/9 | 2 PC's | 795 | S/L | 5 | - | 795 | - | 795 | - |
| 500335 | 7/9 | 2 Blood Pressure Monitors | 4,117 | S/L | 7 | - | 4,117 | - | 4,117 | - |

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|-----------------------------------|---------|---------------------------------------|-----------|-----|----|--------|-----------|--------|-----------|--------|
| 500336 | 7/9 | Bladderscan | 11,962 | S/L | 7 | - | 11,962 | - | 11,962 | - |
| 500337 | 9/9 | Redesign Accounting Office Cubical | 1,369 | S/L | 5 | - | 1,369 | - | 1,369 | - |
| 500338 | 10/9 | Plasma TV and wireless connection | 1,042 | S/L | 5 | - | 1,042 | - | 1,042 | - |
| 500339 | 11/9 | Plasma TV and DVD | 620 | S/L | 5 | - | 620 | - | 620 | - |
| 500340 | 11/9 | Floor Scrubber | 2,834 | S/L | 5 | - | 2,834 | - | 2,834 | - |
| 500341 | 11/9 | Projector | 768 | S/L | 5 | - | 768 | - | 768 | - |
| 500342 | 12/9 | LakeSide cart | 4,949 | S/L | 10 | 495 | 4,313 | 495 | 4,808 | 141 |
| 500343 | 12/9 | Reupholster lobby Furniture | 2,501 | S/L | 10 | 250 | 2,125 | 250 | 2,375 | 125 |
| 500344 | 1/10 | 13 Mattresses | 5,771 | S/L | 5 | - | 5,771 | - | 5,771 | - |
| 500345 | 1/10 | Vital Sign Monitoring Machine | 2,159 | S/L | 7 | - | 2,159 | - | 2,159 | - |
| 500346 | 1/10 | Deluxe Air Mattress | 1,417 | S/L | 5 | - | 1,417 | - | 1,417 | - |
| 500347 | 2/10 | Ceiling Patient Lift | 6,782 | S/L | 10 | 678 | 5,764 | 678 | 6,442 | 340 |
| 500348 | 2/10 | TV - Patient Lounge | 700 | S/L | 5 | - | 700 | - | 700 | - |
| 500349 | 2/10 | Patient Scale | 1,806 | S/L | 10 | 181 | 1,575 | 181 | 1,756 | 50 |
| 500350 | 3/10 | 2 Privacy Chart Racks | 2,902 | S/L | 10 | 290 | 2,466 | 290 | 2,756 | 146 |
| 500351 | 3/10 | Recumbent Stationary Bike | 3,935 | S/L | 7 | - | 3,935 | - | 3,935 | - |
| 500352 | 3/10 | Pulse Oximeter | 902 | S/L | 7 | - | 902 | - | 902 | - |
| 500353 | 4/10 | 8 Wheelchairs | 1,533 | S/L | 5 | - | 1,533 | - | 1,533 | - |
| 500354 | 4/10 | 3 HHP Patient chairs | 2,319 | S/L | 7 | - | 2,319 | - | 2,319 | - |
| 500355 | 5/10 | 4 Electric Low Beds | 4,789 | S/L | 12 | 399 | 3,534 | 399 | 3,933 | 855 |
| 500356 | 7/10 | Ped Alert, Digital Hand Eval Gauge | 1,820 | S/L | 7 | - | 1,820 | - | 1,820 | - |
| 500357 | 8/10 | 2 Personal Computers - Kitchen | 1,202 | S/L | 5 | - | 1,202 | - | 1,202 | - |
| 500358 | 8/10 | IBMTX board for HVAC system | 8,010 | S/L | 7 | - | 8,010 | - | 8,010 | - |
| 500359 | 1/11 | 12 resident rooms floor lamps | 1,127 | S/L | 5 | - | 1,127 | - | 1,127 | - |
| 500360 | 1/11 | Care Tracker system | 9,725 | S/L | 5 | - | 9,725 | - | 9,725 | - |
| 500361 | 1/11 | 6 Heavy Duty Linen Hampers | 1,719 | S/L | 5 | - | 1,719 | - | 1,719 | - |
| 500362 | 1/11 | 3 personal computers | 2,052 | S/L | 5 | - | 2,052 | - | 2,052 | - |
| 500363 | 1/11 | 20 Bulletin Boards Patient rooms | 1,260 | S/L | 5 | - | 1,260 | - | 1,260 | - |
| 500364 | 2/11 | Personal Computer | 509 | S/L | 5 | - | 509 | - | 509 | - |
| 500365 | 2/11 | 2 Mattresses | 2,496 | S/L | 5 | - | 2,496 | - | 2,496 | - |
| 500366 | 2/11 | Copier & Printer | 2,026 | S/L | 5 | - | 2,026 | - | 2,026 | - |
| 500367 | 2/11 | 20 Mattresses | 5,517 | S/L | 5 | - | 5,517 | - | 5,517 | - |
| 500368 | 4/11 | Copier - Accounting | 4,328 | S/L | 5 | - | 4,328 | - | 4,328 | - |
| 500369 | 4/11 | 6 Hampers | 1,103 | S/L | 5 | - | 1,103 | - | 1,103 | - |
| 500370 | 5/11 | 2 Personal computers | 1,037 | S/L | 5 | - | 1,037 | - | 1,037 | - |
| 500371 | 5/11 | Ceiling Patient Lift | 8,675 | S/L | 10 | 867 | 6,504 | 867 | 7,371 | 1,304 |
| 500372 | 6/11 | Laptop - Administrator | 957 | S/L | 5 | - | 957 | - | 957 | - |
| 500373 | 6/11 | Power Washer | 1,099 | S/L | 5 | - | 1,099 | - | 1,099 | - |
| 500374 | 7/11 | 2 Optiflex CPM machines | 4,803 | S/L | 5 | - | 4,803 | - | 4,803 | - |
| 500375 | 7/11 | 6 Care Tracker Kiosk's | 10,347 | S/L | 5 | - | 10,347 | - | 10,347 | - |
| 500376 | 8/11 | Cleveland Steamer | 15,320 | S/L | 10 | 1,532 | 11,490 | 1,532 | 13,022 | 2,298 |
| 500377 | 8/11 | Color Printer | 3,257 | S/L | 5 | - | 3,257 | - | 3,257 | - |
| 500378 | 8/11 | 2 Laptops, screens & Keyboards | 2,315 | S/L | 5 | - | 2,315 | - | 2,315 | - |
| 500379 | 8/11 | Cables for Care Tracker system | 728 | S/L | 5 | - | 728 | - | 728 | - |
| 500380 | 9/11 | Scissor Lift | 4,640 | S/L | 5 | - | 4,640 | - | 4,640 | - |
| 500381 | 9/11 | Chiller Pump | 2,432 | S/L | 10 | 243 | 1,823 | 243 | 2,066 | 366 |
| 500382 | 10/11 | Air Mattress | 1,124 | S/L | 5 | - | 1,124 | - | 1,124 | - |
| 500383 | 10/11 | Desk Unit | 1,407 | S/L | 10 | 141 | 916 | 141 | 1,057 | 351 |
| 500384 | 11/11 | Sand & Salt Spreader | 4,478 | S/L | 5 | - | 4,478 | - | 4,478 | - |
| 500385 | 11/11 | 2 Ipads | 1,360 | S/L | 5 | - | 1,360 | - | 1,360 | - |
| 500386 | 12/11 | Carpet Steam Cleaner | 1,850 | S/L | 5 | - | 1,850 | - | 1,850 | - |
| 500387 | 1/12 | 8 Overbed Tables | 1,360 | S/L | 10 | 136 | 884 | 136 | 1,020 | 340 |
| 500388 | 1/12 | 2 Hoyer lifts w scale attachments | 4,478 | S/L | 10 | 448 | 2,912 | 448 | 3,360 | 1,119 |
| 500389 | 2/12 | Equipment Design Plan P.O. Service | 6,230 | S/L | 15 | 415 | 2,698 | 415 | 3,113 | 3,117 |
| 500390 | 2/12 | 1st floor point of service Equipment | 47,140 | S/L | 15 | 3,143 | 20,429 | 3,143 | 23,572 | 23,569 |
| 500391 | 3/12 | 10 Overbed Tables | 1,708 | S/L | 10 | 170 | 1,105 | 170 | 1,275 | 425 |
| 500392 | 3/12 | 6 Overbed Tables | 1,020 | S/L | 10 | 102 | 663 | 102 | 765 | 255 |
| 500393 | 3/12 | 8 Beepers & upgrade to nurse call sys | 2,981 | S/L | 5 | - | 2,981 | - | 2,981 | - |
| 500394 | 4/12 | WiFi Care Center | 6,403 | S/L | 5 | - | 6,403 | - | 6,403 | - |
| 500395 | 4/12 | Ice Machine/Maker | 3,549 | S/L | 5 | - | 3,549 | - | 3,549 | - |
| 500396 | 4/12 | Heated Dining Cabinet | 3,634 | S/L | 10 | 363 | 2,361 | 363 | 2,724 | 911 |
| 500397 | 4/12 | Point of Service Equipment | 50,227 | S/L | 10 | 5,023 | 32,649 | 5,023 | 37,672 | 12,555 |
| 500398 | 5/12 | 5 Melyx software licenses | 1,150 | S/L | 5 | - | 1,150 | - | 1,150 | - |
| 500399 | 5/12 | Recumbent Bike | 4,230 | S/L | 5 | - | 4,230 | - | 4,230 | - |
| 500400 | 5/12/14 | Additional memory PC's | 2,061 | S/L | 5 | - | 2,061 | - | 2,061 | - |
| 500401 | 5/12/14 | 3 APM Pressure Mattresses | 3,576 | S/L | 5 | - | 3,576 | - | 3,576 | - |
| 500402 | 6/12/14 | Caretaker interface software | 5,000 | S/L | 5 | - | 5,000 | - | 5,000 | - |
| 500403 | 6/12/14 | Hoyer Lift/ scale attachment returned | (2,234) | S/L | 10 | - | (2,234) | - | (2,234) | - |
| 500404 | 9/12/14 | Security Camera and Installation | 20,311 | S/L | 10 | 2,031 | 13,202 | 2,031 | 15,233 | 5,078 |
| 500405 | 9/12/14 | UPS Battery Backup system | 1,399 | S/L | 5 | - | 1,399 | - | 1,399 | - |
| 500406 | 9/12/14 | Virtual Server & Peripherals | 57,984 | S/L | 10 | 5,798 | 49,285 | 5,798 | 55,083 | 2,901 |
| Total 2012 and Prior Acquisitions | | | 2,615,874 | | | 38,490 | 2,519,645 | 30,470 | 2,550,115 | 65,759 |

2013 Acquisitions

| | | | | | | | | | | |
|-------------------------|-------|---------------------------------|--------|-----|----|-------|--------|-------|--------|-------|
| 500407 | 10/12 | Hoyer Lift | 3,545 | S/L | 5 | 355 | 3,545 | - | 3,545 | - |
| 500408 | 11/12 | ADP - Enterprise PTime software | 12,400 | S/L | 5 | 1,240 | 12,400 | - | 12,400 | - |
| 500404 | 11/12 | Additional security camera | 583 | S/L | 10 | 58 | 319 | 58 | 377 | 205 |
| 500410 | 1/18 | Color printers | 1,287 | S/L | 5 | 130 | 1,287 | - | 1,287 | - |
| 500412 | 2/13 | Span American Mattress | 1,389 | S/L | 5 | 138 | 1,389 | - | 1,389 | - |
| 500413 | 3/11 | Shredder | 1,790 | S/L | 5 | 179 | 1,790 | - | 1,790 | - |
| 500414 | 4/11 | Relabs Equipment | 4,398 | S/L | 5 | 439 | 4,398 | - | 4,398 | - |
| 500415 | 4/16 | Chair | 874 | S/L | 5 | 87 | 874 | - | 874 | - |
| 500416 | 5/21 | Scale | 759 | S/L | 5 | 75 | 759 | - | 759 | - |
| 500416 | 5/21 | Scale | 307 | S/L | 5 | 32 | 307 | - | 307 | - |
| 500417 | 6/20 | Core Alignment Kit | 3,052 | S/L | 5 | 306 | 3,052 | - | 3,052 | - |
| 500418 | 6/21 | Scale | 2,135 | S/L | 5 | 214 | 2,135 | - | 2,135 | - |
| 500419 | 6/26 | Copier | 12,259 | S/L | 5 | 1,225 | 12,259 | - | 12,259 | - |
| 500420 | 1/9 | Laptop | 1,204 | S/L | 3 | - | 1,204 | - | 1,204 | - |
| 500421 | 7/23 | Food Processor | 1,482 | S/L | 5 | 150 | 1,482 | - | 1,482 | - |
| 500422 | 7/24 | Wheelchair Washer | 10,000 | S/L | 8 | 1,250 | 6,875 | 1,250 | 8,125 | 1,875 |
| 500423 | 6/6 | Patient Lift | 2,797 | S/L | 5 | 281 | 2,797 | - | 2,797 | - |
| 500424 | 6/7 | Carpet Cleaner | 4,455 | S/L | 5 | 446 | 4,455 | - | 4,455 | - |
| 500425 | 8/9 | Refrigerated Display Case | 1,865 | S/L | 8 | 233 | 1,282 | 233 | 1,515 | 350 |
| 500426 | 7/31 | Ice Dispenser | 3,455 | S/L | 8 | 432 | 2,376 | 432 | 2,808 | 647 |
| 500427 | 7/3 | Auto Scrubber | 8,270 | S/L | 8 | 1,034 | 5,687 | 1,034 | 6,721 | 1,549 |
| 500428 | 8/27 | Printer | 1,249 | S/L | 5 | 124 | 1,249 | - | 1,249 | - |
| 500429 | 8/1 | Microsoft Software | 2,477 | S/L | 3 | - | 2,477 | - | 2,477 | - |
| 500430 | 6/11 | Specialty Mattress | 4,415 | S/L | 5 | 442 | 4,415 | - | 4,415 | - |
| 500431 | 9/24 | Bed - Ice | 1,655 | S/L | 12 | 138 | 759 | 138 | 897 | 758 |
| 500432 | 9/30 | Aquarium | 1,119 | S/L | 5 | 111 | 1,119 | - | 1,119 | - |
| Total 2013 Acquisitions | | | 89,221 | | | 9,118 | 80,691 | 3,145 | 83,836 | 5,385 |

2014 Acquisitions

| | | | | | | | | | | |
|-------|--|-----------------------------|---------|-----|----|--------|---------|-------|---------|--------|
| 10/31 | | Marketing Complete Software | 6,080 | S/L | 5 | 1,216 | 6,080 | - | 6,080 | - |
| 11/13 | | Printer, Computers | 3,006 | S/L | 5 | 602 | 3,006 | - | 3,006 | - |
| 10/13 | | 2 Loveseats | 1,818 | S/L | 12 | 152 | 760 | 152 | 912 | 906 |
| 1/14 | | Pill Shredder | 2,706 | S/L | 5 | 542 | 2,706 | - | 2,706 | - |
| 2/14 | | Inprinter Machine | 9,732 | S/L | 10 | 973 | 4,865 | 973 | 5,838 | 3,894 |
| 3/14 | | Computer Upgrade | 256,757 | S/L | 5 | 51,353 | 256,757 | - | 256,757 | - |
| 4/14 | | Furniture | 40,000 | S/L | 10 | 4,000 | 20,000 | 4,000 | 24,000 | 16,000 |

| | | | | | | | | | |
|-------------------------------|---|---------|-----|----|--------|---------|--------|---------|--------|
| 4/14 | 8 Recliners | 4,895 | S/L | 15 | 326 | 1,630 | 326 | 1,956 | 2,939 |
| 6/14 | Marketing Software | 1,818 | S/L | 5 | 362 | 1,818 | - | 1,818 | - |
| 7/14 | Office Furniture | 1,322 | S/L | 15 | 88 | 440 | 88 | 528 | 794 |
| 8/14 | 2 Washer, Dryer | 3,676 | S/L | 10 | 368 | 1,840 | 368 | 2,208 | 1,468 |
| 3/14 | Printer, Computers | 2,010 | S/L | 5 | 402 | 2,010 | - | 2,010 | - |
| Total 2014 Acquisitions | | 333,819 | | | 60,383 | 301,911 | 5,907 | 307,818 | 26,001 |
| 2015 Acquisitions | | | | | | | | | |
| 10/14 | Tilting Kettle | 19,506 | S/L | 15 | 1,300 | 5,200 | 1,300 | 6,500 | 13,006 |
| 11/14 | Tractor with snowblower (dep) | 675 | S/L | 10 | 68 | 272 | 68 | 340 | 335 |
| 12/14 | Tractor with snowblower | 5,236 | S/L | 10 | 524 | 2,096 | 524 | 2,620 | 2,616 |
| 12/14 | Tractor with snowblower | 925 | S/L | 10 | 93 | 372 | 93 | 465 | 460 |
| 2/15 | Mattress | 1,222 | S/L | 5 | 244 | 976 | 244 | 1,220 | 2 |
| 2/15 | Black out curtains | 6,000 | S/L | 5 | 1,200 | 4,800 | 1,200 | 6,000 | - |
| 3/15 | Freezer | 1,227 | S/L | 10 | 123 | 492 | 123 | 615 | 612 |
| 3/15 | Wheelchairs | 1,046 | S/L | 10 | 105 | 420 | 105 | 525 | 521 |
| 3/15 | Computer network | 14,108 | S/L | 5 | 2,822 | 11,288 | 2,820 | 14,108 | - |
| 3/15 | Refrigerator Reach in | 2,752 | S/L | 10 | 275 | 1,100 | 275 | 1,375 | 1,377 |
| 3/15 | Steamer | 18,941 | S/L | 10 | 1,894 | 7,576 | 1,894 | 9,470 | 9,471 |
| 4/15 | Cisco Catalyst/Smartnet | 6,505 | S/L | 5 | 1,301 | 5,204 | 1,301 | 6,505 | - |
| 4/15 | Whiteboard | 1,094 | S/L | 5 | 219 | 876 | 218 | 1,094 | - |
| 6/15 | Kangaroo Pump Feeding | 1,494 | S/L | 10 | 149 | 596 | 149 | 745 | 749 |
| 6/15 | Southbend ranges | 2,171 | S/L | 10 | 217 | 868 | 217 | 1,085 | 1,086 |
| 6/15 | ECCG CP 150 | 2,915 | S/L | 7 | 416 | 1,664 | 416 | 2,080 | 835 |
| 6/15 | Biosway 12.1 LCD balance system | 2,775 | S/L | 10 | 278 | 1,112 | 278 | 1,390 | 1,385 |
| 9/15 | 48 chairs | 22,817 | S/L | 15 | 1,521 | 6,084 | 1,521 | 7,605 | 15,212 |
| 7/15 | Backup battery for network | 3,980 | S/L | 5 | 796 | 3,184 | 796 | 3,980 | - |
| 7/15 | Reach in refrigerator | 2,752 | S/L | 10 | 275 | 1,100 | 275 | 1,375 | 1,377 |
| 7/15 | Ice Cuber | 3,620 | S/L | 10 | 362 | 1,448 | 362 | 1,810 | 1,810 |
| 8/15 | Black out curtains | 3,915 | S/L | 5 | 783 | 3,132 | 783 | 3,915 | - |
| 8/15 | Air Pressurized Mattress | 2,308 | S/L | 5 | 462 | 1,848 | 460 | 2,308 | - |
| 9/15 | Black out curtains | 4,330 | S/L | 5 | 866 | 3,464 | 866 | 4,330 | - |
| 9/15 | AV Audio Visuals | 1,972 | S/L | 5 | 394 | 1,576 | 394 | 1,970 | 2 |
| 9/15 | Digital Scale | 2,159 | S/L | 10 | 216 | 864 | 216 | 1,080 | 1,079 |
| 9/15 | Computer Memory | 1,464 | S/L | 5 | 293 | 1,172 | 292 | 1,464 | - |
| 9/15 | Black out curtains | 486 | S/L | 5 | 97 | 388 | 97 | 485 | 1 |
| Total 2015 Acquisitions | | 138,395 | | | 17,293 | 69,172 | 17,287 | 86,459 | 51,936 |
| 2016 Acquisitions | | | | | | | | | |
| 2016 | AV Audio Visuals - Screens w/Electric | 2,905 | S/L | 10 | 290 | 870 | 290 | 1,600 | 1,745 |
| 2016 | Proximo - Acer Chromebooks | 3,502 | S/L | 5 | 700 | 2,100 | 700 | 2,800 | 702 |
| 2016 | Reach In Fridge - WSF | 2,395 | S/L | 10 | 240 | 720 | 240 | 960 | 1,435 |
| 2016 | Sonder/Salter Maintenance | 5,000 | S/L | 10 | 500 | 1,500 | 500 | 2,000 | 3,000 |
| 2016 | Avtech - IT Alert System | 1,000 | S/L | 10 | 100 | 300 | 100 | 400 | 600 |
| 2016 | TriMark - Bussing Cabinet Dietary | 2,569 | S/L | 7 | 367 | 1,101 | 367 | 1,468 | 1,101 |
| 2016 | McKesson - Wheelchairs | 1,267 | S/L | 5 | 253 | 759 | 253 | 1,012 | 255 |
| 2016 | McKesson - Shower Chairs | 995 | S/L | 10 | 100 | 300 | 100 | 400 | 595 |
| 2016 | McKesson - Chairs - Recliners | 7,193 | S/L | 10 | 719 | 2,157 | 719 | 2,876 | 4,317 |
| 2016 | McKesson - Air Mattresses | 3,396 | S/L | 5 | 679 | 2,037 | 679 | 2,716 | 680 |
| 2016 | Atlantix Global - Monitors and Phones | 4,333 | S/L | 5 | 867 | 2,601 | 867 | 3,468 | 865 |
| 2016 | Ipads | 8,720 | S/L | 5 | 1,744 | 5,232 | 1,744 | 6,976 | 1,744 |
| 2016 | Wescom - PCC | 37,876 | S/L | 5 | 7,575 | 22,725 | 7,575 | 30,300 | 7,576 |
| 2016 | WB Mason - Furniture | 11,462 | S/L | 7 | 1,637 | 4,911 | 1,637 | 6,548 | 4,911 |
| 2016 | Yankee - washers/dryers | 19,040 | S/L | 10 | 1,904 | 5,712 | 1,904 | 7,616 | 11,424 |
| 2016 | McKesson - Treatment Cart | 1,310 | S/L | 7 | 187 | 561 | 187 | 748 | 562 |
| 2016 | Sandros - Shades | 2,300 | S/L | 5 | 460 | 1,380 | 460 | 1,840 | 460 |
| 2016 | Hobart planetary mixer | 4,999 | S/L | 10 | 500 | 1,500 | 500 | 2,000 | 2,999 |
| Total 2016 Acquisitions | | 120,262 | | | 18,822 | 56,466 | 18,822 | 75,288 | 44,974 |
| 2017 Acquisitions | | | | | | | | | |
| 2017 | Extractor- Carpet | 2,468 | S/L | 5 | 494 | 988 | 494 | 1,482 | 986 |
| 2017 | Outpatient Therapy Software- Upgrade | 1,033 | S/L | 5 | 207 | 414 | 207 | 621 | 412 |
| 2017 | McKesson - Air Mattress 35X80X7 QTY 3 | 3,410 | S/L | 5 | 682 | 1,364 | 682 | 2,046 | 1,364 |
| 2017 | 2 Alto Shamo Combi Oven LP gas | 35,826 | S/L | 10 | 3,583 | 7,166 | 3,583 | 10,749 | 25,077 |
| 2017 | Cisco Switch | 4,696 | S/L | 5 | 939 | 1,878 | 939 | 2,817 | 1,879 |
| 2017 | Badge Maker Human Resources | 5,462 | S/L | 5 | 1,092 | 2,184 | 1,092 | 3,276 | 2,186 |
| 2017 | True 1 Section S/S Refrig 7 Undercounter | 3,513 | S/L | 10 | 351 | 702 | 351 | 1,053 | 2,460 |
| 2017 | Invacare Lift | 1,696 | S/L | 10 | 170 | 340 | 170 | 510 | 1,186 |
| 2017 | 1300 pound stainless steel Winch System for pan | 2,365 | S/L | 15 | 158 | 316 | 158 | 474 | 1,891 |
| 2017 | Vertical File Cabinet 22" Putty | 1,014 | S/L | 15 | 68 | 136 | 68 | 204 | 810 |
| 2017 | Metro Holding Proofing Cabinet Gray | 2,699 | S/L | 10 | 270 | 540 | 270 | 810 | 1,889 |
| Total 2017 Acquisitions | | 64,182 | | | 8,014 | 16,028 | 8,014 | 24,042 | 40,140 |
| 2018 Acquisitions & Disposals | | | | | | | | | |
| 10/17/2017 | Air Mattress- Qty 10 | 11,105 | S/L | 5 | 1,111 | 1,111 | 2,221 | 3,332 | 7,773 |
| 11/13/2017 | Robot Coupe Blender- Mixer 7 Qt | 3,487 | S/L | 10 | 174 | 174 | 349 | 523 | 2,964 |
| 11/10/2017 | Cisco IP Phone 7821 Qty 12 | 1,414 | S/L | 5 | 141 | 141 | 283 | 424 | 990 |
| 10/13/2017 | Expert Pro Vinyl Cutter | 1,335 | S/L | 10 | 67 | 67 | 134 | 201 | 1,134 |
| 12/7/2017 | Scanner Dbladder | 6,461 | S/L | 7 | 462 | 462 | 923 | 1,385 | 5,076 |
| 1/15/2018 | Sweeper S9 Battery Walk Behind | 3,676 | S/L | 5 | 368 | 368 | 735 | 1,103 | 2,573 |
| 1/8/2018 | Bladder Scanner Cart | 586 | S/L | 10 | 29 | 29 | 59 | 88 | 498 |
| 1/25/2018 | Recumbent Cross Trainer | 6,507 | S/L | 10 | 325 | 325 | 651 | 976 | 5,531 |
| 1/12/2018 | Acer Chromebook Laptops 4 | 1,229 | S/L | 3 | 205 | 205 | 410 | 615 | 614 |
| 2/1/2018 | Mobile Mirror 72X24X18 In patient Rehab | 426 | S/L | 7 | 30 | 30 | 61 | 91 | 335 |
| 3/13/2018 | 4 Acer Chromebook State Survey | 1,120 | S/L | 3 | 187 | 187 | 373 | 560 | 560 |
| 3/1/2018 | IT Project Transfer into Service 3/1 | 28,089 | S/L | 5 | 2,809 | 2,809 | 5,618 | 8,427 | 19,662 |
| 3/1/2018 | IT Project Transfer into Service 3/1 | 3,224 | S/L | 3 | 537 | 537 | 1,075 | 1,612 | 1,612 |
| 5/7/2018 | 12 GEO Max, 8 Geo wings, 1 GEO Large- mnto | 6,074 | S/L | 5 | 607 | 607 | 1,215 | 1,822 | 4,252 |
| 5/14/2018 | Cms Countertop Griddle & Stand | 3,696 | S/L | 10 | 185 | 185 | 370 | 555 | 3,141 |
| 5/31/2018 | 20 Electric Bed, HD/PT Board, Side Rail | 29,194 | S/L | 12 | 1,216 | 1,216 | 2,433 | 3,649 | 25,545 |
| 5/30/2018 | Refrigerator T84513F17 | 3,636 | S/L | 10 | 182 | 182 | 364 | 546 | 3,090 |
| 6/1/2018 | IT Project 2nd Half of labor Billing | 6,294 | S/L | 5 | 629 | 629 | 1,259 | 1,888 | 4,406 |
| 7/26/2018 | Hoshizaki Nugger Ice Maker Dispenser | 3,710 | S/L | 10 | 186 | 186 | 371 | 557 | 3,153 |
| 7/30/2018 | Air Condition Compressor | 5,220 | S/L | 15 | 174 | 174 | 348 | 522 | 4,698 |
| 8/29/2018 | Monitors | 1,164 | S/L | 5 | 116 | 116 | 233 | 349 | 815 |
| 9/21/2018 | Sandros - Cushions TR Patio | 1,495 | S/L | 5 | 150 | 150 | 299 | 449 | 1,046 |
| 9/28/2018 | APW Touster Conveyor 3" High opening 2 Slic | 1,299 | S/L | 5 | 65 | 65 | 130 | 195 | 1,104 |
| 11/01 | 3 Vacuum Cleaners | (1,085) | S/L | 5 | - | (1,085) | - | (1,085) | - |
| 11/01 | Envelope feeder | (242) | S/L | 5 | - | (242) | - | (242) | - |
| 12/01 | 4 RCA 20" TVs | (1,402) | S/L | 5 | - | (1,402) | - | (1,402) | - |
| 1/02 | 4 Monitors & Configuration | (4,266) | S/L | 10 | - | (4,266) | - | (4,266) | - |
| 1/02 | Posts & Caps | (1,213) | S/L | 10 | - | (1,213) | - | (1,213) | - |
| 1/02 | Food Processor | (799) | S/L | 5 | - | (799) | - | (799) | - |
| 2/02 | 2 Enhancer Cushions | (629) | S/L | 10 | - | (629) | - | (629) | - |
| 3/02 | Copier | (1,745) | S/L | 5 | - | (1,745) | - | (1,745) | - |
| 3/02 | PC Modems | (170) | S/L | 5 | - | (170) | - | (170) | - |
| 4/02 | Ergohit Scale | (1,694) | S/L | 15 | - | (1,694) | - | (1,694) | - |
| 4/02 | Chem Crat Caps for Posts | (202) | S/L | 10 | - | (202) | - | (202) | - |
| 4/02 | Computer Equipment | (4,409) | S/L | 5 | - | (4,409) | - | (4,409) | - |
| 4/02 | Enhancer Cushion | (299) | S/L | 10 | - | (299) | - | (299) | - |
| 4/02 | Ergohit Scale | (1,700) | S/L | 15 | - | (1,700) | - | (1,700) | - |

| | | | | | | | | | |
|------|------------------------------------|----------|-----|----|---|----------|---|----------|-------|
| 502 | Copier Nurses office | (4,080) | S/L | 5 | - | (4,080) | - | (4,080) | - |
| 502 | Lap Top | (2,343) | S/L | 5 | - | (2,343) | - | (2,343) | - |
| 502 | 2 Zann Mattresses | (2,400) | S/L | 10 | - | (2,400) | - | (2,400) | - |
| 602 | Multimedia Plasma Monitor | (4,542) | S/L | 7 | - | (4,542) | - | (4,542) | - |
| 602 | Keyboard | (211) | S/L | 5 | - | (211) | - | (211) | - |
| 602 | Cables (5) | (106) | S/L | 10 | - | (106) | - | (106) | - |
| 602 | 4 Zann Mattresses | (4,800) | S/L | 10 | - | (4,800) | - | (4,800) | - |
| 802 | 6 Recliners | (6,535) | S/L | 10 | - | (6,535) | - | (6,535) | - |
| 802 | Credit B/M | 35 | S/L | 5 | - | 35 | - | 35 | - |
| 902 | Walkie Talkies | (1,968) | S/L | 5 | - | (1,968) | - | (1,968) | - |
| 902 | Litter Receptacle with stone | (2,446) | S/L | 10 | - | (2,446) | - | (2,446) | - |
| 902 | Portable PA System | (426) | S/L | 10 | - | (426) | - | (426) | - |
| 1002 | Color TV & VCR | (592) | S/L | 5 | - | (592) | - | (592) | - |
| 1002 | Cover PA System | (42) | S/L | 5 | - | (42) | - | (42) | - |
| 1002 | SYM PROCOMM V4.8 CD | (134) | S/L | 5 | - | (134) | - | (134) | - |
| 1002 | Digital Camera | (513) | S/L | 5 | - | (513) | - | (513) | - |
| 1102 | Leaf Blower | (450) | S/L | 5 | - | (450) | - | (450) | - |
| 1102 | Telephones CAT5e | (1,262) | S/L | 10 | - | (1,262) | - | (1,262) | - |
| 1202 | Super Couch Vacuum/Attachments | (445) | S/L | 10 | - | (445) | - | (445) | - |
| 1202 | Vacuum Cleaners | (1,800) | S/L | 8 | - | (1,800) | - | (1,800) | - |
| 1202 | Computer Software | (360) | S/L | 5 | - | (360) | - | (360) | - |
| 1202 | Vacuum | (633) | S/L | 8 | - | (633) | - | (633) | - |
| 1202 | 10 Pentium-4 Computers | (6,120) | S/L | 5 | - | (6,120) | - | (6,120) | - |
| 103 | Copier | (18,795) | S/L | 5 | - | (18,795) | - | (18,795) | - |
| 103 | Scanner, CD/RW Memory | (593) | S/L | 5 | - | (593) | - | (593) | - |
| 103 | Surge Protector Outlets Time Clock | (574) | S/L | 10 | - | (574) | - | (574) | - |
| 203 | Payroll System | (6,950) | S/L | 5 | - | (6,950) | - | (6,950) | - |
| 203 | 2 Headsets & Cordless Hase | (683) | S/L | 5 | - | (683) | - | (683) | - |
| 203 | Gerichair | (186) | S/L | 10 | - | (186) | - | (186) | - |
| 203 | Addressograph Machine | (495) | S/L | 5 | - | (495) | - | (495) | - |
| 203 | 3 Phone Cables | (545) | S/L | 10 | - | (545) | - | (545) | - |
| 203 | Phone Lines & Cables | (1,552) | S/L | 10 | - | (1,552) | - | (1,552) | - |
| 303 | Computer Equipment | (513) | S/L | 5 | - | (513) | - | (513) | - |
| 303 | Computer Equipment | (344) | S/L | 5 | - | (344) | - | (344) | - |
| 303 | Fax Machine | (1,179) | S/L | 3 | - | (1,179) | - | (1,179) | - |
| 303 | 16 Monitors | (2,146) | S/L | 5 | - | (2,146) | - | (2,146) | - |
| 303 | Pallet Hand Truck | (505) | S/L | 10 | - | (505) | - | (505) | - |
| 303 | Computer XP Upgrade | (1,192) | S/L | 5 | - | (1,192) | - | (1,192) | - |
| 303 | 2 Low Profile Cushion | (608) | S/L | 10 | - | (608) | - | (608) | - |
| 403 | Reclining Chair | (2,000) | S/L | 10 | - | (2,000) | - | (2,000) | - |
| 403 | Foal Pillows | (233) | S/L | 5 | - | (233) | - | (233) | - |
| 403 | Phone lines & Cable | (1,025) | S/L | 10 | - | (1,025) | - | (1,025) | - |
| 503 | Mini Spotter Kit/Extractor | (3,398) | S/L | 5 | - | (3,398) | - | (3,398) | - |
| 503 | Heel Elevating Cushion | (232) | S/L | 5 | - | (232) | - | (232) | - |
| 503 | Computer Equipment | (1,269) | S/L | 5 | - | (1,269) | - | (1,269) | - |
| 703 | Refrigerator | (5,300) | S/L | 10 | - | (5,300) | - | (5,300) | - |
| 703 | 3 TVs | (1,034) | S/L | 5 | - | (1,034) | - | (1,034) | - |
| 803 | Computers | (6,641) | S/L | 5 | - | (6,641) | - | (6,641) | - |
| 903 | Fax Machine | (715) | S/L | 3 | - | (715) | - | (715) | - |
| 903 | Fish Tank | (1,205) | S/L | 10 | - | (1,205) | - | (1,205) | - |
| 903 | Sound Battles | (225) | S/L | 10 | - | (225) | - | (225) | - |
| 1003 | Convalescent Recliner | (457) | S/L | 10 | - | (457) | - | (457) | - |
| 1103 | Recliner Wheelchair | (564) | S/L | 5 | - | (564) | - | (564) | - |
| 1103 | Recliner | (1,341) | S/L | 10 | - | (1,341) | - | (1,341) | - |
| 1103 | Microwave/Stainless steel shelf | (700) | S/L | 10 | - | (700) | - | (700) | - |
| 1203 | 2 Beds w/frames | (2,693) | S/L | 10 | - | (2,693) | - | (2,693) | - |
| 1203 | Cuisinart DLC Plus | (800) | S/L | 5 | - | (800) | - | (800) | - |
| 104 | Vacuum Cleaner | (317) | S/L | 8 | - | (317) | - | (317) | - |
| 104 | 13 Computers | (9,218) | S/L | 5 | - | (9,218) | - | (9,218) | - |
| 104 | Television | (500) | S/L | 5 | - | (500) | - | (500) | - |
| 104 | Automatic Sweeper | (3,056) | S/L | 5 | - | (3,056) | - | (3,056) | - |
| 104 | Snow Blower | (1,299) | S/L | 5 | - | (1,299) | - | (1,299) | - |
| 204 | Extractor | (5,804) | S/L | 5 | - | (5,804) | - | (5,804) | - |
| 304 | Computer Engnavor | (1,922) | S/L | 5 | - | (1,922) | - | (1,922) | - |
| 304 | Draperies | (10,370) | S/L | 5 | - | (10,370) | - | (10,370) | - |
| 404 | Tracers & Recliners | (6,049) | S/L | 10 | - | (6,049) | - | (6,049) | - |
| 404 | Mats | (2,737) | S/L | 5 | - | (2,737) | - | (2,737) | - |
| 504 | Computers | (1,109) | S/L | 5 | - | (1,109) | - | (1,109) | - |
| 504 | Vapor Blizt Steamer | (2,108) | S/L | 5 | - | (2,108) | - | (2,108) | - |
| 604 | Computers | (3,655) | S/L | 5 | - | (3,655) | - | (3,655) | - |
| 604 | Draperies | (1,188) | S/L | 5 | - | (1,188) | - | (1,188) | - |
| 704 | Draperies | (10,370) | S/L | 5 | - | (10,370) | - | (10,370) | - |
| 704 | Portable Radio | (1,458) | S/L | 10 | - | (1,458) | - | (1,458) | - |
| 704 | 55 Gal. Fish Tank Complete | (600) | S/L | 10 | - | (600) | - | (600) | - |
| 904 | Hammock Slings | (621) | S/L | 10 | - | (621) | - | (621) | - |
| 904 | Equipment System for MDS | (5,500) | S/L | 5 | - | (5,500) | - | (5,500) | - |
| 1004 | Computers | (2,789) | S/L | 5 | - | (2,789) | - | (2,789) | - |
| 1004 | Power Shredder | (1,200) | S/L | 5 | - | (1,200) | - | (1,200) | - |
| 1104 | Auto Display Pager | (374) | S/L | 10 | - | (374) | - | (374) | - |
| 205 | Blackberry | (318) | S/L | 5 | - | (318) | - | (318) | - |
| 205 | Bariatric Bed & Side rails | (4,200) | S/L | 15 | - | (3,780) | - | (3,780) | (420) |
| 305 | Copier | (18,495) | S/L | 5 | - | (18,495) | - | (18,495) | - |
| 305 | Blade for Cisco 6500 Series | (4,820) | S/L | 5 | - | (4,820) | - | (4,820) | - |
| 305 | Medline Software for Trneking | (2,250) | S/L | 5 | - | (2,250) | - | (2,250) | - |
| 305 | New File Server | (5,356) | S/L | 15 | - | (5,351) | - | (5,351) | (185) |
| 405 | 5 Zenith TVs | (1,614) | S/L | 5 | - | (1,614) | - | (1,614) | - |
| 605 | Lumes Low Bed | (1,344) | S/L | 15 | - | (1,211) | - | (1,211) | (133) |
| 605 | 42" TV | (1,500) | S/L | 5 | - | (1,500) | - | (1,500) | - |
| 705 | TV Stand | (200) | S/L | 15 | - | (179) | - | (179) | (21) |
| 705 | Computer Equipment | (3,675) | S/L | 5 | - | (3,675) | - | (3,675) | - |
| 905 | Cuisinart DLC | (799) | S/L | 10 | - | (799) | - | (799) | - |
| 905 | Copier | (4,815) | S/L | 5 | - | (4,815) | - | (4,815) | - |
| 905 | Computer Equipment | (4,458) | S/L | 5 | - | (4,458) | - | (4,458) | - |
| 905 | Computer | (1,200) | S/L | 5 | - | (1,200) | - | (1,200) | - |
| 905 | Marketing Software | (860) | S/L | 5 | - | (860) | - | (860) | - |
| 106 | Carpet Cleaner | (3,198) | S/L | 5 | - | (3,198) | - | (3,198) | - |
| 106 | Resident Bed | (1,528) | S/L | 5 | - | (1,528) | - | (1,528) | - |
| 206 | 3 Personal Computers | (2,136) | S/L | 5 | - | (2,136) | - | (2,136) | - |
| 206 | 2 Flat Panel Monitors | (798) | S/L | 5 | - | (798) | - | (798) | - |
| 206 | Win SQL Server Agent Box | (709) | S/L | 5 | - | (709) | - | (709) | - |
| 306 | 42" DLP TV | (1,710) | S/L | 5 | - | (1,710) | - | (1,710) | - |
| 306 | Printer | (382) | S/L | 5 | - | (382) | - | (382) | - |
| 406 | Vacuum Clemer | (589) | S/L | 5 | - | (589) | - | (589) | - |
| 406 | Xerox Printer | (1,648) | S/L | 5 | - | (1,648) | - | (1,648) | - |
| 406 | 12 Recliners | (15,391) | S/L | 10 | - | (15,391) | - | (15,391) | - |
| 506 | Fax Machine | (1,849) | S/L | 5 | - | (1,849) | - | (1,849) | - |
| 606 | Cable Machine | (915) | S/L | 10 | - | (915) | - | (915) | - |
| 806 | Low Air alternating mattress | (699) | S/L | 5 | - | (699) | - | (699) | - |
| 906 | Copy Machine | (6,295) | S/L | 5 | - | (6,295) | - | (6,295) | - |
| 906 | Hi-Low Bed | (1,525) | S/L | 5 | - | (1,525) | - | (1,525) | - |
| 1006 | Baracuda Span Firewall | (2,693) | S/L | 5 | - | (2,693) | - | (2,693) | - |

| | | | | | | | | | |
|-------------------------|--|-----------|-----|----|-------|-----------|--------|-----------|---------|
| 11/06 | 5 TVs & 10 remotes | (2,205) | S/L | 5 | - | (2,205) | - | (2,205) | - |
| 11/06 | Hi-Lo Bed | (1,518) | S/L | 5 | - | (1,518) | - | (1,518) | - |
| 11/06 | Motorolo 5 way Radio | (727) | S/L | 5 | - | (727) | - | (727) | - |
| 11/06 | Vacuum Cleaner | (356) | S/L | 5 | - | (356) | - | (356) | - |
| 11/06 | Vacuum Clemer | (558) | S/L | 5 | - | (558) | - | (558) | - |
| 11/06 | Laser Jet Printer | (361) | S/L | 5 | - | (361) | - | (361) | - |
| 12/06 | Washing Machine | (335) | S/L | 5 | - | (335) | - | (335) | - |
| 1/07 | Personal Computer | (1,152) | S/L | 5 | - | (1,152) | - | (1,152) | - |
| 1/07 | HP Laser Jet Printer | (450) | S/L | 5 | - | (450) | - | (450) | - |
| 2/07 | Hi-Lo Bed | (1,515) | S/L | 5 | - | (1,515) | - | (1,515) | - |
| 2/07 | W.B. Mason | (419) | S/L | 5 | - | (419) | - | (419) | - |
| 3/07 | Nu Step Recumbent Cross Trainer | (3,946) | S/L | 10 | - | (3,946) | - | (3,946) | - |
| 3/07 | 2 IBM PCs & 1 Monitor | (1,675) | S/L | 5 | - | (1,675) | - | (1,675) | - |
| 3/07 | HP Laser Jet Printer | (370) | S/L | 5 | - | (370) | - | (370) | - |
| 3/07 | 2 PC'S and attachments | (2,018) | S/L | 5 | - | (2,018) | - | (2,018) | - |
| 3/07 | Ice Maker | (2,905) | S/L | 10 | - | (2,905) | - | (2,905) | - |
| 5/07 | HP Printer/Envelope feeder | (1,136) | S/L | 5 | - | (1,136) | - | (1,136) | - |
| 5/07 | 3 Televisions | (853) | S/L | 5 | - | (853) | - | (853) | - |
| 5/07 | Mini Floor Machine | (686) | S/L | 5 | - | (686) | - | (686) | - |
| 6/07 | 5 20" Resident room T.V.'s | (1,792) | S/L | 5 | - | (1,792) | - | (1,792) | - |
| 6/07 | 4 Vacuum Cleaners | (1,608) | S/L | 5 | - | (1,608) | - | (1,608) | - |
| 6/07 | Porta-Washer | (2,193) | S/L | 5 | - | (2,193) | - | (2,193) | - |
| 7/07 | Mattress | (405) | S/L | 5 | - | (405) | - | (405) | - |
| 8/07 | Vapor Cleaning Machine | (3,165) | S/L | 10 | - | (3,165) | - | (3,165) | - |
| 8/07 | Lakeside Cart | (625) | S/L | 5 | - | (625) | - | (625) | - |
| 8/07 | 60 Inch Television | (2,500) | S/L | 10 | - | (2,500) | - | (2,500) | - |
| 9/07 | TV Cabinet | (470) | S/L | 10 | - | (470) | - | (470) | - |
| 9/07 | DVD/VCR Player | (360) | S/L | 5 | - | (360) | - | (360) | - |
| 10/07 | 4 Hair Dryers - Beauty Salon | (1,100) | S/L | 5 | - | (1,100) | - | (1,100) | - |
| 10/07 | 2 WI Systems | (550) | S/L | 5 | - | (550) | - | (550) | - |
| 10/07 | 2 Portable A/Cond units | (682) | S/L | 5 | - | (682) | - | (682) | - |
| 10/07 | Cuisinart - Food Processor | (795) | S/L | 5 | - | (795) | - | (795) | - |
| 11/07 | Wheelchair Scale | (2,059) | S/L | 5 | - | (2,059) | - | (2,059) | - |
| 11/07 | 3 Copies Adobe Acrobat | (625) | S/L | 5 | - | (625) | - | (625) | - |
| 11/07 | Dry Vacuum Cleaner | (417) | S/L | 5 | - | (417) | - | (417) | - |
| 12/07 | Christmas Train Set | (1,000) | S/L | 5 | - | (1,000) | - | (1,000) | - |
| 12/07 | Sander for Pickup Truck | (3,850) | S/L | 10 | - | (3,850) | - | (3,850) | - |
| 1/08 | 2 Dry Vacuum Cleaners | (800) | S/L | 5 | - | (800) | - | (800) | - |
| 1/08 | Phones & wall brackets | (18,997) | S/L | 10 | - | (18,997) | - | (18,997) | - |
| 1/08 | Window Treatments | (4,514) | S/L | 10 | - | (4,514) | - | (4,514) | - |
| 1/08 | Shutters | (1,864) | S/L | 10 | - | (1,864) | - | (1,864) | - |
| 2/08 | Barcode software | (2,490) | S/L | 3 | - | (2,490) | - | (2,490) | - |
| 2/08 | 2 Two way radios(Housekeeping) | (1,508) | S/L | 5 | - | (1,508) | - | (1,508) | - |
| 2/08 | UPS, Firewall for Server | (720) | S/L | 5 | - | (720) | - | (720) | - |
| 3/08 | Fax Machine | (925) | S/L | 5 | - | (925) | - | (925) | - |
| 4/08 | 5 20" Hospital TVs(Residents) | (1,784) | S/L | 5 | - | (1,784) | - | (1,784) | - |
| 4/08 | P C, Monitor, Memory | (767) | S/L | 5 | - | (767) | - | (767) | - |
| 4/08 | Entrance way mat | (1,060) | S/L | 5 | - | (1,060) | - | (1,060) | - |
| 5/08 | Auto Sweeper | (3,993) | S/L | 5 | - | (3,993) | - | (3,993) | - |
| 5/08 | Carpet Extractor | (3,915) | S/L | 5 | - | (3,915) | - | (3,915) | - |
| 5/08 | 2 Two way radios(Maintenance) | (1,508) | S/L | 5 | - | (1,508) | - | (1,508) | - |
| 6/08 | Putting Green - Rehab | (3,295) | S/L | 10 | - | (3,295) | - | (3,295) | - |
| 6/08 | HP Printer | (1,059) | S/L | 5 | - | (1,059) | - | (1,059) | - |
| 6/08 | 3 Flat screen monitors | (640) | S/L | 5 | - | (640) | - | (640) | - |
| 6/08 | 15 20" Hospital TVs | (6,165) | S/L | 5 | - | (6,165) | - | (6,165) | - |
| 7/08 | Server | (4,015) | S/L | 5 | - | (4,015) | - | (4,015) | - |
| 9/08 | 15 Mattresses | (3,148) | S/L | 5 | - | (3,148) | - | (3,148) | - |
| 11/08 | Washer & Dryer | (688) | S/L | 5 | - | (688) | - | (688) | - |
| 12/08 | Digital Camera | (653) | S/L | 5 | - | (653) | - | (653) | - |
| 12/08 | 2 H200 hand devices | (11,190) | S/L | 5 | - | (11,190) | - | (11,190) | - |
| 2/09 | Copy Machine | (16,295) | S/L | 7 | - | (16,295) | - | (16,295) | - |
| 2/09 | 50 Battery UPS Backups | (2,350) | S/L | 5 | - | (2,350) | - | (2,350) | - |
| 3/09 | 3 PC's and monitors, maintenance | (2,418) | S/L | 5 | - | (2,418) | - | (2,418) | - |
| 3/09 | 2 Alternating pressure mattresses | (1,226) | S/L | 5 | - | (1,226) | - | (1,226) | - |
| 4/09 | Backup system software | (4,076) | S/L | 5 | - | (4,076) | - | (4,076) | - |
| 6/09 | 2 Laptops | (1,408) | S/L | 5 | - | (1,408) | - | (1,408) | - |
| 6/09 | 2 PC's | (1,594) | S/L | 5 | - | (1,594) | - | (1,594) | - |
| 7/09 | 2 Blood Pressure Monitors | (4,117) | S/L | 7 | - | (4,117) | - | (4,117) | - |
| 7/09 | Bladderscan | (11,962) | S/L | 7 | - | (11,962) | - | (11,962) | - |
| 10/09 | Plasma TV and wireless connection | (1,042) | S/L | 5 | - | (1,042) | - | (1,042) | - |
| 11/09 | Plasma TV and DVD | (620) | S/L | 5 | - | (620) | - | (620) | - |
| 11/09 | Projector | (768) | S/L | 5 | - | (768) | - | (768) | - |
| 2/10 | TV - Patient Lounge | (700) | S/L | 5 | - | (700) | - | (700) | - |
| 8/10 | 2 Personal Computers - Kitchen | (1,202) | S/L | 5 | - | (1,202) | - | (1,202) | - |
| 1/11 | 12 resident rooms floor lamps | (1,127) | S/L | 5 | - | (1,127) | - | (1,127) | - |
| 1/11 | Care Tracker system | (9,725) | S/L | 5 | - | (9,725) | - | (9,725) | - |
| 1/11 | 3 personal computers | (2,052) | S/L | 5 | - | (2,052) | - | (2,052) | - |
| 1/11 | 20 Bulletin Boards Patient rooms | (1,260) | S/L | 5 | - | (1,260) | - | (1,260) | - |
| 2/11 | Personal Computer | (509) | S/L | 5 | - | (509) | - | (509) | - |
| 2/11 | Copier & Printer | (2,026) | S/L | 5 | - | (2,026) | - | (2,026) | - |
| 4/11 | Copier - Accounting | (4,328) | S/L | 5 | - | (4,328) | - | (4,328) | - |
| 5/11 | 2 Personal computers | (1,037) | S/L | 5 | - | (1,037) | - | (1,037) | - |
| 6/11 | Laptop - Administrator | (957) | S/L | 5 | - | (957) | - | (957) | - |
| 7/11 | 6 Care Tracker Kiosk's | (10,347) | S/L | 5 | - | (10,347) | - | (10,347) | - |
| 8/11 | Color Printer | (3,257) | S/L | 5 | - | (3,257) | - | (3,257) | - |
| 8/11 | 2 Laptops, screens & Keyboards | (2,315) | S/L | 5 | - | (2,315) | - | (2,315) | - |
| 8/11 | Cables for Care Tracker system | (728) | S/L | 5 | - | (728) | - | (728) | - |
| 11/11 | Sand & Salt Spreader | (4,478) | S/L | 5 | - | (4,478) | - | (4,478) | - |
| 11/11 | 2 Ipads | (1,360) | S/L | 5 | - | (1,360) | - | (1,360) | - |
| 4/12 | WiFi Care Center | (6,403) | S/L | 5 | - | (6,403) | - | (6,403) | - |
| 4/12 | Ice Machine/Maker | (3,549) | S/L | 5 | - | (3,549) | - | (3,549) | - |
| 5/12 | Additional memory PC's | (2,061) | S/L | 5 | - | (2,061) | - | (2,061) | - |
| 6/12 | Caretraker interface software | (5,000) | S/L | 5 | - | (5,000) | - | (5,000) | - |
| 9/12 | UPS Battery Backup system | (1,399) | S/L | 5 | - | (1,399) | - | (1,399) | - |
| 9/12 | Virtual Server & Peripherals | (57,984) | S/L | 5 | - | (49,285) | - | (49,285) | (8,699) |
| 1/18/2013 | Color printers | (1,287) | S/L | 5 | - | (1,287) | - | (1,287) | - |
| 3/11/2013 | Shredder | (1,790) | S/L | 5 | - | (1,790) | - | (1,790) | - |
| 6/26/2013 | Copier | (12,259) | S/L | 5 | - | (12,259) | - | (12,259) | - |
| 1/09/2013 | Laptop | (1,204) | S/L | 3 | - | (1,204) | - | (1,204) | - |
| 8/27/2013 | Printer | (1,249) | S/L | 5 | - | (1,249) | - | (1,249) | - |
| 8/1/2013 | Microsoft Software | (2,477) | S/L | 3 | - | (2,477) | - | (2,477) | - |
| Total 2018 Acquisitions | | (483,689) | | | 9,955 | (594,717) | 19,914 | (574,803) | 91,114 |
| 2019 Acquisitions | | | | | | | | | |
| 10/17/2018 | Brigade 600 Series Lateral 5 Drawer with Positiv | 1,998 | S/L | 15 | - | - | 67 | 67 | 1,931 |
| 10/29/2018 | Salt Dog 1400- Suller & Sander for Truck | 7,099 | S/L | 10 | - | - | 355 | 355 | 6,744 |
| 10/31/2018 | Hobart Food Slicer 13" Blade | 1,852 | S/L | 10 | - | - | 93 | 93 | 1,759 |
| 10/31/2018 | Air Mattress 42X80X7 Biartic | 1,627 | S/L | 5 | - | - | 163 | 163 | 1,464 |
| 10/29/2018 | 32LV570M TV-LED 32in LG Healthcare Qty 3 | 1,282 | S/L | 5 | - | - | 128 | 128 | 1,154 |
| 10/8/2018 | 50% of Conversion to Bloomerang from Fundrais | 913 | S/L | 3 | - | - | 152 | 152 | 761 |
| 10/18/2018 | 2 Chairs in Barrow Levitate 12113 | 590 | S/L | 15 | - | - | 20 | 20 | 570 |

| | | | | | | | | | | |
|-------------------------|---|---------|-----|----|--|-------|-------|--------|--------|---------|
| 11/7/2018 | 28 #31127 Symphony Stacking Chair 36X24X22 | 15,416 | S/L | 15 | | 514 | 514 | 14,902 | | |
| 11/16/2018 | 32L.V570M TV-LED,32in. LG,Healthcare Qty 8 | 3,018 | S/L | 5 | | 302 | 302 | 2,716 | | |
| 11/16/2018 | 32L.V570M TV-LED,32in. LG,Healthcare Qty 3 | 12,104 | S/L | 5 | | 1,210 | 1,210 | 10,894 | | |
| 10/29/2018 | Motor & Blades RTV Fan Care Center | 2,354 | S/L | 10 | | 118 | 118 | 2,236 | | |
| 10/29/2018 | Amazon 24 Husky TV Mounts | 804 | S/L | 5 | | 80 | 80 | 724 | | |
| 12/27/2018 | 32L.V570M TV-LED,32in. LG,Healthcare Qty 3 | 13,054 | S/L | 5 | | 1,305 | 1,305 | 11,749 | | |
| 12/27/2018 | Database Conversion to Blooming from Funda | 11,626 | S/L | 3 | | 1,938 | 1,938 | 9,688 | | |
| 12/3/2018 | 101/4" Wall Jacks with new Pillow Spenkers | 2,515 | S/L | 5 | | 252 | 252 | 2,263 | | |
| 12/27/2018 | Amazon 24 Husky TV Mounts | 462 | S/L | 5 | | 46 | 46 | 416 | | |
| 4/30/2019 | Amazon TV Conference ROOM & Wall Mount | 325 | S/L | 5 | | 32 | 32 | 293 | | |
| 5/8/2019 | Hoshizaki Ice maker/Water Dispenser SIER #J09 | 4,045 | S/L | 10 | | 202 | 202 | 3,843 | | |
| 5/9/2019 | Hoshizaki Ice maker/Water Dispenser SIER #J09 | 4,045 | S/L | 10 | | 202 | 202 | 3,843 | | |
| 5/24/2019 | 8 Samsung Cloud Display NC241 Teradici Tera2 | 1,472 | S/L | 5 | | 147 | 147 | 1,325 | | |
| 5/27/2019 | 10 12.9inch iPad Pro Wifi 64GB MFL2L1/A- | 7,832 | S/L | 3 | | 1,305 | 1,305 | 6,527 | | |
| 5/27/2019 | VESA Mount for iPad Pro 12.9 Brackets | 894 | S/L | 3 | | 149 | 149 | 745 | | |
| 6/24/2019 | 2 Mont Vital Signs BP SP02 Welch Ally 42MT | 4,755 | S/L | 5 | | 475 | 475 | 4,280 | | |
| 6/27/2019 | 2 Lenovo Ideapad 330S 15.6 HD LED Laptop | 1,158 | S/L | 3 | | 193 | 193 | 965 | | |
| 9/19/2019 | CIDW Government INC M 920 Desktop/Monitor | 3,411 | S/L | 5 | | 341 | 341 | 3,070 | | |
| 9/11/2019 | | 1,365 | S/L | 3 | | 228 | 228 | 1,137 | | |
| 6/17/2019 | WCC Dining Room Project- 75" Smart TV, Sss | 1,553 | S/L | 5 | | 155 | 155 | 1,398 | | |
| 9/1/2019 | OP Rehab Table | 504 | S/L | 15 | | 17 | 17 | 487 | | |
| 9/1/2019 | OP Rehab Chairs In Service | 1,449 | S/L | 15 | | 48 | 48 | 1,401 | | |
| 9/1/2019 | OP Rehab Computer & Monitor | 1,271 | S/L | 3 | | 212 | 212 | 1,059 | | |
| 9/1/2019 | Vitacare Machine-OP Rehab Project | 2,495 | S/L | 5 | | 250 | 250 | 2,245 | | |
| Total 2019 Acquisitions | | 113,288 | | | | - | - | 10,699 | 10,699 | 102,589 |

| | | | | | | | | | |
|-------------------------|--|-----------|--|--|---------|-----------|---------|-----------|---------|
| Total Movable Equipment | | 2,991,351 | | | 162,075 | 2,449,196 | 114,258 | 2,563,154 | 427,897 |
|-------------------------|--|-----------|--|--|---------|-----------|---------|-----------|---------|

| Movable Equipment ADP | Date of Acquisition | Cost | Depr Method | Life | 2018 Depr | Accum Depr @9/18 | 2019 Depr | Accum Depr @9/19 | NAV @9/19 |
|-----------------------------|---------------------|--------|-------------|---------|-----------|------------------|-----------|------------------|-----------|
| | Prior to 10/1/01 | 34,638 | S/L | Various | - | 34,638 | - | 34,638 | - |
| 2012 and Prior Acquisitions | | | | | | | | | |
| | | 34,638 | | | - | 34,638 | - | 34,638 | - |

| Movable Equipment Geriatric | Date of Acquisition | Cost | Depr Method | Life | 2018 Depr | Accum Depr @9/18 | 2019 Depr | Accum Depr @9/19 | NAV @9/19 |
|-----------------------------------|---------------------|---------|-------------|---------|-----------|------------------|-----------|------------------|-----------|
| | Prior to 10/1/01 | 6,622 | S/L | Various | - | 6,622 | - | 6,622 | - |
| 2018 Disposal | | | | | | | | | |
| | | (6,622) | | | - | (6,622) | - | (6,622) | - |
| Total 2012 and Prior Acquisitions | | | | | | | | | |
| | | - | | | - | - | - | - | - |

| Automotive | Date of Acquisition | Description | Cost | Depr Method | Life | 2018 Depr | Accum Depr @9/18 | 2019 Depr | Accum Depr @9/19 | NAV @9/19 |
|------------------------|---------------------|---|----------|-------------|-------|-----------|------------------|-----------|------------------|-----------|
| | Prior to 10/1/01 | Truck, Dodge Van, Ford Coach | 74,070 | S/L | 5yrs | - | 74,070 | - | 74,070 | - |
| | 2/01 | Mini Van ADP | 23,377 | S/L | 5yrs | - | 23,377 | - | 23,377 | - |
| | 2/01 | Snow Plow Equipment SNF Truck | 2,383 | S/L | 5yrs | - | 2,383 | - | 2,383 | - |
| | 9/06 | Snow Plow Blade | 847 | S/L | 5 yrs | - | 847 | - | 847 | - |
| | 7/09 | 2007 Ford Pickup | 21,187 | S/L | 5 yrs | - | 21,187 | - | 21,187 | - |
| | 2/01 | Mini Van ADP - Traded in | (23,377) | S/L | 5yrs | - | (23,377) | - | (23,377) | - |
| | Prior to 10/1/01 | Truck, Dodge Van, Ford Coach - Disposal | (74,070) | S/L | 5yrs | - | (74,070) | - | (74,070) | - |
| Total Total Automotive | | | | | | | | | | |
| | | 24,417 | | | - | 24,417 | - | 24,417 | - | |

| | | | | | | | | | |
|-------------------------------|--|-----------|--|--|---------|-----------|---------|-----------|---------|
| Grand Total Movable Equipment | | 3,050,406 | | | 162,075 | 2,508,250 | 114,258 | 2,622,508 | 427,897 |
|-------------------------------|--|-----------|--|--|---------|-----------|---------|-----------|---------|

Cost Report vs Trial Balance Net Book Value Variance

| | | | | | | | | |
|-------------------------|---------|--|--|--------|---------|---------|---------|---------|
| Total Land Improvements | 413,515 | | | 24,486 | 124,809 | 33,064 | 157,873 | 255,642 |
| Variance | - | | | - | (840) | - | (840) | 840 |
| Cost Report Total | 413,515 | | | 24,486 | 125,648 | 33,064 | 158,712 | 254,803 |
| Per Trial Balance | 413,514 | | | - | 119,853 | 152,916 | 260,598 | - |
| CR vs TB Variance | 1 | | | 24,486 | 5,795 | 33,064 | 5,796 | (5,795) |

| | | | | | | | | |
|-------------------------------|-----------|--|--|---------|-----------|-----------|-----------|-------------|
| Total Building + Building ADP | 7,580,277 | | | 167,398 | 5,176,545 | 170,817 | 5,347,362 | 2,232,914 |
| Variance | (881,601) | | | - | 877,485 | - | 877,485 | (1,759,086) |
| Cost Report Total | 8,461,878 | | | 167,398 | 4,301,190 | 170,817 | 4,472,087 | 3,989,871 |
| Per Trial Balance | 7,580,277 | | | - | 5,182,611 | 435,818 | 5,347,479 | 2,232,798 |
| CR vs TB Variance | (881,601) | | | 167,398 | (881,421) | (265,001) | (875,472) | 1,757,073 |

| | | | | | | | | |
|-------------------------------------|-----------|--|--|---------|-----------|-----------|-----------|-----------|
| Total Fixed Equip + ADP + Geriatric | 3,019,904 | | | 102,829 | 2,078,442 | 99,919 | 2,178,361 | 841,544 |
| Variance | 116,963 | | | - | (84,532) | - | (84,532) | 201,435 |
| Cost Report Total | 2,903,001 | | | 102,829 | 2,163,129 | 99,919 | 2,263,048 | 639,953 |
| Per Trial Balance | 3,019,904 | | | - | 2,044,509 | 2,145,146 | 874,758 | - |
| CR vs TB Variance | (116,903) | | | 102,829 | 118,560 | 99,919 | 117,902 | (234,805) |

| | | | | | | | | |
|-------------------------------|-----------|--|--|---------|-----------|-----------|-----------|-----------|
| Grand Total Movable Equipment | 3,050,406 | | | 162,075 | 2,508,250 | 114,258 | 2,622,508 | 427,897 |
| Variance | 34,926 | | | - | (54,119) | - | (54,119) | 89,945 |
| Cost Report Total | 3,015,480 | | | 162,075 | 2,562,369 | 114,258 | 2,676,627 | 338,853 |
| Per Trial Balance | 3,050,407 | | | - | 2,457,738 | 2,595,048 | 455,359 | - |
| CR vs TB Variance | (34,927) | | | 162,075 | 104,631 | 114,258 | 81,579 | (116,506) |
| Total CR vs TB NBV Variance | 729,772 | | | 456,788 | (652,435) | (17,760) | (670,195) | 1,399,967 |

F/S vs C/R NBV Pg. 31 / Line B9 (1,399,967)
 F/S vs C/R Dep. Pg. 36 / Line F1 17,760

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

| | | | | |
|---|----------------------------|------------------------------------|-------------------------------------|---|
| Name of Facility Waveny Care Center, Inc. | License No. 942-C | Report for Year Ended 9/30/2019 | Page 25 | of 37 |
| 11. Property Questionnaire | | | | |
| Part A | | | | |
| Is the property either owned by the Facility or leased from a Related Party?* | | <input type="radio"/> Yes | <input checked="" type="radio"/> No | If "Yes," complete Part B. If "No," complete Part C. |
| *If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. | | | | |
| Description | Total | | | |
| 1. Date Land Purchased | Leased: Town of New Canaan | | | |
| 2. Date Structure Completed | 04/01/75 | | | |
| 3. If NOT Original Owner, Date of Purchase | | | | |
| 4. Date of Initial Licensure | | | | |
| 5. Total Licensed Bed Capacity | 76 | | | |
| 6. Square Footage | 54,509 | | | |
| 7. Acquisition Cost | | | | |
| a. Land | Leased: Town of New Canaan | | | |
| b. Building | 2,630,266 | | | |
| Part B - Owner and Related Parties | 1st Mortgage | 2nd Mortgage | 3rd Mortgage | 4th Mortgage |
| 1. Financing | | | | |
| a. Type of Financing (e.g., fixed, variable) | | | | |
| b. Date Mortgage Obtained | | | | |
| c. Interest Rate for the Cost Year | | | | |
| d. Term of Mortgage (number of years) | | | | |
| e. Amount of Principal Borrowed | | | | |
| f. Principal balance outstanding as of | | | | |
| Complete if Mortgage was Refinanced During Current Cost Year | | | | |
| g. Type of Financing (e.g., fixed, variable) | | | | |
| h. Date of Refinancing | | | | |
| i. New Interest Rate | | | | |
| j. Term of Mortgage (number of years) | | | | |
| k. Amount of Principal Borrowed | | | | |
| l. Principal Outstanding on Note Paid-Off | | | | |
| Part C - Arms-Length Leases for Real Property Improvements Only | | | | |
| Name and Address of Lessor | Property Leased | Date of Lease | Term of Lease | Annual Amount of Lease |
| Town of New Canaan | Land Lease | 04/01/75 | | 4,718 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

| Name of Facility | | License No. | Report for Year Ended | | Page | of |
|--|--|-------------|-----------------------|------|------|-----------|
| Waveny Care Center, Inc. | | 942-C | 9/30/2019 | | 26 | 37 |
| Item | | | Total | CCNH | RHNS | (Specify) |
| 12. Interest | | | | | | |
| A. Building, Land Improvement & Non-Movable Equipment | | | | | | |
| 1. First Mortgage | | | \$ | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| 2. Second Mortgage | | | \$ | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| 3. Third Mortgage | | | \$ | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| 4. Fourth Mortgage | | | \$ | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| B. CHEFA Loan Information | | | | | | |
| 1. Original Loan Amount | | | \$ | | | |
| 2. Loan Origination Date | | | | | | |
| 3. Interest Rate % | | | | | | |
| 4. Term | | | | | | |
| 5. CHEFA Interest Expense | | | | | | |
| 12 B7. Total Building Interest Expense (A1 - A4 + B5) | | | \$ | | | |

(Carry Subtotals forward to next page)

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

| Name of Facility Waveny Care Center, Inc. | | License No. 942-C | | Report for Year Ended 9/30/2019 | | Page 27 | of 37 |
|--|--|----------------------|--------|------------------------------------|------------|------------|-----------|
| Item | | | | Total | CCNH | RHNS | (Specify) |
| Subtotals Brought Forward: | | | | | | | |
| 12. C. Movable Equipment | | | | | | | |
| 1. Automotive Equipment | | | | \$ | | | |
| A. Item | | Rate | Amount | | | | |
| Lender | | | | | | | |
| Address of Lender | | | | | | | |
| 2. Other (Specify) | | | | \$ | | | |
| A. Item | | Rate | Amount | | | | |
| Lender | | | | | | | |
| Address of Lender | | | | | | | |
| B. Item | | Rate | Amount | | | | |
| Lender | | | | | | | |
| Address of Lender | | | | | | | |
| 12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) | | | | \$ | | | |
| 12. D. Other Interest Expense (Specify) Bond, late payment and LOC interest | | | | \$ 45,807 | 45,807 | | |
| 13. Total All Interest Expense (12B7 + 12C3 + 12D) | | | | \$ 45,807 | 45,807 | | |
| 14. Insurance | | | | | | | |
| a. Insurance on Property (buildings only) | | | | \$ 14,281 | 14,281 | | |
| b. Insurance on Automobiles | | | | \$ 4,962 | 4,962 | | |
| c. Insurance other than Property (as specified above) | | | | | | | |
| 1. Umbrella (Blanket Coverage) | | | | \$ 37,148 | 37,148 | | |
| 2. Fire and Extended Coverage | | | | \$ | | | |
| 3. Other (Specify) General liability / Fidelity bond insurance | | | | \$ 24,975 | 24,975 | | |
| 14d. Total Insurance Expenditures (14a + b + c) | | | | \$ 81,366 | 81,366 | | |
| 15. Total All Expenditures (A-13 thru C-14) | | | | \$ 13,842,100 | 13,842,100 | | |

D. Adjustments to Statement of Expenditures

| Name of Facility | | | | License No. | Report for Year Ended | Page | of |
|---|----------|----------|---|--------------------------|-----------------------|------|-----------|
| Waveny Care Center, Inc. | | | | 942-C | 9/30/2019 | 28 | 37 |
| Item No. | Page No. | Line No. | Item Description | Total Amount of Decrease | CCNH | RHNS | (Specify) |
| Page 10 - Salaries and Wages | | | | | | | |
| 1. | | | Outpatient Service Costs | \$ | | | |
| 2. | | | Salaries not related to Resident Care | \$ | | | |
| 3. | | | Occupational Therapy | \$ | | | |
| 4. | | | Other - See attached Schedule | \$ 425,980 | 425,980 | | |
| Page 13 - Professional Fees | | | | | | | |
| 5. | | | Resident Care Physicians ** | \$ | | | |
| 6. | 13 | B10a | Occupational Therapy | \$ 399,495 | 399,495 | | |
| 7. | | | Other - See attached Schedule | \$ 276,032 | 276,032 | | |
| Pages 15 & 16 - Administrative and General | | | | | | | |
| 8. | | | Discriminatory Benefits | \$ | | | |
| 9. | 15 | 1c | Bad Debts | \$ 131,659 | 131,659 | | |
| 10. | | | Accounting | \$ | | | |
| 10a. | | | Legal | \$ 16,672 | 16,672 | | |
| 11. | | | Telephone | \$ | | | |
| 12. | 15 | 1h2 | Cellular Telephone | \$ 5,458 | 5,458 | | |
| 13. | | | Life insurance premiums on the life of Owners, Partners, Operators | \$ | | | |
| 14. | 16 | L3 | Gifts, flowers and coffee shops | \$ 120 | 120 | | |
| 15. | 16 | L5 | Education expenditures to colleges or universities for tuition and related costs for owners and employees | \$ 548 | 548 | | |
| 16. | 16 | L4 | Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative | \$ 1,980 | 1,980 | | |
| 17. | | | Automobile Expense (e.g. personal use) | \$ | | | |
| 18. | 16 | m2/3 | Unallowable Advertising * | \$ 154,161 | 154,161 | | |
| 19. | | | Income Tax / Corporate Business Tax | \$ | | | |
| 20. | | | Fund Raising / Contributions | \$ | | | |
| 21. | | | Unallowable Management Fees | \$ | | | |
| 22. | 16 | m6 | Barber and Beauty | \$ 26,988 | 26,988 | | |
| 23. | | | Other - See attached Schedule | \$ 423,801 | 423,801 | | |
| Page 18 - Dietary Expenditures | | | | | | | |
| 24. | See | 29d | Meals to employees, guests and others who are not residents | \$ 92,088 | 92,088 | | |
| Page 19 - Laundry Expenditures | | | | | | | |
| 25. | | | Laundry services to employees, guests and others who are not residents | \$ | | | |
| Page 20 - Housekeeping Expenditures | | | | | | | |
| 26. | | | Housekeeping services to employees, guests and others who are not residents | \$ | | | |
| Subtotal (Items 1 - 26) | | | | \$ 1,954,982 | 1,954,982 | | |

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--|----------|--------------------------------------|-------------------|-------------|-------------|
| 10 | 12n | Marketing Wages | \$ 91,719 | | |
| 10 | 5c | Meals on Wheels Wages (See attached) | 37,877 | | |
| 10 | 12o | VP of Development | 119,279 | | |
| 10 | 12o | Director of Development Wages | 81,694 | | |
| 10 | 12o | Other Development Wages | 12,216 | | |
| 10 | 12o | Director of Spiritual Services Wages | 32,267 | | |
| 10 | A1 | CEO Severance Pay | 50,928 | | |
| Total Other Salaries Adjustment | | | \$ 425,980 | \$ - | \$ - |

Schedule of Fees Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|-------------------------------------|----------|-----------------------|-------------------|-------------|-------------|
| 13 | B12 | Outpatient Therapies | \$ 271,032 | | |
| 13 | B12 | Post Acute Cardiology | 5,000 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Fees Adjustments | | | \$ 276,032 | \$ - | \$ - |

Schedule of Other A&G Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--|----------|--|-------------------|-------------|-------------|
| 15 | Var | Meals on Wheels Benefits Disallowances (See attached) | \$ 23,404 | | |
| 15 | Var | Non-Allowable Salaries Benefits Disallowances (See attached) | 108,797 | | |
| 15 | 1a4 | Severance Pay CEO Benefits Disallowances (See attached) | 3,862 | | |
| 22 | Var | Meals on Wheels Overhead Disallowances (See attached) | 9,387 | | |
| 22 | Var | Outpatient Therapies Overhead Disallowances (See attached) | 3,668 | | |
| 15 | 1g | Operational Supplies - Meals on Wheels | 11,091 | | |
| 15 | 1g | Operational Supplies - Spiritual Services | 1,457 | | |
| 15 | 1g | Operational Supplies - Development | 1,168 | | |
| 15 | 1g | Office Supplies - Development | 97 | | |
| 15 | 1g | Operational Supplies - Marketing | 4,954 | | |
| 15 | 1g | Office Supplies - Marketing | 367 | | |
| 16 | m7 | Postage - Development | 744 | | |
| 16 | m7 | Postage - Marketing | 370 | | |
| 16 | m8 | NEADHVS Dues | 35 | | |
| 16 | m8 | NEAHP Dues | 125 | | |
| 16 | m8 | Rotary Club New Canaan Dues | 975 | | |
| 16 | m8 | Sacred Heart University Dues | 448 | | |
| 16 | m8 | Chaplain Dues | 157 | | |
| 16 | m8a | Chamber of Commerce Dues | 420 | | |
| 16 | m9 | Books, Publications, Video - Development | 3 | | |
| 16 | m9 | Books, Publications, Video - Marketing | 129 | | |
| 16 | m11 | Purchased Services - WHH Expense | 244 | | |
| 16 | m11 | Purchased Services - Fundraising | 371 | | |
| 16 | m11 | Purchased Services - Collab Giving Fundraising | 36,409 | | |
| 16 | m13 | Department Guest Meals | 1,468 | | |
| 16 | m13 | Non-Allowable Bank Charges | 1,164 | | |
| 16 | m13 | Credit Card Processing Fees | 38,886 | | |
| 16 | m13 | Annual Report - Development | 2,343 | | |
| 16 | m13 | Investment Manager Fees | 52,116 | | |
| 16 | m13 | Food (Employees) | 48 | | |
| 16 | m13 | Co-insurance Write-off | (519) | | |
| 16 | m13 | Remedy Partners | 119,613 | | |
| Total Other A&G Adjustments | | | \$ 423,801 | \$ - | \$ - |

Waveny Care Center, Inc.
Disallowance Schedule for Cell Phones
September 30, 2019

| | <u>Amount</u> |
|---|-------------------------------|
| Total Cell Phone Expense | 6,538 TB Linked |
| Cell Phone Allowed Based on Bed Capacity | 3 |
| Monthly Allowable amount per Cell Phone | \$ 30 |
| Months in Cost Report Year | <u>12</u> |
| Total Allowable Cost | <u>\$ 1,080</u> |
| | |
| Disallowed Cell Phone (Page 28, Line 12) | <u><u>\$ 5,458</u></u> |

**Waveny Cost Report
September 30, 2019
Benefits Disallowance**

Non-Allowable Wages

| | | |
|--|------------------|--------------------|
| Marketing Wages | 91,719 | TB Linked |
| VP of Development Wages | 119,279 | TB Linked |
| Director of Development Wages | 81,694 | TB Linked |
| Other Development Wages | 12,216 | TB Linked |
| Director of Spiritual Services Wages | 32,266 | TB Linked |
| Total Non-Allowable Wages | <u>337,174</u> | |
| | | |
| Total Salaries | <u>6,626,443</u> | TB Linked |
| Percent to Total Salaries | 5.09% | |
| | | |
| Total Benefits (Pg 15, Line 1a1 - 1a7) | 2,138,176 | TB Linked |
| | | |
| Non-Allowable Benefits Disallowed | 108,797 | Page 28 attachment |

**Wavney Cost Report
September 30, 2019
Severance Pay Disallowance**

Non-Allowable Wages

| | | |
|---|------------------|--------------------|
| Actual Employment - 10/31/18 - 12/31/18 | 79,412 | Calc |
| Severance Pay (1/1/2019 - 2/28/2019) | <u>50,928</u> | Calc |
| CEO Wages - Bill Piper | 130,340 | N.02 |
| | | |
| Total Non-Allowable Wages | 50,928 | Page 28 attachment |
| | | |
| Total Salaries | <u>6,626,443</u> | TB Linked |
| Percent to Total Salaries | 0.77% | |
| | | |
| Total Benefits (Pg 15, Line 1a4) | 502,455 | TB Linked |
| | | |
| Non-Allowable Benefits Disallowed | 3,862 | Page 28 attachment |

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

| Name of Facility | | | | License No. | Report for Year Ended | Page | of |
|--|----------|----------|---|--------------------------|-----------------------|------|-----------|
| Waveny Care Center, Inc. | | | | 942-C | 9/30/2019 | 29 | 37 |
| Item No. | Page No. | Line No. | Item Description | Total Amount of Decrease | CCNH | RHNS | (Specify) |
| Subtotals Brought Forward | | | | \$ 1,954,982 | 1,954,982 | | |
| Page 20 - Resident Care Supplies*** | | | | | | | |
| 27. | 20 | 5a2 | Prescription Drugs | \$ 355,065 | 355,065 | | |
| 28. | 20 | 5d | Ambulance/Limousine | \$ 1,433 | 1,433 | | |
| 29. | 20 | 5f | X-rays, etc | \$ 29,580 | 29,580 | | |
| 30. | 20 | 5h | Laboratory | \$ 64,786 | 64,786 | | |
| 31. | | | Medical Supplies | \$ | | | |
| 32. | 20 | 5e2 | Oxygen (non emergency) | \$ 27,262 | 27,262 | | |
| 33. | | | Occupational Therapy | \$ | | | |
| 34. | | | Other - See Attached Schedule | \$ 36,222 | 36,222 | | |
| Page 22 - Maintenance and Property | | | | | | | |
| 35. | | | Excess Movable Equipment Depreciation See Attached Schedule | \$ | | | |
| 36. | | | Depreciation on Unallowable Motor Vehicles | \$ | | | |
| 37. | | | Unallowable Property and Real Estate Taxes | \$ | | | |
| 38. | | | Rental of Building Space or Rooms | \$ | | | |
| 39. | | | Other - See Attached Schedule | \$ 317 | 317 | | |
| Page 27 - Insurance | | | | | | | |
| 40. | | | Mortgage Insurance | \$ | | | |
| 41. | | | Property Insurance | \$ | | | |
| Other - Miscellaneous | | | | | | | |
| 42. | | | Other - Indirect | \$ 44,036 | 44,036 | | |
| 43. | | | Interest Income on Account Rec. | \$ | | | |
| 44. | | | Other - Miscellaneous Administrative | \$ 36,586 | 36,586 | | |
| 45. | | | Management Fees Direct | \$ | | | |
| 46. | | | Management Fees Indirect | \$ | | | |
| 47. | | | Other - Direct | \$ | | | |
| Not For Profit Providers Only | | | | | | | |
| 48. | | | Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule | \$ | | | |
| 49. Total Amount of Decrease (Items 1 - 48) | | | | \$ 2,550,269 | 2,550,269 | | |

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

Schedule of Other Ancillary Costs

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|------------------------------------|----------|--|------------------|-------------|-------------|
| 20 | 5i | Consulting Services - Development Fundraising Costs | \$ 1,138 | | |
| 20 | 5i | Consulting Services - Merger Discussions/Consulting | 590 | | |
| 20 | 5i | Satellite/Cable TV in Excess (See attached) | 10,686 | | |
| 20 | 5i | Machine & Equipment Rental (as needed, not leased) | 10,426 | | |
| 20 | 5i | Prosthetic/Orthotic | 4,988 | | |
| 20 | 5i | Other Diagnostic Svcs | 6,419 | | |
| 20 | 5i | Other Therapeutic Service | 1,200 | | |
| 20 | 5i | Misc Ancillary Charges | 68 | | |
| 20 | 5i | Operational Supplies: Outpatient Therapies Disallowance (See attached) | 707 | | |
| Total Other Ancillary Costs | | | \$ 36,222 | \$ - | \$ - |

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|---|----------|--|---------------|-------------|-------------|
| 27 | 14a | Building Insurance: Meals on Wheels Disallowance (See attached) | \$ 317 | | |
| 27 | 14a | Building Insurance: Outpatient Therapies Disallowance (See attached) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Property Adjustments | | | \$ 317 | \$ - | \$ - |

Schedule of Other - Indirect Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|----------|----------|---------------------------|-----------|------|-----------|
| 30 | IV 8 | Meals - Non-Patient | \$ 39,883 | | |
| 30 | IV 8 | Non-Patient Meals Private | 4,153 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|--------------------------------|--|--|-----------|------|------|
| | | | | | |
| | | | | | |
| Total Other Adjustments | | | \$ 44,036 | \$ - | \$ - |

Schedule of Other - Miscellaneous Administrative Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--------------------------------|----------|-------------------------|-----------|------|-----------|
| 27 | 12d | Late Payment Interest | \$ 2,908 | | |
| 27 | 12d | Line of Credit Interest | 33,628 | | |
| 30 | IV 8 | Medical Record Fee | 50 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Adjustments | | | \$ 36,586 | \$ - | \$ - |

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--------------------------------|----------|-------------|------|------|-----------|
| | | | | | |
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| | | | | | |
| | | | | | |
| Total Other Adjustments | | | \$ - | \$ - | \$ - |

Schedule of Unallowable Building Interest

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|--|----------|-------------|------|------|-----------|
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Unallowable Building Interest | | | \$ - | \$ - | \$ - |

Waveny Care Center, Inc.
Cable TV Disallowance
September 30, 2019

Pg. 29b

| | | | |
|---------------------------|-----------|----------------------|------------|
| Total Cable Tv Expense | \$ | 14,286 | TB Linked |
| Total Monthly Fee Allowed | \$ | 300 | |
| Total Months | | <u>12</u> | |
| Total Allowable Expense | \$ | <u>3,600</u> | |
| Disallowed Expense | \$ | <u>10,686</u> | {a} |

Tickmark

{a}

Ties to page 29a

Waveny Care Center, Inc.
 Out Patient Overhead Disallowance
 September 30, 2019

| | | | |
|-------------------------|------------------------------|-------------------------|------------------------|
| | Inpatient Treatments | 45,391 | Page 9 |
| | Outpatient Treatments | 11,493 | Not included on page 9 |
| Building Sq. ft. | 54,509 | Total Treatments | 56,884 |

| Therapy Type | Total In & Out Patient | | Out Patient Treatments | | Total Out Patient Sq. Footage |
|------------------------|------------------------|--------------|------------------------|---------------|----------------------------------|
| | Sq. Footage | Percentage | Treatments | Percentages | |
| PT | 2,059 | 3.78% | 10,823 | 19.03% | |
| OT | 98 | 0.18% | 455 | 0.80% | |
| ST | 184 | 0.34% | 215 | 0.38% | |
| Total Therapies | 2,341 | 4.29% | 11,493 | 20.20% | 0.87% |

| <u>A&G: Overhead Disallowance</u> | Amount Per TB | Out Patient % | Amount to be Disallowed |
|---------------------------------------|----------------|---------------|----------------------------|
| Repairs and Maintenance | 66,706 | 0.87% | 579 |
| Heat | 74,486 | 0.87% | 646 |
| Light and Power | 118,022 | 0.87% | 1,024 |
| Water | 23,587 | 0.87% | 205 |
| Contracted Maintenance | 132,113 | 0.87% | 1,146 |
| Total | 414,914 | | 3,600 See page 28a |

| <u>Capital: Building Insurance Disallowance</u> | | | |
|---|---------------|-------|-------------------------|
| Property Insurance | 14,281 | 0.87% | 124 |
| Total | 14,281 | | 124 See page 29a |

| <u>Direct: Supplies Related to Therapies</u> | | | |
|--|--------------|--------|-------------------------|
| Operational Therapy Supplies | 3,501 | 20.20% | 707 |
| Total | 3,501 | | 707 See page 29a |

| <u>Type</u> | D.12 <u>Number of MOW Meals Served</u> | D.12 <u>Total Meals Served</u> | <u>Percentage of Meals</u> |
|-----------------|---|---------------------------------------|--------------------------------|
| Meals on Wheels | 14,988 | 94,052 | 15.94% |

| <u>Salaries Disallowances</u> | <u>Amount per TB</u> | |
|-------------------------------|----------------------|--------------|
| Dietary Salaries | 37,877 | |
| Total | 37,877 | See page 28a |

| <u>Expenditures Disallowance</u> | | | |
|--------------------------------------|----------------|---------------|---------------------------|
| Dietary Expenses Per Pg. 18 | 385,470 | | |
| Dietary Management Fee | 236,430 | | |
| Less: Rev Self Disallowed Pg. 29a | (39,883) | | |
| Less: Rev Self Disallowed Pg. 29a | (4,153) | | |
| Adjusted Dietary Expenditures | 577,864 | 15.94% | 92,088 See page 28 |

| <u>Type</u> | <u>MOW Salary</u> | <u>Total Salaries</u> | <u>Percentage of Total Salaries</u> |
|-----------------|-------------------|-----------------------|---|
| Meals on Wheels | 37,877 | 6,626,443 | 0.57% |

| <u>Benefits Disallowance</u> | <u>Amount per TB</u> | <u>Percentage of Total Salaries</u> | <u>Disallowance</u> |
|------------------------------|----------------------|---|----------------------------|
| Workmen's Compensation | 376,156 | 0.57% | 2,150 |
| Disability Insurance | 151,623 | 0.57% | 867 |
| Unemployment Insurance | 159,961 | 0.57% | 914 |
| Social Security (FICA) | 1,097,127 | 0.57% | 6,271 |
| Health Insurance | 1,824,874 | 0.57% | 10,431 |
| Life Insurance | 0 | 0.57% | 0 |
| Pensions | 460,453 | 0.57% | 2,632 |
| Uniform Allowance | 10,463 | 0.57% | 60 |
| Other | 13,816 | 0.57% | 79 |
| Total | 4,094,473 | | 23,404 See page 28a |

| <u>Type</u> | <u>Number of Meals Served</u> | <u>Total Meals Served</u> | <u>Percentage of Meals</u> | <u>Dietary Sq. Footage</u> | <u>Total Sq. Footage</u> | <u>Dietary Percentage</u> | <u>Percentage of MOW Related to Dietary</u> |
|-----------------|-----------------------------------|-------------------------------|--------------------------------|--------------------------------|------------------------------|-------------------------------|---|
| Meals on Wheels | 14,988 | 94,052 | 15.94% | 7,595 | 54,509 | 13.93% | 2.22% |

| <u>A&G Overhead Disallowance</u> | <u>Amount per TB</u> | <u>Percentage of MOW Related to Dietary</u> | <u>MOW Disallowance</u> |
|--------------------------------------|----------------------|---|-----------------------------|
| Repairs and Maintenance | 66,706 | 2.22% | 1,481 |
| Heat | 74,486 | 2.22% | 1,654 |
| Light and Power | 118,022 | 2.22% | 2,621 |
| Water | 23,587 | 2.22% | 524 |
| Contracted Maintenance | 132,113 | 2.22% | 2,933 |
| Total | 362,249 | | 9,213 See page 28a |

| <u>Building Insurance Disallowance</u> | | | |
|--|---------------|-------|-------------------------|
| Property Insurance | 14,281 | 2.22% | 317 |
| Total | 14,281 | | 317 See page 29a |

F. Statement of Revenue

| Name of Facility | License No. | Report for Year Ended | | Page | of |
|--|----------------|-----------------------|------|-----------|----|
| Waveny Care Center, Inc. | 942-C | 9/30/2019 | | 30 | 37 |
| Item | Total | CCNH | RHNS | (Specify) | |
| I. Resident Room, Board & Routine Care Revenue | | | | | |
| 1. a. Medicaid Residents (<i>CT only</i>) | \$ 8,055,590 | 8,055,590 | | | |
| b. Medicaid Room and Board Contractual Allowance ** | \$ (4,443,300) | (4,443,300) | | | |
| 2. a. Medicaid (<i>All other states</i>) | \$ | | | | |
| b. Other States Room and Board Contractual Allowance ** | \$ | | | | |
| 3. a. Medicare Residents (<i>all inclusive</i>) | \$ 4,443,384 | 4,443,384 | | | |
| b. Medicare Room and Board Contractual Allowance ** | \$ | | | | |
| 4. a. Private-Pay Residents and Other | \$ 2,883,798 | 2,883,798 | | | |
| b. Private-Pay Room and Board Contractual Allowance ** | \$ (184,935) | (184,935) | | | |
| II. Other Resident Revenue | | | | | |
| 1. a. Prescription Drugs - Medicare | \$ | | | | |
| b. Prescription Drugs - Medicare Contractual Allowance ** | \$ | | | | |
| c. Prescription Drugs - Non-Medicare | \$ 54,817 | 54,817 | | | |
| d. Prescription Drugs - Non-Medicare Contractual Allowance ** | \$ | | | | |
| 2. a. Medical Supplies - Medicare | \$ 18,319 | 18,319 | | | |
| b. Medical Supplies - Medicare Contractual Allowance ** | \$ | | | | |
| c. Medical Supplies - Non-Medicare | \$ 7,298 | 7,298 | | | |
| d. Medical Supplies - Non-Medicare Contractual Allowance ** | \$ | | | | |
| 3. a. Physical Therapy - Medicare | \$ 1,247,340 | 1,247,340 | | | |
| b. Physical Therapy - Medicare Contractual Allowance ** | \$ | | | | |
| c. Physical Therapy - Non-Medicare | \$ 117,910 | 117,910 | | | |
| d. Physical Therapy - Non-Medicare Contractual Allowance ** | \$ | | | | |
| 4. a. Speech Therapy - Medicare | \$ 244,194 | 244,194 | | | |
| b. Speech Therapy - Medicare Contractual Allowance ** | \$ | | | | |
| c. Speech Therapy - Non-Medicare | \$ 7,530 | 7,530 | | | |
| d. Speech Therapy - Non-Medicare Contractual Allowance ** | \$ | | | | |
| 5. a. Occupational Therapy - Medicare | \$ 948,835 | 948,835 | | | |
| b. Occupational Therapy - Medicare Contractual Allowance ** | \$ 466,259 | 466,259 | | | |
| c. Occupational Therapy - Non-Medicare | \$ 42,482 | 42,482 | | | |
| d. Occupational Therapy - Non-Medicare Contractual Allowance ** | \$ | | | | |
| 6. a. Other (<i>Specify</i>) - Medicare | \$ (1,984,707) | (1,984,707) | | | |
| b. Other (<i>Specify</i>) - Non-Medicare | \$ 2,569 | 2,569 | | | |
| III. Total Resident Revenue (Section I. thru Section II.) | \$ 11,927,383 | 11,927,383 | | | |
| IV. Other Revenue* | | | | | |
| 1. Meals sold to guests, employees & others | \$ | | | | |
| 2. Rental of rooms to non-residents | \$ | | | | |
| 3. Telephone | \$ | | | | |
| 4. Rental of Television and Cable Services | \$ | | | | |
| 5. Interest Income (<i>Specify</i>) | \$ 39 | 39 | | | |
| 6. Private Duty Nurses' Fees | \$ | | | | |
| 7. Barber, Coffee, Beauty and Gift shops | \$ 20,416 | 20,416 | | | |
| 8. Other (<i>Specify</i>) | \$ 1,443,900 | 1,443,900 | | | |
| V. Total Other Revenue (1 thru 8) | \$ 1,464,355 | 1,464,355 | | | |
| VI. Total All Revenue (III +V) | \$ 13,391,738 | 13,391,738 | | | |

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

| Page Ref | Description | CCNH | RHNS | (Specify) |
|----------|--|-----------------------|-------------|-------------|
| | | - | | |
| 30 II 6a | Pharmacy Medicare Part A | \$ 412,531 | | |
| 30 II 6a | IV Therapy - Medicare | - | | |
| 30 II 6a | X-Ray Medicare | 26,566 | | |
| 30 II 6a | Laboratory - Medicare | 52,001 | | |
| 30 II 6a | Oxygen Therapy Medicare Part A | 16,425 | | |
| 30 II 6a | Cardiology - Medicare | 956 | | |
| 30 II 6a | Diagnostic Services-Medicare | 4,395 | | |
| 30 II 6a | Third Ply Adj Thrp'y - MCare | (1,966,295) | | |
| 30 II 6a | Thirid Ply Adj Ancil - MCare | (531,286) | | |
| | Total Other Resident Revenue - Medicare | \$ (1,984,707) | \$ - | \$ - |

Schedule of Other Non-Medicare Resident Revenue

Related Exp

| Page Ref | Description | CCNH | RHNS | (Specify) |
|----------|-------------------------------------|-----------------|-------------|-------------|
| | | - | | |
| 30 II 6b | Xray & Lab - Commr Ins. | \$ 3,431 | | |
| 30 II 6b | Oxygen Therapy Private | (235) | | |
| 30 II 6b | Oxygen - Comm Insurance | 755 | | |
| 30 II 6b | Oxygen Therapy Medicaid | 11,363 | | |
| 30 II 6b | Third Ply Adj Thrp'y - Comm Ins | (12,745) | | |
| | Total Other Resident Revenue | \$ 2,569 | \$ - | \$ - |

Interest Income

Account

| Page Ref | Account | Balance | CCNH | RHNS | (Specify) |
|----------|---|---------|--------------|-------------|-------------|
| | | | - | | |
| 30 IV 5 | Interest Income - Bank Accounts | | \$ 23 | | |
| 30 IV 5 | Interest Income - Money Market Accounts | | 4 | | |
| 30 IV 5 | Interest Income - A/R | | 12 | | |
| | Total Interest Income | | \$ 39 | \$ - | \$ - |

Schedule of Other Revenue

| Page Ref | Description | CCNH | RHNS | (Specify) |
|----------|--|---------------------|-------------|-------------|
| | | - | | |
| 30 IV 8 | Meals - Non-patient | \$ 39,883 | | |
| 30 IV 8 | Non-Patient Meals Private | 4,153 | | |
| 30 IV 8 | Annual Appeal | 3,105 | | |
| 30 IV 8 | Memorial Giving | 3,975 | | |
| 30 IV 8 | Pledge Revenue-Unrestrict | 382,663 | | |
| 30 IV 8 | Pledge Revenue Discount | 27,500 | | |
| 30 IV 8 | Investment Income-Common Fund | 229,512 | | |
| 30 IV 8 | Investment Income Bauer Fund | 36,150 | | |
| 30 IV 8 | Investment Income Anderson | 19,614 | | |
| 30 IV 8 | Investment Income Capital Camp | 1,033 | | |
| 30 IV 8 | ST Cap Gain FC | 3,458 | | |
| 30 IV 8 | Investment Income FC | 15,778 | | |
| 30 IV 8 | Unrealized Gain/Loss | 119,279 | | |
| 30 IV 8 | Unrealized Gain/Loss- Bauer | 26,740 | | |
| 30 IV 8 | Unrealized Gain/Loss-Anderson | 14,508 | | |
| 30 IV 8 | Unrealized Gain/Loss-Capital | 764 | | |
| 30 IV 8 | Unrealized Gain/Loss FC | (1,820) | | |
| 30 IV 8 | Other Income - EBS settlement from prior years | 100,000 | | |
| 30 IV 8 | Medical Record Copy Fee | 50 | | |
| 30 IV 8 | Meals on Wheels-Meals | 110,372 | | |
| 30 IV 8 | Assets Released Restr-Op | 64,804 | | |
| 30 IV 8 | Assets Released non operating | 96,593 | | |
| 30 IV 8 | Reversal related to PY Expenses (Not disallowed) | 6,538 | | |
| 30 IV 8 | EBS Medical Accrual Reversal for PY's (Not disallowed) | 139,248 | | |
| | Total Other Revenue | \$ 1,443,900 | \$ - | \$ - |

G. Balance Sheet

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|---------------------|-----------------------|-----------|------------------|
| Waveny Care Center, Inc. | 942-C | 9/30/2019 | 31 | 37 |
| Account | | | Amount | |
| Assets | | | | |
| A. Current Assets | | | | |
| 1. Cash (<i>on hand and in banks</i>) | | | \$ | 1,628,505 |
| 2. Resident Accounts Receivable (Less Allowance for Bad Debts) | | | \$ | 1,626,525 |
| 3. Other Accounts Receivable (Excluding Owners or Related Parties) | | | \$ | 219,054 |
| 4. Inventories | | | \$ | |
| 5. Prepaid Expenses | | | \$ | 70,535 |
| a. Prepaid Insurance | 2,246 | | | |
| b. Prepaid Rent | 5,255 | | | |
| c. Prepaid Expenses | 63,034 | | | |
| d. See Schedule | | | | |
| 6. Interest Receivable | | | \$ | |
| 7. Medicare Final Settlement Receivable | | | \$ | |
| 8. Other Current Assets (<i>itemize</i>) | | | \$ | 183,236 |
| Exchange | 3,364 | | | |
| Exchange - Salaries | 7,912 | | | |
| Workers Comp Recovery | 171,960 | | | |
| See Schedule | | | | |
| A-9. Total Current Assets (Lines A1 thru 8) | | | \$ | 3,727,855 |
| B. Fixed Assets | | | | |
| 1. Land | | | \$ | |
| 2. Land Improvements | *Historical Cost | 413,515 | \$ | 254,803 |
| | Accum. Depreciation | 158,712 | | Net |
| 3. Buildings | *Historical Cost | 8,461,878 | \$ | 3,989,871 |
| | Accum. Depreciation | 4,472,007 | | Net |
| 4. Leasehold Improvements | *Historical Cost | | \$ | |
| | Accum. Depreciation | | | Net |
| 5. Non-Movable Equipment | *Historical Cost | 2,903,001 | \$ | 639,953 |
| | Accum. Depreciation | 2,263,048 | | Net |
| 6. Movable Equipment | *Historical Cost | 2,916,992 | \$ | 338,853 |
| | Accum. Depreciation | 2,578,139 | | Net |
| 7. Motor Vehicles | *Historical Cost | | \$ | |
| | Accum. Depreciation | | | Net |
| 8. Minor Equipment-Not Depreciable | | | \$ | |
| 9. Other Fixed Assets (<i>itemize</i>) | | | \$ | (1,273,462) |
| F/S vs C/R NBV | | (1,399,967) | | |
| See Schedule | | 126,505 | | |
| B-10. Total Fixed Assets (Lines B1 thru 9) | | | \$ | 3,950,018 |

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

| Page Ref | Line Ref | Description | |
|-------------------------------|----------|-------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Prepaid Expenses | | | \$ - |

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

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

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

| Page Ref | Line Ref | Description | |
|---|----------|-------------|------------|
| 31 | B9 | CIP | \$ 126,505 |
| | | | |
| | | | |
| | | | |
| Total Other Fixed Assets (Itemize) | | | \$ 126,505 |

Schedule of Other Assets Page 32 Line D7

| Page Ref | Line Ref | Description | |
|---------------------------|----------|-------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Other Assets | | | \$ - |

Schedule of Notes Payable (Itemize) Page 33 Line A2

| Page Ref | Line Ref | Description | |
|----------------------------|----------|-------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Notes Payable | | | \$ - |

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

| Page Ref | Line Ref | Description | |
|--|----------|-------------------------|------------|
| 33 | A12 | Accrued CT SNF User Tax | \$ 97,679 |
| 33 | A12 | Workers Comp Reserve | 171,960 |
| | | | |
| | | | |
| Total Other Current Liabilities (Itemize) | | | \$ 269,639 |

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

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

G. Balance Sheet (cont'd)

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|--------------------------|-----------------------|--------|------------|
| Waveny Care Center, Inc. | 942-C | 9/30/2019 | 32 | 37 |
| Account | | | Amount | |
| Total Brought Forward: | | | \$ | 7,677,873 |
| C. Leasehold or like property recorded for Equity Purposes. | | | | |
| 1. Land | | | \$ | |
| 2. Land Improvements | | | | |
| | *Historical Cost | _____ | | |
| | Accum. Depreciation | _____ | Net | \$ |
| 3. Buildings | | | | |
| | *Historical Cost | _____ | | |
| | Accum. Depreciation | _____ | Net | \$ |
| 4. Non-Movable Equipment | | | | |
| | *Historical Cost | _____ | | |
| | Accum. Depreciation | _____ | Net | \$ |
| 5. Movable Equipment | | | | |
| | *Historical Cost | _____ | | |
| | Accum. Depreciation | _____ | Net | \$ |
| 6. Motor Vehicles | | | | |
| | *Historical Cost | _____ | | |
| | Accum. Depreciation | _____ | Net | \$ |
| 7. Minor Equipment-Not Depreciable | | | \$ | |
| C-8 Total Leasehold or Like Properties (C1 thru 7) | | | \$ | |
| D. Investment and Other Assets | | | | |
| 1. Deferred Deposits | | | \$ | |
| 2. Escrow Deposits | | | \$ | |
| 3. Organization Expense | | | | |
| | *Historical Cost | _____ | | |
| | Accum. Depreciation | _____ | Net | \$ |
| 4. Goodwill (Purchased Only) | | | \$ | |
| 5. Investments Related to Resident Care (<i>itemize</i>) | | | \$ | 12,291,217 |
| | First County Investments | 151,439 | | |
| | CommonFund Investments | 12,139,778 | | |
| 6. Loans to Owners or Related Parties (<i>itemize</i>) | | | \$ | 2,837,562 |
| Name and Address | Amount | Loan Date | | |
| | | | | |
| Duc to WCCHS / WHH | 2,837,562 | | | |
| 7. Other Assets (<i>itemize</i>) | | | \$ | 176,825 |
| | Pledges Receivable - LT | 176,825 | | |
| See Schedule | | | | |
| D-8. Total Investments and Other Assets (Lines D1 thru 7) | | | \$ | 15,305,604 |
| D-9. Total All Assets (Lines A9 + B10 + C8 + D8) | | | \$ | 22,983,477 |

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

G. Balance Sheet (cont'd)

| Name of Facility | | License No. | Report for Year Ended | Page | of |
|--|--|-------------------------------|-----------------------|----------|-----------|
| Waveny Care Center, Inc. | | 942-C | 9/30/2019 | 33 | 37 |
| Account | | | | Amount | |
| Liabilities | | | | | |
| A. Current Liabilities | | | | | |
| 1. Trade Accounts Payable | | | | \$ | 1,788,390 |
| 2. Notes Payable (<i>itemize</i>) | | | | \$ | 53,585 |
| Note Payable Peoples Bank - Current | | | | | 53,585 |
| _____ _____ _____ See Schedule | | | | | |
| 3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>) | | | | \$ | |
| Name of Lender | | Purpose | Amount | Date Due | |
| | | | | | |
| 4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>) | | | | \$ | 502,312 |
| 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) | | | | \$ | |
| 6. Accrued Payroll Taxes Payable | | | | \$ | 47,987 |
| 7. Medicare Final Settlement Payable | | | | \$ | |
| 8. Medicare Current Financing Payable | | | | \$ | |
| 9. Mortgage Payable (<i>Current Portion</i>) | | | | \$ | |
| 10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>) | | | | \$ | |
| 11. Accrued Income Taxes* | | | | \$ | |
| 12. Other Current Liabilities (<i>itemize</i>) | | | | \$ | 1,021,283 |
| Due to Patient Trust | | 18,491 Supplemental Life Ins. | 471 | | |
| Resident Council Fund | | 996 AFLAC Insurance Deduc | (1,654) | | |
| Line of Credit Peoples Bank | | 700,000 FSA Deduction | (5,760) | | |
| Tax Sheltered Annuity | | 39,100 See Schedule | 269,639 | | |
| A-13. Total Current Liabilities (Lines A1 thru 12) | | | | \$ | 3,413,557 |

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

| | | | | |
|--|----------------------|------------------------------------|------------|--------------|
| Name of Facility Waveny Care Center, Inc. | License No. 942-C | Report for Year Ended 9/30/2019 | Page 34 | of 37 |
| Account | | | Amount | |
| Total Brought Forward: | | | 3,413,557 | |
| Liabilities (cont'd) | | | | |
| B. Long-Term Liabilities | | | | |
| 1. Loans Payable-Equipment (<i>itemize</i>) | | | | |
| Name of Lender | Purpose | Amount | Date Due | \$ |
| | | | | |
| 2. Mortgages Payable | | | | \$ |
| 3. Loans from Owners or Related Parties (<i>itemize</i>) | | | | \$ 4,775,878 |
| Name and Address of Lender | Amount | Loan Date | | |
| Due to WLCN Affiliates | 4,775,878 | | | |
| 4. Other Long-Term Liabilities (<i>itemize</i>) | | | | \$ 132,071 |
| Loan Payable - People's Bank - LT | | 132,071 | | |
| _____ See Schedule | | | | |
| B-5. Total Long-Term Liabilities (Lines B1 thru 4) | | | | \$ 4,907,949 |
| C. Total All Liabilities (Lines A-13 + B-5) | | | | \$ 8,321,506 |

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

| Name of Facility | License No. | Report for Year Ended | Page | of |
|---|-------------|-----------------------|--------|------------|
| Waveny Care Center, Inc. | 942-C | 9/30/2019 | 35 | 37 |
| Account | | | Amount | |
| A. Reserves | | | | |
| 1. Reserve for value of leased land | | | \$ | |
| 2. Reserve for depreciation value of leased buildings and appurtenances to be amortized | | | \$ | |
| 3. Reserve for depreciation value of leased personal property (<i>Equity</i>) | | | \$ | |
| 4. Reserve for leasehold real properties on which fair rental value is based | | | \$ | |
| 5. Reserve for funds set aside as donor restricted | | | \$ | |
| 6. Total Reserves | | | \$ | |
| B. Net Worth | | | | |
| 1. Owner's Capital | | | \$ | |
| 2. Capital Stock | | | \$ | |
| 3. Paid-in Surplus | | | \$ | |
| 4. Treasury Stock | | | \$ | |
| 5. Cumulated Earnings | | | \$ | 15,130,093 |
| 6. Gain or Loss for Period | | | \$ | (468,122) |
| | 10/1/2018 | thru 9/30/2019 | | |
| 7. Total Net Worth | | | \$ | 14,661,971 |
| C. Total Reserves and Net Worth | | | \$ | 14,661,971 |
| D. Total Liabilities, Reserves, and Net Worth | | | \$ | 22,983,477 |

H. Changes in Total Net Worth

| Name of Facility | License No. | Report for Year Ended | Page | of |
|---|--------------|-----------------------|---------------|------------|
| Waveny Care Center, Inc. | 942-C | 9/30/2019 | 36 | 37 |
| Account | | | Amount | |
| A. Balance at End of Prior Period as shown on Report of 09/30/2018 | | | \$ | 15,068,167 |
| B. Total Revenue (<i>From Statement of Revenue Page 30</i>) | | | \$ | 13,391,738 |
| C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>) | | | \$ | 13,859,860 |
| D. Net Income or Deficit | | | \$ | (468,122) |
| E. Balance | | | \$ | 14,600,045 |
| F. Additions | | | | |
| 1. Additional Capital Contributed (<i>itemize</i>) | | | | |
| Total Expenses Page 27 | \$13,842,100 | | | |
| F/S vs C/R Depreciation | 17,760 | | | |
| Total Expenses Per F/S | | | \$13,859,860 | |
| 2. Other (<i>itemize</i>) | | | | |
| Change in Donor Restricted Net Assets | | 61,926 | | |
| F-3. Total Additions | | | \$ | 61,926 |
| G. Deductions | | | | |
| 1. Drawings of Owners/Operators/Partners (<i>Specify</i>) | | | \$ | |
| Name and Address (<i>No., City, State, Zip</i>) | Title | Amount | | |
| | | | | |
| 2. Other Withdrawings (<i>Specify</i>) | | | \$ | |
| Purpose | | Amount | | |
| | | | | |
| 3. Total Deductions | | | \$ | |
| H. Balance at End of Period | | | \$ | 14,661,971 |
| 09/30/19 | | | | |

I. Preparer's/Reviewer's Certification

| | | | | |
|--|---|------------------------------------|------------|----------|
| Name of Facility Waveny Care Center, Inc. | License No. 942-C | Report for Year Ended 9/30/2019 | Page 37 | of 37 |
| <i>Check appropriate category</i> | | | | |
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) | <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) | <input type="checkbox"/> (Specify) | | |
| Preparer/Reviewer Certification | | | | |
| <p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p> | | | | |
| Signature of Preparer  | Title PRINCIPAL | Date Signed 2/6/20 | | |
| Printed Name of Preparer Matthew S. Bavolack | | | | |
| Address Address 555 Long Wharf Drive, New Haven, CT 06511 | | Phone Number 203-781-9600 | | |
| Contacted Person Regarding Additional Information Needed Regarding This Report Richard Nankee | | Phone Number 203-594-5417 | | |
| Contact Email Address rnankee@waveny.org | | | | |

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Waveny Care Center, Inc. for the year ended September 30, 2019, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Waveny Care Center, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Waveny Care Center, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
February 5, 2020



MARCUMGROUP
MEMBER

Annual Report of Long-Term Care Facility Cost Year 2019 Checklist

This checklist is not required to be submitted with the Annual Report

Facility Name Waveny Care Center, Inc.

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _____

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation:

Yes No

6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation:

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation:

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation:

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation:

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation:

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation:

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation:

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

Explanation:

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation:

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation:

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation:

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation:

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation:

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation:

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: