State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed)					
Complete Care at Groton Regency	, LLC				
Address (No. & Street, City, State	, Zip Code)				
1145 Poquonnock Rd, Groton CT	06340				
Type of Facility					
Chronic and Convalescent ✓ Nursing Home (CCNH) & RHNS Combined		(Specify)		Resident	ial Care Home
Report for Year Beginning		Report for Year Ending			
10/1/2022		9/30/2	2023		
License Numbers:	CCNH / RHNS	(Specify)	Residential Care I	Iome	Medicare Provider
	2461		"		07-5270
Medicaid Provider Numbers:	(CCNH / RHNS	(Specify)	Resi	dential Care Home
	000020355				41730

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Complete Care at Groton Regency, LLC	2461	9/30/2023	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Complete Care at Groton Regency, LLC [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, 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) Jeffrey Turner			Printed Name (Owner) Shalom Stein	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public	14			- 1/

(Notary Seal)

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State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
Data Required for Real Wage Majus	t III.	CIII		1A	37
Name of Facility		Period Cov	ered:	From	То
Complete Care at Groton Regency, LLC				10/1/2022	9/30/2023
Address of Facility					
1145 Poquonnock Rd, Groton CT 06340					
Report Prepared By		Phone Num		Date	
Marcum LLP		203-781-96	500	2/14/2024	
					Residential
			CCNH /		Care
Item		Total	RHNS	(Specify)	Home
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

					ne No. of Facility		Report for Yea	ar Ended	_		of
				860	-446-9960		9/30/2023		2		37
Name of Facility (as					Address (No. & S						
Complete Care at Gr	oton Regency, LLC	<u> </u>		_	1145 Poquonnock						
License Numbers:			CCNH / RHNS 2461		(Specify)	Res	sidential Care H	lome	Medicare I 07-527 0	rovid	er No.
✓ Nursing	eck appropriate box and Convalescent Home (CCNH) & Combined	x(es))		(Spe	ecify)		✓	Residen	tial Care Ho	me	
Type of Ownership (Check appropriate	box)									
O Proprietorship	⊙ LLC	0	Partnership	0	Profit Corp.	0	Non-Profit Corp	р. О	Government	0	Trust
If this facility opened	d or closed during r	repor	t year provide:			Date	e Opened	Date Clo	osed		
Has there been any o		p		_	Yes	•	No	If "Voc."	' explain full		
or operation during t	ills report year?				1 05		110	11 103,	схріції іції	<i>y</i> .	
Administrator											
Name of Administra	itor						Nursing I	Iome			
Jeffrey Turner							Administr	ator's	1613		
							License	No.:			
Other Operators/Ow	ners who are assist	tant a	dministrators (fu	ll or	part time) of this fa	acilit	y				
Name N/A							License	No.:			
			4.5								

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Complete Care at Groton Rege	ncy, LLC	2461	9/30/2023		3 37
				State(s) and/o	or Town(s) in
Legal Name of Part	nership/LLC	Business A	Address	Which R	egistered
Complete Care at Groton Rege		1145 Poquonno	ck Rd,	CT	
Complete care at cross x15gc	,,	Groton CT 0634			
	1			4	
		1.1		TP:41 .	0/ 0
Name of Partners/Members	Business Ac	ddress		Title	% Owned
			l .		
Shalom Stein	760 Albert Ave, Lakew	vood NJ 08701	Managing M	1ember	1

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	ded	Page of
Complete Care at Groton Regency, LLC	2461	9/30/2023		3A 37
If this facility is owned or operated as a corpo-	ration, provide the	following informatio	n:	
Legal Name of Corporation		s Address		ch Incorporated
N/A				
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
N/A				
TVIX				
		1.		
Names of Stockholders Owning at Least 10%				
of Shares			w.	
N/A				
IV/A				

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Complete Care at Groton Regency, LLC	2461	9/30/2023	3B	37
If this facility is owned or operated as an individual	proprietorship, pro	wide the following information	1:	
Ow	ner(s) of Facility			
NT/A				
N/A				
· · · · · · · · · · · · · · · · · · ·				
,				

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General Information and Questionnaire Related Parties*

	Name of Facility Complete Care at Groton Regency, LLC	License No.	No. 2461	Report for Year Ended 9/30/2023		Page 4	of 37
Are any individuals receivir	Are any individuals receiving compensation from the facility related through	lity relate	ngno	,	If "Yes," provide the Name/Address and	e Name/Addı	ess and
marriage, ability to control,	marriage, ability to control, ownership, tamily or business association?	s associat		O Yes © No	complete the information on Page 11 of the report.	lation on Pag	e 11 of the report.
Are any individuals or comp	Are any individuals or companies which provide goods or services,	· services.					
including the rental of proprelated through family assoc	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	this facility, ontrol, or bu	ity, business	⊙ Yes O No			
association to any of the ow	association to any of the owners, operators, or officials of this facility?	this facil	ity?		If "Yes," provide the following information:	e following ii	ıformation:
					8		
		Alsc	Also Provides		Indicate Where		
		Goods	Goods/Services to		Costs are Included		
Name of Related	Business	Non-R	스	Description	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	%** ON	Provided	Page # / Line #	Reported	Related Party
Complete Care Management 17	Complete Care Management 1730 NJ-37, Toms River, NJ 08757	0	0	Management Fees	Pg 16/Line M12	1,143,158	1,143,158
Complete Care Management 17	Complete Care Management 1730 NJ-37, Toms River, NJ 08757	0	•	Rent	Pg 22 / Line 9	1,198,696 N/A***	N/A***
Intercompany Liabilities N/	N/A	0	•	Due to/from Intercompany	Page 34 / Line B3		
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				

^{*} Use additional sheets if necessary.

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

*** Replaced by Fair Rent

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page	of
Complete Care at Groton Regency, LLC	2461		9/30/2023	5	37
If the facility is licensed as CDH and/or RCH or j	provides AII	OS or TBI se	ervices with special Medicaid ra	ates, costs	
must be allocated to CCNH and RHNS as follow	s:				
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry			pounds processed		
Housekeeping		Number of	square feet serviced		
		Number of	hours of routine care provided	by EACH	
Nursing			lassification, i.e., Director (or C	_	
		Registered	Nurses, Licensed Practical Nur	ses, Aides	and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provided	by EACH	[
		specialist (See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar			
Management services			e cost center involved		
All other General Administrative expenses			rect and Allocated Costs		
The preparer of this report must answer the follow	wing questio	ns applicab	le to the cost information provi	ded.	
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why such	h allocation	n was not
costs allocated as required?			made.		
Please see the attached allocation schedule showi	ng the metho	od of allocat	ion of each cost between the Co	CNH and t	he RCH.
2. Explain the allocation of related company exp	enses and at	tach copy o	f appropriate supporting data.		
3. Did the Facility appropriately allocate and self	f-disallow di	rect and ind	irect costs to non-nursing home	cost cente	ers?
(e.g., Assisted Living, Home Health, Outpatie	nt Services,	Adult Day (Care Services, etc.)		
			If "No," explain fully why such	h allocation	n was not
	Yes	O No	made.		

ALLOCATION SCHEDULE	SCHEDULE					
9/30/2023	8					
		INPUT		TOTAL ALLOCA	TOTAL ALLOCATED AMOUNTS	
ACCOUNT		Total	ALLOCATION	Nursing		
NUMBER	ACCOUNT NAME	AMOUNT	BASIS	Home	띪	TOTAL
30 11A.10	Medicaid RB - SNF Only	(8,086,998)	Nursing home	(866,980,8)	i	(866'980'8)
30 11A.13	Medicaid RB - RCH- Only	(2,829,380)	RCH		(2,829,380)	(2,829,380
30 I3A.10	Medicare RB - SNF Only	(2,403,193)	Nursing home	(2,403,193)	•	(2,403,193
30 14A.10	Private RB - SNF Only	(2,668,660)	Nursing home	(2,668,660)	**	(2,668,660)
30 4A.13	Private RB - RCH- Only	(332,469)	RCH		(332,469)	(332,469)
30[II1A.10	Prescription Drugs Medicare - SNF Only		Nursing home			
30 II3A.07	PT Medicare - SNF Only	(138,924)	Nursing home	(138,924)	*//	(138,924)
30[II3C.07	PT Other - SNF Only	×	Nursing home	Ť	٠	8
30 J114A.08	ST Medicare - SNF Only	(42,427)	Nursing home	(42,427)	(((42,427)
30 114C.08	ST Other - SNF Only	10,575	Nursing home	10,575	(50)	10,575
30 JISA.09	OT Medicare - SNF Only	(256,720)	Nursing home	(256,720)	(1)	(256,720)
30(1150.09	OT Other - SNF Only		Nursing home	î.	*	, SA
30 116A.10	Other Medicare - SNF Only	(3,636)	Nursing home	(3,636)	2.0	(3,636)
30 116A.12	Other Medicare - RCH only	(10,590)	RCH	ñ	(10,590)	(10,590)
30 (116B.10	Other Non Medicare - SNF Only	(322,635)	Nursing home	(355,635)	, ju	(322,635)
30 116B.12	Other Non Medicare - RCH- Only	5,688	RCH		2,688	5,688
30 105.22	Interest income - SNF Only	(51)	Nursing home	(51)	(A)	(51)
30 IV8.10	Other - SNF Only	(38,729)	Nursing home	(38,729)	ÿ.	(38,729
		(47 474 440)		142 004 2001	(19 100 101)	(47 454 140)
		(C+T'TCT'/T)		(pcc'+oc'cT)	(TELYOOT'S)	C+1,1C1,11)
10-A 2.13	Administrator Salary - RCH Only	68,733	RCH	3:	68,733	68,733
10-A 2.43	Administrator Salary - SNF Only	147,550	Nursing Home	147,550	Ď	147,550
10-A[4.38	Other Admin - Patient Days	202,724	Patient Days	126,298	76,426	202,724
10-A 5C.3	Dietary Workers - Meals	674,763	Meals	420,382	254,381	674,763
10-A[7A	Engineer or Chief of Maintenance	66,823	Sqft	33,120	33,703	66,823
10-A[7B.2	Other Maintenance Workers - Sqft	87,231	Sqft	43,235	43,996	87,231
10-A 12A.15	10-A 12A.19 Director of Nurses/Assistant Director - SNF Only	269,871	Nursing Home	269,871	54	269,871
10-A (12B1.1)	10-A 1281.10 RNs - Direct Care - SNF Only	662,443	Nursing Home	662,443	177	662,443
10-A (12B2.1)	10-A 1282.10 RNs - Administrative - Direct - SNF Only	501,511	Nursing Home	501,511	*	501,511
10-A 12C1.1	10-A 12C1.10 LPNs - Direct Care - SNF Only	1,416,563	Nursing Home	1,416,563		1,416,563
10-A 12C2.1	LPNs - Administrative	108,966	Nursing Home	108,966	174	108,966
10-A 12D.10	Aides and Attendants - SNF Only	1,859,933	Nursing Home	1,859,933	Ŷ	1,859,933
10-A 12D.13	10-A 12D.13 Aides and Attendants - RCH Only	553,330	RCH	*	553,330	553,330
10-A 12H.10	10-A 12H.10 Recreation Workers - SNF	108,404	Patient Days	67,536	40,868	108,404
10-A 1211.3	10-A 1211.38 Medical Director - SNF Only		Nursing Home	<u> </u>	*1)	+ I:
10-A 12M.3.	10-A 12M.33 Social Workers/Case Management - Patient Days	126,964	Patient Days	79,099	47,865	126,964
10-A 12N.2.	10-A 12N.22 Marketing - Beds	68,710	Beds	42,333	26,377	68,710
10-A 120.2	10-A 120.21 Other - Patient Days	66,184	Patient Days	41,233	24,951	66,184
	Total Expense Page 10	6,990,703		5,820,073	1,170,630	6,990,703
				83.2545%	16.7455%	100.000%
13-B 1	Dietitian - SNF	41,711	Nursing Home	41,711	134	41,711
13-8 2.22	Dentist - SNF	8,720	Nursing Home	8,720	90	8,720
13-8 3.10	1	34,957	Nursing Home	34,957	40	34,957
12 DICA 07		265,384	Nursing Home	265,384	(*)	265.384

9/30/2023 ACCOUNT ACCOUNT NUMBER ACCOUN						
CCOUNT	m					
CCOUNT		INPUT		TOTAL ALLOCA	TOTAL ALLOCATED AMOUNTS	
IIMBER		Total	ALLOCATION	Nursing		
	ACCOUNT NAME	AMOUNT	BASIS	Home	EG EG	TOTAL
13-B[7.22	Recreation Worker - SN	0	Nursing Home		5	d.
13-B 8A.38		59,270	Nursing Home	59,270	Đ)	59,270
13-B 9A.08	ST - Resident Care - SNF Only	54,661	Nursing Home	54,661		54,661
3-B 10A.22	13-B 10A.22 OT - Resident Care - SNF Only	364,158	Nursing Home	364,158	(v)	364,158
13-8 118.10			Nursing Home	6:	(20)	200
13-B 11C	Aides - SNF Only	×	Nursing Home		(*)	8.
13-B 12.14	Other - SNF	46,429	Nursing Home	46,429	9	46,429
	Total Expense Page 13	875,290		875,290	100	875,290
15 1A1.15	Workmen's Compensation - Salary%	122.734	Pavroll	102.182	20.552	122.734
15 1 1 A 3 . 1 S	Unemployment Insurance - Salary %	58 304	Pavroll	48 541	6 763	58 304
15 1A4.15	Social Security (FICA) - Salary %	527,746	Pavroll	439,372	88,374	527,746
15 1 1 A 5 . 1 5	Health Insurance - Salary %	176.596	Pavroll	147.024	29.572	176.596
15 1A6.15		4,710	Payroll	3,921	789	4,710
15 1A9.22		29,675	Payroll	24,706	4,969	29,675
15 (1C.22	Bad Debts - Total Patient Days	142,434	Patient Days	88,737	53,697	142,434
15 1D.38	Accounting and Auditing - Total Patient Days	36,036	Patient Days	22,451	13,585	36,036
15 1E.38	Legal - Total Patient Days	61,960	Patient Days	38,602	23,358	61,960
15 [1G.38	Office Supplies - Total Patient Days	23,815	Patient Days	14,837	8,978	23,815
15 1H1.43	Telephone and Telegra	9,645	Patient Days	600'9	3,636	9,645
15 1K3.10		817,405	Nursing Home	817,405	9	817,405
15 1K2	Other taxes - Total Patient Days	*	Patient Days	×	*	*
	Total Expense Page 15	2,011,060		1,753,787	257,273	2,011,060
1611/1/2	Frankase Travel - Total Dationt Dave	0 000	and theired	5,173	A27 C	ס סטפ
16115 38	Education - Patient Dave	26.134	Patient Days	16 282	9 857	26 134
16 M1 19	Advertising Help Manted - Total Patient Days	8 341	Patient Dave	5 197	3 144	8 341
16 M3	Advertising Other - Total Patient Days	17,288	Patient Days	10.771	6.517	17,288
161M07.38		2,387	Patient Days	1.487	900	2,387
16 M08.38	Dues and Membership	9,510	Patient Days	5,925	3,585	9,510
16 M8A	Chamber Dues - Patient Days	400	Patient Days	249	151	400
16 M9.39	Subscriptions - Patient Days	553	Patient Days	345	208	553
16 M11.07	Services Provided by Contract - Total Patient Days	426,201	Patient Days	265,526	160,675	426,201
16 M12.31	Administrative Management Services - Direct Assignment	1,143,158	Direct Assignment	943,158	200,000	1,143,158
16 M13.39		117,345	Patient Days	73,107	44,238	117,345
	Total Expense Page 16	1,761,223		1,328,219	433,004	1,761,223
18 2A1.03	Raw Food - Meals	424,188	Meals	264,272	159,916	424,188
18 2A2.03	Non-Food Supplies - Meals	46,379	Meals	28,894	17,485	46,379
18 2B.03	Purchased Services - Meals	134,338	Meals	83,694	50,644	134,338
18 2C	Other	7,632	Meals	4,755	2,877	7,632
	Total Expense Page 18	612,537		381,615	230,922	612,537
19 (38.05	Purchased Services - Total Patient Days	278,355	Patient Days	173,417	104,938	278,355
19 3C	Other	16,714	Patient Days	10,413	6,301	16,714
	Total Expense Page 19	295,069		183,830	111,239	295,069
201441.02	In-House Care Supplies	009 80	the.	14 220	07 / 1/	78 690

General Information and Questionnaire Other Lines of Business

Name of Facility		License No.		Report for Year Ended	Page	of
	Groton Regency, Ll	2461		9/30/2023	6	37
Square footage of	entire facility.	97,946				
Outpatient Ther						
Does the Facility	provide outpatient the	herapy services?	No			
If yes, please com	plete the following:					
	Square footage of t					
Meals on Wheels	<u> </u>					
Does the facility	provide Meals on W	heels?	No			
If yes, please com	plete the following:					
	Square footage of k					
	Number of meals so					
No	Are meals included	l in meals served	on page 18 of t	he Annual Report?		
No	Are direct costs inc					
	If yes, please state			V-96		
No	Are drivers for the			's payroll?		
	If yes, please comp					
		Amount Repor				
	Please state the sala	Annual Report		d/or dietary aides		
				e reported in the Annual R	eport	
	I lease state where	the cooks and/or	dictary ardes ar	e reported in the ruman re	eport	
Apartments Ind	ependent Living, A	esisted Living				
_	*		and/or N			
assisted living?	have apartments, inc	rependent nving,	and/or No			
	plete the following:	91				
A) yes, preuse com			1			
	Square footage of a	partments				
	Square footage of i	ndependent living	g			
	Square footage of a	ssisted living				
	Please identify the	services provided				
22			•			

General Information and Questionnaire Other Lines of Business (Continued)

Name of Facility License No.	Report for Year Ended	Page of
Complete Care at Grot 2461	9/30/2023	7 37
Child Day Care		
Does the Facility provide Child Day Care? No		
If yes, please complete the following:		
Square footage of child day care space.		
Average number of daily participants.		
Number of meals per day provided to child day car	e.	
Nature of services provided:		
Adult Day Care		
Does the Facility provide Adult Day Care? No		
If yes, please complete the following:		
Square footage of adult day care space.		
Please state where it is located in relation to the fac	ility.	
Average number of daily participants.		
Number of meals per day provided to adult day care	e.	
Nature of services provided:		
17		

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Schedule of Resident Statistics

Name of Facility			License No.				Report for	Report for Year Ended			Page	Jo
Complete Care at Groton Regency, LLC			24	2461			9/30/2023) ∞	37
						Period 10	Period 10/1 Thru 6/30	0		Period 7/	Period 7/1 Thru 9/30	
		Total CCNH /		Total								
	Total All	RHNS	Tofa	Residential	Toto!	CCNH/	(Specify)	Residential	Total	CCNH /	(Specify)	Residential
1 - C L - C	754613	5427	TOTAL	amorra amo	Total	MINI	(Specify)	Office Library	LOTAL	CATTINI	(Specify)	Carcillonic
Certified Bed Capacity A. On last day of PREVIOUS report period	211	130		81	211	130		81				
B. On last day of THIS report period	211	130		81					211	130		81
A. As of midnight of PREVIOUS report period	193	120		73	193	120		73				
B. As of midnight of THIS report period	179	116		63					179	116		63
3. Total Number of Days Care Provided During Period												
A. Medicare	3,476	3,476			2,615	2,615			861	861		
B. Medicaid (Conn.)	56,637	34,017		22,620	42,961	26,062		16,899	13,676	7,955		5,721
C. Medicaid (other states)												
D. Private Pay	6,789	3,862		2,927	5,177	2,794		2,383	1,612	1,068		544
E. State SSI for RCH												
F. Other (Specify) Hospice/ HMO	2,459	2,459			1,495	1,495			964	964		
G. Total Care Days During Period (3A thru F)	69,361	43,814		25,547	52,248	32,966		19,282	17,113	10,848		6,265
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
- 1	1,650	426		1,224	1,366	334		1,032	284	92		192
B. Other Bed Reserve Days		1			-	-						
5. Total Resident Days (3G + 4A + 4B)	71,012	44,241		26,771	53,615	33,301		20,314	17,397	10,940		6,457

Schedule of Resident Statistics (Cont'd)

Name of Facil	ity			Licer	ise No				Report	for Year	Ended		Page	of
Complete Car	-	on Regency,	LLC	24	161					9/30/202	.3		9	37
		-	e certified bed capacity during the reping information: Change Change in Residential Care Home Lost (3) (1) (2) (3) Antified bed capacity during the report yays following the change. Change in Resident Days Antified bed capacity during the report yays following the change. Change in Resident Days Antified bed capacity during the report yays following the change. Change in Resident Days Antified bed capacity during the report yays following the change. Change in Resident Days Antified bed capacity during the report yays following the report yays following the report yays following the change. CCNH / RHNS RHNS (Special National Antified Special National Na					ear?		0	Yes	0	No	
11 1125	Provide	Place of C				hang	e in Be	eds		С	apacity After	r Change		
	CCNH	Truce of C	l l			B					1 2			
Date of	/ RHNS	(Specify)			Lost			Gaine	d	CCNH		Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	/ RHNS	(Specify)	Care Home	Reason fo	or Change
					_	_								
				\vdash	_									
1	-	-	_			repoi	t year	(as rej	oorted i	n item 4 :	above) provi	de the number o	f	
1.4.1		C	Change in Reside	nt Day	ys					CCNF	I/RHNS	(Specify)	Residential	Care Home
1st change 2nd char														
3rd chan														
4th chan	ge													
6. Number	of Resid	ents and Rate		30 of							107		0.1 0	
			Medicare		Med	licaid		_			elf-Pay		Other Sta	e Assisted
	Item		CCNH / RHNS			(Spe	ecify)		NH/ INS	(Sr	ecify)	Residential Care Home	R.C.H.	ICF-MR
No. of R			7		87				22			4	59	
Per Dien			No. of Contract of	100		to the	10		STAN	STEEL ST	SATISFIELD IN	Company of the second	F 7 2 2 2 2 2	
a. One b				-					413,14			155.00 145.00	145.00 135.00	
c. Three			Various		***************************************				302,30			145_05	155,55	
bed r												1		
		Dhygiaal Tha	zamy Troot-monto			Li.		то	TAL	CCNI	I / RHNS	(Specify)	Outpatient	Residential Care Home
		e - Part B	rapy Treauments					10	2,043	CCIVI	2,043	(Бреспу)	Outpatient	Care Home
		d (Exclusive	of Part B)							MINE SERVICE		(0×(1))22-0-0	Q (634-35)	
		tenance Trea							662		662			
		orative Treat	ments								0.440			
	Other	husiaal They	any Traatusants				_		9,538		9,538 12,243			
								Ráza	12,243	EXIST.	12,243	N	102 Par 10 N	-8 -8XG1-3
		e - Part B	apy Treatments						185		185			
		d (Exclusive	of Part B)					O. H.	Egg	12 E 18			5 15 mm sh	
	1. Main	tenance Trea	atments						63		63			
		orative Treat	ments								1,023			
	Other Total S	anah Thara	nu Traatmante						1,023	CCNH / RHNS (Specification) CCNH / RHI Self-Pay (Specify) CCNH / RHI (Specify) CCNH / RHI (Specify) CCNH / RHI (Specify) Self-Pay (Specify) 10 11 12 13 14 14 15 16 16 17 18 18 18 18 18 18 18 18 18				
				ents		the report year (as remainded to the remai		4.7%	1,271	E. (8, E7)	1,271	SILL III WIKE	THE VESTI	510 No.
A.	Medicar	e - Part B		er 30 of Cost Year Medicaid CCNH / RHNS (Speci				4,372		4,372				
B.	Medicai	d (Exclusive	of Part B)					15 17					Warming T	
	1. Main	tenance Trea	atments						1,176		1,176			
		orative Treati	ments	acity during the report year he change. our 30 of Cost Year Medicaid CCNH / NS RHNS (Specify) 7 87 444444444 must have the second of the			11.000		11,898					
	Other Total O	ccupational	Therapy Treatm	ients				-	17,446		17,446			

Report of Expenditures - Salaries & Wages

	Report of E	хренани						Dese	of
Name of Facility	License No.			Report for Year	r Ended			Page 10	37
omplete Care at Groton Regency, LLC	2461			9/30/2023		-		10	37
re time records maintained by all individuals receiving co	mpensation?		0	Yes		0	No		
				Total (Cost and Hours				
							Residential		
•	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Care Home	Adjustment	Hours
Item Salaries and Wages*	CCNH / KHNS	Augustinent	Tiouis	(Speeny)	Malla Late	US NUMBER OF	REVERSE	WATER TO	N SVIS
Operators/Owners (Complete also Sec. I					NEATH STA				430
of Schedule A1)	Control of the Contro		ESCHARGE BANK	1/2-1/2-1	Mary berry	Cal Inc. 15	100000000000000000000000000000000000000	N	of all a
 Administrator(s) (Complete also Sec. III of Schedule A1) 	147,550		2,376		(1 0)-20)10		68,733	1500	1,1
Assistant Administrator (Complete also Sec. IV			1907 Sals		(PS)1/(S)1/		E PARTICIPATION OF THE PARTY OF		
of Schedule A1)									
4. Other Administrative Salaries (telephone		SVAT TEVAN	A ACC				76,426	CO-STORY LABOR	2,7
operator, clerks, receptionists, etc.)	126,298		4,463				70,420		2,1
Dietary Service Head Dietitian					The World Hall Street	E-1	The same of the same of	-	
b. Food Service Supervisor									
c. Dietary Workers	420,382		21,150				254,381		12,7
6. Housekeeping Service			SULT PROPERTY.	E STATE OF THE STA	VOT WEST COM	0,5000		Charles and an artist of the last	II SE
a. Head Housekeeper									
b. Other Housekeeping Workers		THE PERSON NAMED IN COLUMN	STATION.	PO - 100 TOTAL S	10.00	221		W-22 (0)	
7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance	33,120		1,015	Section of the last of the las	A AGUS GRANT AND		33,703	111111111111111111111111111111111111111	1,0
b. Other Maintenance Workers	43,235		1,966				43,996		2,0
8. Laundry Service		The Court of	100000	DEVE DIEVE	NVE	THE SE		West of the second	5
a. Supervisor									
b. Other Laundry Workers							-		
Barber and Beautician Services									
10. Protective Services 11. Accounting Services	INSCREAMENTS OF	SUMPLE TRUE	B300500	Machine en la	OF INSTALL	750000			S. Call
a. Head Accountant									
b. Other Accountants									
12. Professional Care of Residents	DE NO PRIEST	Second to the		NUMBER OF STREET	The Street of the Street			AND SOME	WEST.
 a. Directors and Assistant Director of Nurses 	269,871		5,054				-		_
b. RN	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	287 12.50	10.00	TIDE SECTION			THE PARTY OF	NE RUN SHI	17.00
Direct Care	662,443 501,511		12,067 12,727						
2. Administrative** c. LPN	301,311		12,727	10 C - 10 No. 10	Walley S.	- Loselle	and the same	No. of the last of the	37220
1. Direct Care	1,416,563		34,333	W-17-12-4-1-1-1-1	*				
2. Administrative**	108,966		2,545						
d. Aides and Attendants	1,859,933		85,680				553,330		23,
e. Physical Therapists									_
f. Speech Therapists									
g. Occupational Therapists h. Recreation Workers	67,536		2,698				40,868		1,0
i. Physicians	DESCRIPTION OF STREET	BRIDDEN ST	LAVAGELE	I SOWER	AVE BOOK	SCHOOL STATE		181 00	
Medical Director									
Utilization Review									
3. Resident Care***	The second second second			10 to		HUJANA S		No. of the last of	Park No.
4. Other (Specify)			and the state of			A			diam'r.
j. Dentists									
k. Pharmacists							-	-	_
l. Podiatrists	79,099		2,550				47,865		1,3
m. Social Workers/Case Management n. Marketing	42,333	(42,333)	886				26,377		
o. Other (Specify)	72,353	(12,333)	730	12-12-11	EXIVE DO	(835)	E STANKEN	2 to 0 to 1	No.
See Attached Schedule	41,233		1,460				24,951		8
A-13. Total Salary Expenditures	5,820,073	(42,333)	190,970				1,170,630	(26,377)	47.4

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

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

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

Schedule of Other Salaries and Wages (Page 10)

		CCNH / RHNS			(Specify)		Resi	idential Care Ho	me
Position	S	Adjustment	Hours	S	Adjustment	Hours	\$	Adjustment	Hours
Togition	0	THE SHAPE					0		el el El Dillo
Admissions	\$ 41,233	EXP Sens	I,460				\$ 24,951		884
Expelled Despitable Spinish				DATE OF STREET				ALC: COPPOSE	314945
		TANK TELEVISION	EW Buscoll	THE COUNTY	100 TO 100 TO 100		Best All	1803	
		THE STATE OF		n 507/1				CIPIZATIVE A	
Annual State of State		Land Path R	10 EO EO	Decal V	WILLIAM CO.			MAC DE LO	
					Det Establish				(24V) [4 = 1
		ENTSTANTA	Track Color	and the same	The state of				
		distribute		AND RE	NAME OF TAXABLE				
		NO.	OLEWAY THE PARTY	WINNESS		SET I NO			
		Deposit pa	TENESTH.	Stell in	IVE N EINI			W.W. T. CO.	
				C 25 11 1	THUS THEFT	HEAT IN	107 = 7		DEATE VE
								A Q, II HO	
Bulley I'm 11/10 and 57/17 II									
			A STUDENT						
		THE THE				401000			
			HINESON IN	V. Lipit s	7.118.15.15	E-0.4+0.53		I TAVEL	
					THE PAN		SIL >0///		
							2 24061		004
Total	\$ 41,233	S -	1,460	S .	\$.		\$ 24,951	\$ -	884

Schedule of Other Fees (Page 13)

		CCNH / RHNS			(Specify)		Resi	dential Care Ho	me
Service	\$	Adjustment	Hours	S	Adjustment	Hours	\$	Adjustment	Hours
OCT THE	0				III O LOVELLAS		0	Will Beyon	8 8
Respiratory	s 10,427	\$ (10,427)	193		0.01250	III., W., 31		3 000	
Nursing Consulting Fees	\$ 36,002		Contracted						
			DO LYSS		lenin.	Letter Re			
		CSASSITURN							
and the law starting as			West Pile						
									17 - 1
				25 EU 11 12/37		Action 1885			
						proceeding.	9, 10 %		kalah
					30				
		V 1/= 7/10							
Total	\$ 46,429	\$ (10,427)	193	\$	s -	Milleo (Cay)	s -	s -	

State of Connecticut

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

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

Assistant Administrators and Other Related Parties*

1.5		7	libicicci	Administra	Assistant Administrators and Other Instanta raines	INCIAIC	מוומן ה		4	
Name of Facility				License No.		Report tor	Report for Year Ended		Fage	10
Complete Care at Groton Regency, LLC	, LLC			2461		9/30/2023			11	37
		Salary Paid	ŋ							
	CCNH /)	Pecidential	Fringe Benefits and/or Other	Enll Decembrican of	Total	Line Where	Name and Address of All	Total	Compensation
Name	RHINS	(Specify)	Care Home	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
	:									

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

^{**} Include all employment worked during the cost year.

State of Connecticut

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

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

Assistant Administrators and Other Related Parties*

		<	SSISTANT	Administrat	Assistant Administrators and Other Related Parties*	Kelated	rarties"			
Name of Facility (as licensed)				License No.		Report for Year Ended	ar Ended		Page	Jo
Complete Care at Groton Regency, LLC	, LLC			2461	6	9/30/2023			12	37
		Salary Paid								
Name	CCNH / RHINS	(Specify)	Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***										
Jeffrey Turner - CCNH (10/01/2022 - 09/30/2023)	147,550			Non Discriminatory	Administrator	2,376	A2			
Roxanne Fretard - ALF (10/01/2022 - 09/30/2023)			68,773	Non 68,773 Discriminatory	Administrator	1,107 A2	42			
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

	B. Report	or Expen	uitures -	T I UIESSIU	mai rees			Dogg	- ef
Name of Facility	License No.			Report for Y	ear Ended			Page	of 37
Complete Care at Groton Regency, LLC		2461		9/30/2023				13	37
				Tota	Cost and Hou	ırs		ı — — — — — — — — — — — — — — — — — — —	
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Residential Care Home	Adjustment	Hours
*B. Direct care consultants paid on a fee	WALLS FOR	THE RESERVE	Saw St. In	- C L. R				SSE ME	
for service basis in lieu of salary	F hank Par	1000		STANT OF			10 W	S 28 0	
(For all such services complete Schedule B1)					ESWITTED AS			4 STE	
1. Dietitian	41,711		1,026						
2. Dentist	8,720		168						
3. Pharmacist	34,957		Contracted						
4. Podiatrist									
5. Physical Therapy	(V = E 2)	KILLY THE			1 3 0000		No selections	N VERTICAL	1 1 1 1 DES
a. Resident Care	265,384		3,701						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians	EN ATOT S	William S. Co.	- Sept 1 93	LAGIE			La Maria	7/10/19/1	180 M
a. Medical Director (entire facility)	59,270		242						
b. Utilization Review	S OF SHIELD	(C - A 200 1)		A CONTRACTOR OF THE PARTY OF TH	00 0	M. JAN	WILE DELE		WARE W
(Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility	2		877		100000000000000000000000000000000000000	1 0 0 0 W	SUB- THE SE	3 - 1 - 1	(B) (B)
Infection Control Committee									
(Quarterly meetings)									
2 Pharmaceutical Committee									
(Quarterly meetings)					-				
 Staff Development Committee (Once annually) 									
e. Other (Specify)	100 100 100	1000000	REAL PROPERTY.	10 30 100	H. 2016. AT.	34 S S	SU SOUR	911 - 11 1138	GUI TAVAR
e. Other (Specify)									
9. Speech Therapist	Con Sust	198 1/2 1/3	18 20 m	CONTRACT THE	District On St.	Diller o	V STATE OF	N. L. UNCON	
a. Resident Care	54,661		1,067						
b. Other	34,001		2,007						
10. Occupational Therapist	Della de la	400.00		The Trade in the City			a and a still	AND DES	SANCHE
a. Resident Care	364,158		8,790						
b. Other	301,130		5,770						
11. Nurses and aides and attendants	I SARE	HOUSE THE	ROW WELL	MIND SERVICE	Maria Maria	12/2/12	0 110 300		
a. RN	ALC: N.			0 ST 10 SV	177 We 188 SH			1 2 2	
a. KIN 1. Direct Care									
2. Administrative***									
	ESSE OF	WATER STREET	Estimate	SECTION AND ADDRESS.	South West	11 10 10		nello si	
b. LPN 1. Direct Care		- X - N - N							
2. Administrative***									
c. Aides		-	-				-		
d. Other	27 C 4 10 1 10 10 10 10 10 10 10 10 10 10 10 1		THE REAL PROPERTY.	CONTRACT OF		20 40 200	Maria Control	0.0.10.70	Harris III
12. Other (Specify)	46,420	(10.427	193	COLUMN TO THE REAL PROPERTY.	THE STATE OF	State of the latest			
See Attached Schedule	46,429	(10,427)					1		
B-13 Total Fees Paid in Lieu of Salaries	875,290	(10,427)		d by ramifed info	mation Page 17				

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

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

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

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

Name of Facility	License No.		Report for	Year Ended	Page of
Complete Care at Groton Regency, LLC	2461	т	9/30/2023		14 37
Name & Address of Individual	Full Explanation of Service		to Owners, rs, Officers	Explai	nation of Relationship
Medical Nutrition Therapy, 1105 East County Line Rd Suite 212 Lakewood NJ 08701	Dietician	O	0	N/A	
Healthdrive, PO Box 22010 New York, NY 10087	Dentist	0	0	N/A	
Integra, 160 Airport Road Lakewood NJ 08701	Pharmacist	0	0	N/A	
Guardian Consulting Services, 3333 New Hyde Park Road New Hyde Park NY 11042	Pharmacist	0	0	N/A	
Genesis Physician Services, PO Box 62946 Baltimore MD 21264	Medical Director	0	0	N/A	
Reliant Rehab, 6860 Dallas Pkwy Suite 550 Plano TX 75024	Contract PT, OT & ST	0	0	N/A	
Tender Touch, 400 NJ-70 Lakewood, NJ 08701	Contract PT, OT & ST	0	0	N/A	
Swallowing Diagnostics, 21 Waterville Road Avon CT 06001	Contract ST	0	0	N/A	
MassTex Imaging, 3 Electronics Ave #201, Danvers, MA 01923	Contract ST	0	0	N/A	
Acute Care Gases, 23 Nutmeg Valley Rd. Wolcott CT 06710	Respiratory Therapist	0	0	N/A	
Celtic Consulting, 339 Main Street Torrington CT 06790	Nursing Consulting Fees	0	0	N/A	
Quality Management Solutions, LLC	Nursing Consulting Fees	0	0	N/A	
Compliance Consulting Group, LLC, 2623 Hooper Ave, Brick Township, NJ 08723	Nursing Consulting Fees	0	0	N/A	
		0	0		
		0	0		
		0	0		
		0	0		
		0	0		
		0	0		
		0	0		
		0	0		
		0	0		

^{*} 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		eport for Ye	ar Ended				Page	of
Complete Care at Groton Regency, LLC	2461	9/.	30/2023					15	37
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Administrative and General		47	100						
a. Employee Health & Welfare Benefits		123		2000		SAVETI DE			
 Workmen's Compensation 		\$	122,734	102,182				20,552	
Disability Insurance		\$							
Unemployment Insurance		S	57,732	48,541	(476)			9,763	(96
4. Social Security (F.I.C.A.)		5	522,563	439,372	(4,318)			88,374	(865
5. Health Insurance		\$	176,596	147,024				29,572	
6. Life Insurance (employees only)		. 9	C M BY IN				1 St. 1925	-1, Ny , 2 m.	and the state of t
(not-owners and not-operators)		\$	4,710	3,921				789	
7. Pensions (Non-Discriminatory)		\$		```					
(not-owners and not-operators)		100	VON HINE	TO ESTOT	NOT STATUTE		1 30 E	TO SECURE	
8. Uniform Allowance		S							
9. Other (Specify)		\$	22,811	24,706	(5,715)			4,969	(1,149
See Attached Schedule			Carl Stell	AT A SULL	ALESS OF THE	No.		5 HS 199	100 B 100 B
b. Personal Retirement Plans, Pensions, and		\$							
Profit Sharing Plans for Owners and		1	SUNSAUL	W V S-01	0.07/11/00	I TO SECO	10 P. BIL 24		Cy Williams
Operators (Discriminatory)*		100	12 12		NEW DEA		1 / To 1		
Operators (Discriminatory)		18			Tigan Sin		HOLUM	Tarana San	
c. Bad Debts*		\$		88,737	(88,737)			53,697	(53,697
d. Accounting and Auditing		\$	36,036	22,451				13,585	
e. Legal (Services should be fully described	I on Page 15h)	\$	55,188	38,602	(4,219)			23,358	(2,553
f. Insurance on Lives of Owners and		\$	50,100		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Operators (Specify)*		100	BE REAL PROPERTY.	Mexico III	Control Legal		Action 18	OTREAS SEL	A STATE OF THE STA
g. Office Supplies		\$	23,815	14,837				8,978	
h. Telephone and Cellular Phones			0.80000000	DES VIII	STATE OF THE REAL PROPERTY.	(// // // // / / / / / / / / / / / / /	A SOLDING	CONTRACTOR OF THE	OF A PA
Telephone & Pagers		\$	9,645	6,009	ALCOHOLD BOOM			3,636	
Cellular Phones		\$	7,045	0,005					
i. Appraisal (Specify purpose and		\$							
attach copy)*		9	WHO IS	COLOR GIANT	I Sund Of	3500 0 307	0.270		THE RESERVE
anach copy)		100	Subart Til						
j. Corporation Business Taxes (franchise to	rv.)	\$	The second second						
k. Other Taxes (Not related to property - Se		Ф		SVE S		- LAS-3/169		3 K K / L 3	HALIE JES
Other Taxes (Not related to property - Se Income*	e 1 uge 44)	\$		CALL STATE			0.00	- N 9 1	
		\$							
2. Other (Specify)		D.	N - 11 - 1	S 45 54			100 2 0 R		45 1100
See Attached Schedule		4	917 405	017.405		11.0			
3. Resident Day User Fee Subtotal		\$	817,405 1,849,235	817,405 1,753,787	(103,465)			257,273	(58,360

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCN	H/RHNS	А	djustment	(Specify)	Adjustment		sidential re Home	Adj	ustment
		0	1001					0		
Employee Benefits Expense>Miscellaneous	S	17,351	\$	(529)			S	3,489	\$	(106)
Employee Benefits Expense>Pharmacy>Vaccines	\$	1,731			S 177		S	348	128 M	
Employee Benefits Expense>Food	\$	5,186	\$	(5,186)			S	1,043	S	(1,043)
Employee Benefits Expense>Employee Physicals	\$	438		SALE.			S	89		
								72		
				to Tile. II				NOV.	2000	
		31 H			MINE SECTION		00	X IX	Teilm	
	E STATE			4 012				1 30-	-97	
					1.75			Tpc o		OH L
		4, 4	(mill	تا المالية	S III III A N					110,50
				F and Ma					N S	MISW
Total	S	24,706	\$	(5,715)	\$ -	s -	S	4,969	S	(1,149)

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Marian Salah Marian	0				0	
					Territory St.	
			i en			III WILL ESTUN
Total	\$	\$	\$ -	S -	\$ -	S -

Annual Report of Long-Term Care Facility CSP-15b Rev. 3/2023

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	01
Complete Care at Groton Regency,	2461	9/30/2023		15b	37
The records of this facility for the p	eriod covered by this report v	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
I	Yes	If "No," explain,			
A	No				
N/A					
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Brand Sonnenshine		1641 East 16th St- 4th floor, Brooklyn N		217.05550	
2 Marcum LLP		One Hovchild Blvd, 4000 Rt. 66 Ste 323	Inton Fall	s, NJ 07753	
3					
Services Provided by This Firm (de	scribe fully)				
1 General Accounting Services			\$	19,400	
2 Reimbursement advisory services			\$	16,636	
3			\$		
4			\$		
			Charge for	Services Provi	ded
			\$	36,036	
Are These Charges Reflected in the Expend	iture Portion of This Report? If Ye	s, Specify Expense Classification and Line No.			
	Page 15 Line 1d	, -, -, -, -, -, -, -, -, -, -, -, -, -,			
Legal Services Information					
Name of Legal Firm or Independent	t Attorney		Telephone	Number	
1 CSC			866-636-54		
2 Goldberg & Weinberger LLP			212-986-89	999	
3 Murtha Cullina LLP			203-653-54	100	
4 NBC Law			212-682-40	002	
5 Various (See Attached)			Various		
Address (No. & Street, City, State, 2	Zip Code)				
1 P.O. Box 7410023, Chicago, IL	. 60674				
2 630 3rd Ave. #1801, New York	k, NY 10017				
3 280 Trumbull St, 12th Floor, H	lartford CT 06103				
4 675 3rd Ave 8th Floor, New Yo	ork, NY 10017				
5 Various Services Provided by This Firm (de.	soviha fully)				
	ocitoe juity j				
Delaware License Renewal CT DOL Correspondence			\$ \$	1,161 7,378	
3 Keys Amendment Application to RCH	I		S	230	
			\$	5,191	
4 OTA Amendment/ Bank Counsel (Dis	anoweu)		\$	48,000	
5 Various (See Attached)				Services Provi	dod
					ucu
	in Deview of The An Year	Specific Europea Classification and Line No.	\$	61,960	
_	Page 15 Line 1e	s, Specify Expense Classification and Line No.			
⊙ Yes O No	rage 15 Dine 16				

General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended		Page	of
Complete Care at Groton Regency, LLC 2461	9/30/2022		15c	37
Legal Services Information				
Name of Legal Firm or Independent Attorney		Telephone l		
5 Platinum Filings		718-705-98		
Treasurer, State of CT		860-702-30		
Pullman & Comley		203-330-20		
Dinsmore & Shohl LLP		248-918-48		
Goldman, Gruder and Woods, LLC		203-983-67	-, -	
10 Murtha Cullina LLP		203-772-77		
11 Stotler Hayes Group		843-235-98	71	
Address (No. & Street, City, State, Zip Code)				
3023 Avenue J, Brooklyn, NY 11210				
165 Capitol Ave Floor 2, Hartford, CT 06106				
850 Main Street PO Box 7006 Bridgeport CT 06601				
93 Shennecossett Rd #109, Groton, CT 06340				
165 West Putnam Avenue, Greenwich, CT 06830				
10 265 Church St, New Haven, CT 06510				
11 297 Willbrook Blvd, Pawleys Island, SC 29585				
Services Provided by This Firm (describe fully)				
5 Certified Copies		\$	154	
6 Conservatorship (Disallowed)		\$	136	
Tax savings for 2021 and 2022 Groton Regency vs. Town of	of Groton	\$	31,108	
Wisa petition fees		\$	6,345	
General legal services		\$	7,973	
10 General legal services		\$	839	
11 Collections (Disallowed)		\$	1,445	
		Charge for S	Services Provi	ded
		\$	48,000	

Complete Care at Groton Regency, LLC September 30, 2023 Benefits Disallowance

Marketing Benefits Disallowance Marketing Salary Total Salaries 68,710 Page 10 6,990,703 TB Linked Percent to Total Salaries 0.98%

Percent to Total Allocation		SNF				RCH		
	Amount	Percentage	Disallo	wed Portion	Amount	Percentage	Disallo	wed Portion
Unemployment Insurance	48,541	10%	\$	477	9,763	10%	\$	96
Social Security (F.I.C.A)	439,372	90%		4,318	88,374	90%		869
Total Benefits (Pg 15, Line 1a3 - 1a6)	487,913	100%	\$	4,795	98,137	100%	\$	965

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

Name of Facility Complete Care at Groton Regency, LLC	License No. 2461	Report for Ye 9/30/2023	ar Ended				Page 16	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
	Subtotals Brought Forward:	1,849,235	1,753,787	(103,465)			257,273	(58,360)
l. Travel and Entertainment		NA	CONTRACTOR OF THE PARTY OF THE		10000			300
Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	S							
3. Gifts to Staff and Residents	S							
Employee Travel	S	9,906	6,172				3,734	
Education Expenses Related to Semin	ars and Conventions \$	26,134	16,282				9,852	
6. Automobile Expense (not purchase or								
7 Other (Specify) See Attached Schedule	\$	RG - 7 9 3 8					10_VI	DOMANI.
m. Other Administrative and General Expense	S	DO 1045 1111			AT THE CON		3 3 LEG	
1. Advertising Help Wanted (all such exp		8,341	5,197				3,144	
2. Advertising Telephone Directory (all s	such expenses)*** \$							
3. Advertising Other (Specify)***	\$		10,771	(10,771)			6,517	(6,517)
See Attached Schedule		Design In State	NA BROWN	100000	DE MOTES			
4. Fund-Raising***	\$							
5. Medical Records	\$							
Barber and Beauty Supplies (if this ser directly and not by contract or fee for		2110-13-					800	10.5. 7
7. Postage	S	2,387	1,487				900	
* 8 Dues and Membership Fees to Profess Associations (Specify) See Attached Schedule	ional \$	9,510	5,925				3,585	
8a. Dues to Chamber of Commerce & Otl	ner Non-Allowable Org.***		249	(249)			151	(151)
9. Subscriptions	S	553	345				208	
10. Contributions*** See Attached Schedule	5		W Deck	and the second second	10%	En Welling		
11. Services Provided by Contract (Specify Schedule C-2, Page 21 for each firm of		426,201	265,526				160,675	
 Administrative Management Services* 	* 5		943,158	(592,931)			200,000	
13. Other (Specify) See Attached Schedule	\$	27,745	73,107	(55,821)	Section 2	OVER CO	44,238	(33,779)
C-14 Total Administrative & General Expendit	ures S	2,910,239	3,082,006	(763,237)			690,277	(98,807)

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

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

*** Facility should self-disallow the expensein the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Ailjustment	(Specify)	Adjustment	Residential Cure Home	Adjustment
	0	12.100	7 20 200	2/2	0	8-8
Total Other Travel and Entertainment						

Schedule of Other Advertising

Description	CCNH/RHNS	Adjustment	(Specify)	Adjustment	Residential Cure Home	Adjustment
	0		5		- 6	
Admin Expense Marketing & Advertising	\$ 9,657	3 (9,657)			\$ 5,843	\$ (5,843)
Admin Expense>Marketing & Advertising>COVID	\$ 1,114	\$ (1,114)			\$ 674	\$ (674)
Total Other Advertising	\$ 10,771	\$ (10,771)	1 -	5	\$ 6,517	\$ (6,517)

Schedule of Dues

Description	CCNH/RHNS	Adjustment	(Specify)	Adjustment	Residential Cure Home	Adjustment
	0				0	
CARCE	\$ 5,732		1000		\$ 3,468 \$ 117	
CARCE	\$ 193				\$ 117	
						145
	See Highlight			0.8.0	THE SHOW	
		V S S				
			1			
Tutal Durs	\$ 5,925	5	3 -	\$.	\$ 3,585	5 -

Schedule of Contributions

Description	CCNH	/RHNS	Adjuste	nent	(Sp	erify)	Adj	ustment		dential Home	Adju	tment
	3 - 60	0			100					- 0		
							001			-119	2000	
	200	77						-497	100	- 1	15040	
Total Confributions	5		\$	170-1	1		\$	Name of	5	1344	\$	- 3

Schedule of Other Administrative and General

Description	cci	H/RHNS		fjustment	(Specify)	Adjustment		idential e Home	Ad	justment
The state of the s		0				The state of the s		0		A PAICEAN
Admin Expense-Financing Costs	5	3,126	5	(3,126)			5	1,892	3	(1,892
Admin Expenses resident missing Beins	5	349	5	(349)	The Later	1000 114	5	211	\$	(211
Admin Expense>Licenses	5	671	0.5				5	406		
Admin Expense>Fines & Femalties	5	5,091	\$	(5.093)			3	3,082	3	(3.082
Admin Expense Hank Fees	3	17,077	5	(6,067)	THE SHIP		5	10,333	5	(3,672
Ailmin Expense-Background Checks	5	-40					5	24	100	
Admin Expense>Background Checks Other (Fingerprinting)	1	5,565		-		L TIES	5	3,168		
Ailmin Expensio Startup Costa	5	41,186	5	(41,186)			5	34,922	5	(24,922
Total Other Administrative and General	5	73,107	5	(55,821)	5 -	3 -	5	44,238	5	(33,779

Complete Care at Groton Regency, LLC Calculation of Allowable Management Fee September 30, 2023

	CCNH			
Descrption	Amount			
	0.15.1.55			
Management fees Charged (Pg. 16 / Line m12)	943,158			
Management fees Charged (Pg. 20 / Line 5j)	0			
Management fees Charged (Pg. 20 / Line 5k)	0 42 150	-		
Total Management fees Charged	943,158	TB Linked		
Patient Days	44,241	Page 8 of C	/R	
Imputed Days - 90% Occupancy		Calculation		
Amount Per Patient Day (Greater of 90% or Actu		\$	21.3186	
	• /			
PPD Allowance Per Rate Agreement			7.51	
2023 CPI Increase of 1.0541%		4	1.0541	J.04a
PPD Allowance 9/30/2023			7.92	
X12 / 110 / 1110 / 120 / 20 / 20 / 20 / 2				*
Amount over (Under)		\$	13.4023	
Total Days				Greater of Actual or 90%
Disallowed Management Fee			592,931	•
	RCH			
l .				
	KCII			
Descrption				
Descrption	Amount	*		
Descrption Management fees Charged (Pg. 16 / Line m12)		*		
	Amount	*		
Management fees Charged (Pg. 16 / Line m12)	Amount 200,000			
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j)	200,000 0 0	TB Linked		
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged	200,000 0 0 200,000			
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged Patient Days	200,000 0 0 200,000 26,771	Page 8 of C		
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged Patient Days Imputed Days - 90% Occupancy	200,000 0 0 200,000 26,771 26,609	Page 8 of C		
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged Patient Days	200,000 0 0 200,000 26,771 26,609	Page 8 of C		
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged Patient Days Imputed Days - 90% Occupancy Amount Per Patient Day (Greater of 90% or Actual	200,000 0 0 200,000 26,771 26,609	Page 8 of C	7.4708	
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged Patient Days Imputed Days - 90% Occupancy Amount Per Patient Day (Greater of 90% or Actual PPD Allowance Per Rate Agreement	200,000 0 0 200,000 26,771 26,609	Page 8 of C	7.4708 7.51	J.04a
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged Patient Days Imputed Days - 90% Occupancy Amount Per Patient Day (Greater of 90% or Actual	200,000 0 0 200,000 26,771 26,609	Page 8 of C	7.4708	J.04a
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged Patient Days Imputed Days - 90% Occupancy Amount Per Patient Day (Greater of 90% or Actual PPD Allowance Per Rate Agreement	200,000 0 0 200,000 26,771 26,609	Page 8 of C	7.4708 7.51	J.04a
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged Patient Days Imputed Days - 90% Occupancy Amount Per Patient Day (Greater of 90% or Actual PPD Allowance Per Rate Agreement 2023 CPI Increase of 1.0541%	200,000 0 0 200,000 26,771 26,609	Page 8 of C	7.4708 7.51 1.0541	J.04a
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged Patient Days Imputed Days - 90% Occupancy Amount Per Patient Day (Greater of 90% or Actual PPD Allowance Per Rate Agreement 2023 CPI Increase of 1.0541% PPD Allowance 9/30/2022	200,000 0 0 200,000 26,771 26,609	Page 8 of C/Calculation	7.4708 7.51 1.0541 7.92	
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged Patient Days Imputed Days - 90% Occupancy Amount Per Patient Day (Greater of 90% or Actual PPD Allowance Per Rate Agreement 2023 CPI Increase of 1.0541%	200,000 0 0 200,000 26,771 26,609	Page 8 of C	7.4708 7.51 1.0541	
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged Patient Days Imputed Days - 90% Occupancy Amount Per Patient Day (Greater of 90% or Actual PPD Allowance Per Rate Agreement 2023 CPI Increase of 1.0541% PPD Allowance 9/30/2022 Amount over (Under)	200,000 0 0 200,000 26,771 26,609	Page 8 of C/Calculation	7.4708 7.51 1.0541 7.92 (0.4455)	
Management fees Charged (Pg. 16 / Line m12) Management fees Charged (Pg. 20 / Line 5j) Management fees Charged (Pg. 20 / Line 5k) Total Management fees Charged Patient Days Imputed Days - 90% Occupancy Amount Per Patient Day (Greater of 90% or Actual PPD Allowance Per Rate Agreement 2023 CPI Increase of 1.0541% PPD Allowance 9/30/2022	200,000 0 0 200,000 26,771 26,609	Page 8 of C/Calculation	7.4708 7.51 1.0541 7.92 (0.4455)	

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Complete Care at Groton Regency, LLC	2461	9/30/2023	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Complete Care Management, LLC		Management Fees	Page 16 / Line M12
x			

^{*} 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)

	ne of Facility	License		Report for Ye	ar Ended			Page	of
Cor	nplete Care at Groton Regency, LLC		2461	9/30/2023				18	37
	Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustmen
2.	Dietary a. In-House Preparation & Service								
	1. Raw Food	S	424,188	264,272				159,916	
	Non-Food Supplies	\$	46,379	28,894				17,485	
	3 Other (Specify)	s							
-	b. Purchased Services (by contract other than through Management Services)	\$	134,338	83,694				50,644	
	(Complete Schedule C-2 att. Page 21)			A PERMIT	-				
	c. Other (Specify)	\$	7,632	4,755				2,877	
	Equipment Rental / Repairs / Maintena	nce							
2D	Total Dietary Expenditures (2a + b + c + d)	S	612,537	381,615				230,922	ļ
F. G.	Resident Meals: Total no. of meals served per Is cost of employee meals included in 2D?	day:* O Yes	0	No					
	Is cost of employee meals included in 2D? Did you receive revenue from employees?	O Yes		No		If yes, specify			
Н.				amt.					
	Where is the revenue received reported in the C	ost Report?	(Page/Line Ite	m)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	⊙ Yes	0	No		If yes, specify cost.		472	
K.	Is any revenue collected from these people?	O Yes	0	No		If yes, specify amt.			
Ĺ,	Where is the revenue received reported in the C	ost Report?	(Page/Line Ite	m)				16 M3	
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	⊙ Yes	0	O No If yes, specify cost.			6229		
N.	Is any revenue collected from employees?	O Yes	0	No		If yes, specify amt.			
0.	Where is the revenue received reported in the C	ost Report?	(Page/Line Ite	m)				15 1A9	

[•] 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 Complete Care at Groton Regency, LLC	License	No. 2461	Report for Yea 9/30/2023	r Ended			Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.							
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$							
 Employee items including uniforms, gowns, etc. washed, ironed and/or 	Lbs.							
processed.***	Amt, \$							
3. Personal clothing of residents	Lbs.							
washed, ironed, and/or processed.***	Amt. \$							
4. Repair and/or purchase of linens.***	Lbs.							
	Amt. \$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	278,355	173,417	COLUMN AND AND AND AND AND AND AND AND AND AN			104,938	
c. Other (Specify)	\$	16,714	10,413				6,301	C NOT
Supplies 3D. Total Laundry Expenditures (3a + b + c)	\$	295,069	183,830				111,239	
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?	Yes	0	No		If yes, specify cost.			
G. Did you receive revenue from employees?	Yes	•	No		If yes, specify amt.			
H. Where is the revenue received reported in the Cost	Report?		(Page/Line Ite	em)				
Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	0	No		If yes, specify cost.			
J. Dia jouroot. Overthan I on alles people.	Yes	•	No		If yes, specify amt.			
 K. Where is the revenue received reported in the Cost 	Report?		(Page/Line Ite	m)				

^{*} 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. R	eport for Year E	nded				Page	of
Complete Care at Groton Regency, LLC	2461	9/30/2023					20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
4. Housekeeping	Sq. Ft. Serviced							
a. In-House Care	by Personnel						ļ	
 Supplies - Cleaning (Mops, pails, brooms, etc.) 	Amt	\$ 28,690	14,220				14,470	
b. Purchased Services (by contract other	Sq. Ft. Serviced							
than through Management Services)	by Personnel							
(Complete Schedule C-2 att. Page 21)	Amt.	\$ 444,627	220,375				224,252	
C. Other (Specify)	113	\$		105 125 105 11				100
4D. Total Housekeeping Expenditures (4a	+ b + c)	\$ 473,317	234,595				238,722	
5. Resident Care (Supplies)**		11, 8, 118 201			EG OM R		100 miles	
a. Prescription Drugs***				(((((((((((((((((((7 1000		N K 0 30	
 Own Pharmacy 		S						
Purchased from		S	121,997	(121,997)				
GeriScript / Medline					TO THE REAL PROPERTY.	NE STATE OF		
b. Medicine Cabinet Drugs		\$ 4,764	2,968				1,796	
 Medical and Therapeutic Supplies 		\$ 186,336	186,336					
d. Ambulance/Limousine***		S	2,990	(2,990)				
e. Oxygen						DINT YAR		100
 For Emergency Use 		S						
2. Other***		S	1,182	(1,182)				
f. X-rays and Related Radiological Procedures***		S	5,259	(5,259)	181 1814 I		e professor sy	
g. Dental (Not dentists who should be in salaries or fees)	cluded under	S						1 1/1/21
h. Laboratory***		S	11,797	(11,797)				
i. Recreation		\$ 11,640	7,252				4,388	
j. Direct Management Services*		S						
k. Indirect Management Services*		\$						
I. Cable TV		5 7,200	16,789	(12,304)			10,160	(7,44
m. Other (Specify)**** See Attached Schedule		\$ 81,286	101,911	(20,625)	and America	or analytic		WAST EL
n. Physical Therapy Expense		S						
o. Speech Therapy Expense		s						
5P. Total Resident Care Expenditures (5a -	50)	\$ 291,226	458,481	(176,154)			16,344	(7,44

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

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

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

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

Complete Care at Groton Regency, LLC Disallowance Schedule for Cable TV September 30, 2023

	A	mount
Total Cable TV Expense acct # 80-232-00	\$	26,949 TB Linked
Monthly Allowable amount	\$	600
	Ψ	12
Months in Cost Report Year	-	
Total Allowable Cost	\$	7,200
Full Year Cost Report (365 out of 365 Days)		100%
Revised Allowable Cost	\$	7,200
Disallowed Cable TV	\$	19,749

Patient Day Allocation:					
SNF	RCH				
62.30%	37.70%				
12,304	7,445				
Total C	heck				
19,749	ĝ				

Complete Care at Groton Regency, LLC Disallowance Schedule for Other Resident Care September 30, 2023

Therapy Treatment Allocation

Total Physical Therapy Treatments Total Speech Therapy Treatments Total Occupational Therapy Treatments

12,243
1,271
17,446
30,960

Disallowed OT Percentage

56.35%

Percent	of	Total	Al	location
	-			

Therapy Expense>Supplies

	A	mount	Disallov	ved Portion
	\$	1,545	\$	871
Total	\$	1,545	\$	871

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
	0				0	11 (4)
Nursing Rental Expense	\$ 20,180	\$ (19,754)	THE STATE			
Nursing Expense>Repairs & Maint	\$ 544	UX				
Nursing Expense>Data Processing	\$ 69,846					
Therapy Expense>Supplies	\$ 1,545	\$ (871)				10 200,2
Nursing Expense>Clinical Services	\$ 9,796					
		men ji				
						T
		1, 1, 12				
						Saw Digital
						USE MINISTER
Total Other Resident Care	\$ 101,911	\$ (20,625)	\$ -	S	\$	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 3/2023

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

Name of Facility Complete Care at Groton Regency, LLC	ency, LLC			License No. 2461	Report for Year Ended 9/30/2023		,		Page 21	of 37
		Related ** to Owners, Operators, Officers	Owners, Officers				Total Cost/Page Ref.***	age Ref.**		
Name of Individual or Company	Address	Yes	ž	Explanation of Relationship	Full Explanation of Service Provided*	CCNH/ RHNS	(Specify)	Residential Care Home	Pg I	Line
Healthcare Services Group	P.O. Box #829677, Philadelphia, PA 19182	0		A/Z	Housekeeping	66.027		67.188		44
: = 0	P.O. Box #829677,	C	0	***		112 411		900 101	5	
Healthcare Services Group	P.O. Box #829677, Philadelphia PA 19182) C	0	N/A	Laurery	82 994		105,733	181	2 4
	2001 Windsor Avenue,		0 0	2774	Sanitation and					
Northwest Environmental Carrier Lawn Care and	32 Meadow Street,			N/A	Incincration	19,345		19,683	72 01	
Landscaping	Mystic, CT 06355	0	0	N/A	Landscaping	14,629		14,886	22 6f	J.
Complete Care Management	1730 NJ-37, Toms River, NJ 08757	0	0	N/A	Corporate Payroll Fees	7,476		4,524	16 m11	ni1
LTC Ally	Americas, Lakewood, NJ 08701	0	•	N/A	Back Office Accounting	177,370		107,330	16 n	m11
Betal LLC	Suite 400, Inwood, NY 11096	0	0	N/A	Consulting Fees	10,383		6,283	16 m11	n11
		0	0							
		0	0							
		0	0							
		0	0							
		0	•							
		0	•							

^{*} 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
Complete Care at Groton Regency, LLC	2461	9/30/2023					22	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	41,841	20,738				21,103	
b. Heat	\$	43,689	21,654				22,035	
c. Light & Power	S	349,926	173,437				176,489	
d. Water	\$	104,031	51,562				52,469	
e. Equipment Lease (Provide detail on	page 22b) \$	5,241	2,598				2,643	
f. Other (itemize)	\$	180,648	89,536				91,112	
See Attached Schedule			Home Box to		ALC: NY ALL	NI CONTRACTOR		
6g. Total Maint. & Operating Expense (6a	s - 6f) \$	725,376	359,525				365,851	
7. Depreciation (complete schedule page 2	?3*)							
a. Land Improvements	\$	279	138				141	
b. Building & Building Improvements	\$	86,318	42,783				43,535	
c. Non-Movable Equipment	\$	31,518	15,622				15,896	
d. Movable Equipment	\$	70,180	34,784				35,396	
*7e. Total Depreciation Costs (7a + b + c +	d) \$	188,295	93,327				94,968	
Amortization (Complete att. Schedule P a. Organization Expense	age 24*)		3,890	(3,890)			3,959	(3,959
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$	32,750	16,232				16,518	
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c +	d) \$	32,750	20,122	(3,890)			20,477	(3,959
Rental payments on leased real property real estate taxes included in item 10b	less \$	1,198,696	594,122				604,574	
10. Property Taxes								
a: Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$	444,336	220,231				224,105	
c. Personal property taxes	\$	27,683	13,721				13,962	
11 Total Property Expenses (7e + 8e + 9 +	+ 10) \$	1,891,760	941,523	(3,890)			958,086	(3,959

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

Schedule of Other Repairs and Maintenance

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
	0		EUT TE		0	
Maintenance Expense>Supplies>COVID	\$ 32	AMERGIN	(1/61 J. 1/65)		\$ 33	
Maintenance Expense>Supplies	\$ 10,923				\$ 11,115	
Maintenance Expense>Minor Equip	\$ 5,644	2 A			\$ 5,743	
Maintenance Expense>Sanitation & Incineration	\$ 19,345				\$ 19,685	A PARTY OF
Maintenance Expense>Extermination	\$ 3,023			100 A - 11	\$ 3,079	
Maintenance Expense>Snow Removal	\$ 4,617				\$ 4,698	
Maintenance Expense>Landscaping	\$ 14,628				\$ 14,886	
Maintenance Expense>Landscaping>supplies	\$ 55	W. Carlotte	11/1/19		\$ 56	
Maintenance Expense>Fire Drill	\$ 457				\$ 465	
Maintenance Expense>Data Processing	\$ 691	MINTER STATE	N THE STATE OF		\$ 703	
Maintenance Expense>Contracted Service	\$ 19,896				\$ 20,245	
Utility Expense>Contracted Service	\$ 10,225				\$ 10,404	N 111
Total Other Repairs and Maintenance	\$ 89,536	. 2	S	\$ -	\$ 91,112	\$

Annual Report of Long-Term Care Facility CSP-22b Rev. 3/2023 State of Connecticut

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.

in the same of the							
Name of Facility			License No.	Report for Year Ended	ar Ended		Page of
Complete Care at Groton Regency, LLC			2461	9/30/2023			22b 37
	Related * to	d * to					
	Owners,	ers,					
	Operators,	itors,				Annual	
•	Officers	sers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	ofLease	Claimed
Leaf	0	0	2 Kyocera Copiers	01/25/23	63 Months	5,241	5,241
	0	0	,				
R	0	0					
	0	0					
	0	0					
	0	0					
	0	•					
	0	•					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All Leased Vehicles?	ased Ve	hicles?	O Yes	o No	No	Total ***	5,241

^{*} 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.



LEASE AGREEMENT

1720A Crete Street, Moberly, MO 65270 Phone: 800-662-3759, Fax: 800-426-2626

% b						2-5755, Ta.	X. 000-420-2020
Complete Car	NAME: re at Groton Regency LLC				Telephone No: 8604469960)	
	nock Rd, Groton, CT 06340-4698		Equipment Location (if other than Billin 1145 Poquonnock Rd, Grot	on, CT 0634			
EQUIPMENT D	ESCRIPTION: (indicate quantity, new or us	sed and include make, model, seria	nl # and all attachments – see below				
Unit Quantity	Description of Equipme	nt Leased	Make and Type	Model	Number	Seri	al Number
	* PLEASE REFER TO S	CHEDULE A					
BASE TERM	TOTAL NUMBER OF LEASE		EASE PURCHASE OPTION		(a) Advance Pa	yment:	\$0.00
IN MONTHS 63	PAYMENTS	X Fair market value, plus tax 10% of Equipment cost, p			(b) Security De	nosit:	\$0.00
0.5	63 @ \$598.00 (plus taxes)	\$1,00, plus taxes					
		(FMV unless another option is s	selected. You may not exercise a pur	rchase option if	(c) Documental	tion Fee:	\$95.00
		right, title and interest in such E warranty.)	cise a purchase option we will con Equipment to you on an AS-IS WHE	ERE IS without	Total due a + b	+ c =:	\$95.00
Your obligation	one lease payment is required as an Advan to pay all amounts and perform all oth	er obligations is non-cancellal	ble, absolute, unconditional and	l not subject t	o abatement, se	et-off or de	fense.
Lessor and "you following terms: 1. LEASE PA' execution. The te ("Lease Commer the month follor remaining Lease "Payment Date") to the first Paym from the Lease C Interim Rent sha actual costs are debasis, the Mont previously then 2. DELIVERY, delivery and instoral or written a You authorize information. You written consent not responsible f. 3. INDEMNIFI against any losse related to the ord delivery or return 4. LEASE EXP expiration of the will renew on a either exercise the Equipment. You are responsil Payment, and (ii) media prior to appropriate remains). You will paccordance with purchase option WHERE IS basis 5. LATE FEES due, you agree to maximum legal interest at 1.5% if for each pay by p. 6. NO WARRA Equipment and INCLUDING TARE NOT RES. 7. INSURANCE its order until Period"). During Equipment accepts with proof control of the proof of the proo	YMENTS AND TERM: The Lease is common the date incoment Date"). The first Lease Payment shall wing the Lease Commencement Date as so Payments will be due on the same day of loutil paid in full. The Base Term shall comment Date will paid in full. The Base Term shall comment Date. We may charge you a portion of a Commencement Date until the first day of the all be due as invoiced. We may adjust the L different than the estimate used to calculate the full Payment may be increased by a main effect. ACCEPTANCE, USE AND REPAIR: You allation. You unconditionally accept the Equipoceptance of the Equipment, or (b) 10 days as to fill in the Lease Commencement In a will not move the Equipment from the and are responsible for maintaining the Economic of the Equipment of the Equipment of the Economic of Equipment of the Equipment of Equipment of Equipment of Equipment of Equipment. IRATION, RENEWAL: Unless you notify the Lease of your election to return or purch a month-to-month basis at the same more the purchase option or provide us with at If you return the Equipment, (i) it must be ble for all return costs and we may charge a Relay of the Equipment of the Equipment (and you are solved) at standard that meets your business need any us for any loss in value resulting from fail this Lease or for damages incurred in shipping we will convey all of our interest in such swithout representation or warranty. AND CHARGES: If any amount is not pay on your allate charge equal to the lesser of lease of the supplier. We make NO EXPRESS (HOSE) of MERCHANTABILITY OR FIT PONSIBLE FOR CONSEQUENTIAL OR, RISK OF LOSS: You bear all risk of loss of it is returned in the required condition the Risk Period you will maintain proper the lesser of the proper of the payment of the payment of the Risk Period you will maintain proper the loss of the Risk Period you will maintain proper the loss of the Risk Period you will maintain proper the loss of the Risk Period you will maintain proper the loss of the Risk Period you will maintain proper the p	to lease the Equipment upon the enforceable on you upon your the Equipment is delivered to you il be due on the date we specify in et forth in our invoice, and the each subsequent month (each, a nence on the date one month prior me Lease Payment for the period Base Term ("Interim Rent"). The case Payments up to 15% if the e Lease Payments. On an annual ximum of 15% of the amount of the experience of the e	additional amount for the cost of than the cost to obtain your own it. 8. OWNERSHIP AND TAXES you are deemed to own it, you gro file UCC financing statements fines and penalties relating to the we pay any taxes, (including pro the amount we paid plus an adm specified above or if not so spec cost. If we require an Equipment agree to reimburse our costs. 9. DEFAULT: If you or any gua due date, or breach any terms. Equipment, you will be in defaul of the following: (a) immediatel remaining Lease Payments, Inter by us, discounted at an annual repossess the Equipment; or (d) law. If you default, you agree to costs. In addition to all other chan penalty, we may require you to be expense incurred in the collection the Equipment, we may sell or oprivate sale, and apply the net prodisposition of the Equipment) to its required by law, 10 days' notice for any amounts that are due affectively deposits to your obligative without interest. 10. ASSIGNMENT: You have mell or assign our rights in the Linghts but will not be subject to at 11. ARTICLE 2A: You agree the Uniform Commercial Code. You Article 2A (508-522) of the UC informed of the identity of the S and may contact the Supplier for 12. CREDIT INFORMATION bureau reports, and make other cr. CREDIT INFORMATION bureau reports, and make other cr. CREDIT INFORMATION sonly in writing signed by both paor by electronic means) and, we purposes. This Lease is not bindit to the enforcement of this Lease is you will use the Equipment or household use. The USA PATRIC that identifies you thus we ask for substantiate your identity.	it and an admir insurance and on it. We own the cant us a security is to confirm our purchase, use, I poptry tax), fees ininistrative fee, cified, the great t site inspection arantor do not professional arantor descriptions and as reim reimburse us for otherwise disposoceeds (after we have applied and you not right to sell dease and/or Equippelier and you a description of the case is a "fi waive all right C. You have recutify for uniform the professional arties. This Leas when transmittering on us until vertact it was executly for business OT Act requires	istrative fee, the which we may require to pa er of either \$125, or you request any us any amount any guaranty or we may require that the larenders available for exception of the larenders available for expectation of the larenders availabl	cost of whinake a profit make	ch may be more to the contract of the Equipment. If You authorize us in due, all taxes, he Equipment. If you will pay us cumentation feef the Equipment ve services, you (10) days of its explained to the early combination ent value of the any combination ent value of the any combination of the any combination of the any combination of the any combination of the any additional ke possession of the any additional ke possession of the any additional ke possession of the any apply any will be refunded to the sale or if notice of sale may apply any will be refunded to the sale or if notice of sale may apply any will be refunded to the sale or if notice of sale may apply any will be refunded to the sale or if notice of sale may apply any will be refunded to contract or been Supply Contract to obtain credit to obtain credit to obtain credit to obtain credit can be amended aparts (manually pon you for all laise as a defense electronic means, sonal, family or cord information r documents that
ACCEPTED BY	LESSEE: Complete Care at Groton Regency		ne:ari genuth		Title: directo		ing
x		E-Mail Addre			Date: 12/22	/22	
	ized Signature	Tax ID Numb					
of payment and no and notification it enforcing our righ to obtain credit by any right to a tria	ARANTY: Undersigned guarantees that Less of of collection, and that we can proceed direct the Lessee is in default and consents to a state against undersigned or Lessee. If more that the ureau reports and make inquiries regarding ual by jury.	ctly against undersigned without f ny extensions or modifications gu no one person signs this guaranty, indersigned's personal credit. You	irst proceeding against Lessee or the ranted to Lessee, Undersigned will each agrees that his/her liability is	e Equipment, Ui I pay us all exp joint and severa ate or Federal o	ndersigned also venses (including landersigned arcourts in Pennsy	vaives all su attorneys' i uthorizes us	fees) we incur in and our affiliates
SIGNED X	0	Print Name:		E-Mail Add	iress:		
Accepted by: LEAF Capital Fi	unding, LLC By:	Title:	Date:			-11	



SCHEDULE A TO LEASE AGREEMENT (EQUIPMENT DESCRIPTION)

Lease Application No.: 781782

QNT	Equipment Description	New/Used	Make	Model	Serial Number
Loca	tion: 1145 Poquonnock Rd, Groton, CT 06	340-4698			
1	6004i Copier System	New			
1	4054ci Copier System	New			

LESSEE: Complete Care at Groton Regency LLC	LEAF CAPITAL FUNDING, LLC
BY:	BY:
PRINT NAME;ari genulh	PRINT NAME:
TITLE:director of purchasing	TITLE:
DATE: 12/22/22	DATE



Date of Equipment Delivery:

DELIVERY AND ACCEPTANCE CERTIFICATE

12/22/22

Application No.: 781782
Complete Care at Groton Regency LLC ("Customer") hereby certifies that all of the equipment, software and other property (collectively, "Equipment") referred to in that certain Agreement related to the above referenced application number (the "Agreement") by and between Customer and LEAF Capital Funding, LLC ("LEAF") has been delivered to and been received by Customer at the location(s) set forth in the Agreement, that all installation or other work necessary prior to the use thereof has been completed, that the Equipment has been examined by the Customer and is in good operating order and condition and is in all respects satisfactory to Customer, and that the Equipment is accepted by the Customer for all purposes under the Agreement. Customer represents and warrants that the Date of Equipment Delivery set forth above and the Billing Address and the Equipment Location set forth in the Agreement are correct. By its execution and delivery of this Acceptance Certificate, Customer hereby reaffirms all of the representations, warranties and covenants contained in the Agreement as of the date hereof, and further represents and warrants to LEAF that no Event of Default, and no event or condition which with notice or the passage of time or both would constitute an Event of Default, has occurred and is continuing as of the date hereof. Customer further certifies to LEAF that Customer has selected the Equipment (and to the extent applicable, the vendor of the Equipment) and has received and approved the purchase order, purchase agreement or supply contract under which the Equipment will be acquired for all purposes of the Agreement.

ACCORDINGLY, CUSTOMER AUTHORIZES LEAF TO PURCHASE THE EQUIPMENT FROM THE APPLICABLE SUPPLIER(S).

DO NOT SIGN THIS DELIVERY AND ACCEPTANCE CERTIFICATE UNTIL YOU HAVE RECEIVED ALL OF THE EQUIPMENT.

CUSTOMER: Complete Care at Groton Regency LLC
By:
Print Name:
Title: director of purchasing
E-Mail Address:
Date:

THE ABOVE SIGNATORY AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL, MEMBER, PARTNER OR PROPRIETOR OF THE ABOVE NAMED CUSTOMER.



LEAF AUTOPAY PROGRAM (AUTHORIZATION TO DEBIT AND CREDIT ACCOUNT BY ACH)

Customer Name: Complete Care at Groton Regency LLC

Application Number: 781782

In connection with the above referenced contract(s) ("Contract"), Customer(s) hereby authorize(s), LEAF Capital Funding, LLC AND/OR ITS AGENTS, SUCCESSORS AND ASSIGNS (collectively, "Company"), to initiate ACH credit and/or debit entries, and if necessary, adjust any credit and/or debit entries made in error to the account described below ("Account") at the financial institution named below ("Bank"). The authorization provided herein (this "Authorization") is intended to encompass all amounts due and to become due under the above Contract, including current and past due periodic payments, miscellaneous charges, taxes and late charges. In addition, Customer potentially will enter into future transactions with Company. Customer hereby acknowledges and agrees that this Authorization shall constitute a continuing Authorization to withdraw amounts for this Agreement as well as all future transaction(s) with the Company. This Authorization shall not be limited or deemed waived, nor shall Company assume any liability, if for any reason Company delays debiting the Account for amounts due under the Contract. FOR ADMINISTRATIVE PURPOSES, ALL DEBIT AND CREDIT ENTRIES SHALL APPEAR ON THE ACCOUNT AS BEING INITIATED BY "LEASE SERVICES."

Recurring Authorization: Initial to the left to authorize	a RECURRING ACH authorization.
One-time Payment: Initial to the left to authorize a ONI	E-TIME debit of the below account of \$95.00 plus taxes.
BANK NAME:	ABA/ROUTING NUMBER:
BRANCH:	ACCOUNT NAME:
CITY:	
STATE:ZIP:	ACCOUNT NUMBER:
PAYTO THE ORDER OF \$ Check number. PAYTO THE ORDER OF \$ Check number. PORT OF CHECK Number. PORT OF CHECK Number. PORT OF CHECK Number. PROUTING Number. 1:1239557891: 000123955789 F 1001	ther is on the top and bottom right of the check - we do not need the neer is the middle group of 12 numbers on the bottom of your check.
Customer certifies that all information set forth above is true days advance written notification of any termination or change Company has received such written notification from Customer	and correct. Customer agrees to give Company not less than twenty (20 ge in this Authorization, which shall remain in full force and effect until r.
Signature:X	
Print Name:ARI GENUTH	
Title: director of purchasing	Name:
Date: 12/22/22	Title:
Phone Number:	Phone Number:
E-mail Address:	E-mail Address:

THE PERSON SIGNING ABOVE AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL, PARTNER OR PROPRIETOR OF THE ABOVE NAMED CUSTOMER.

GUARANTY

THIS GUARANTY, dated as of <u>December 22, 2022</u> ("Guaranty"), is made by <u>Complete Care at Passaic LLC</u>, an organization having its principal place of business at <u>77 E 43rd Street</u>, <u>Paterson</u>, <u>NJ 07514-1118</u> ("Guarantor").

In order to induce LEAF Capital Funding, LLC ("LEAF") from time to time to enter into or extend certain financial accommodations with, or forebear from exercising rights and remedies against, Complete Care at Groton Regency LLC ("Customer"), Guarantor guarantees to LEAF the payment and performance of the Obligations, as defined below. Guarantor acknowledges that LEAF is relying upon this Guaranty in providing financial accommodations to Customer. If more than one entity executes this Guaranty, the liability of each such Guarantor hereunder shall be joint and several.

Section 1. Guaranty of Payment and Performance. Guarantor guarantees to LEAF the prompt payment and/or performance of all indebtedness, obligations and liabilities of Customer at any time owing to LEAF, whether now existing or hereafter arising, direct or indirect, matured or unmatured, primary or secondary, certain or contingent, or acquired by or otherwise created in favor of LEAF, including without limitation any and all rent, loan, purchase or other installment payments, principal balances, taxes, indemnities, liquidated damages, accelerated amounts, return deficiency charges, casualty value payments, all interest, late charges and fees, collection expenses, attorneys' fees for enforcement and other costs, which may at any time be payable to LEAF, together with all claims for damages arising from or in connection with the failure to punctually and completely pay or perform such obligations, whether or not such obligations are from time to time reduced or extinguished and thereafter increased or incurred (collectively the "Obligations"). This Guaranty is a guaranty of payment and performance, and not a guaranty of collection, and Guarantor hereby undertakes and agrees that if Customer does not or is unable to punctually and completely pay or perform any Obligations for any reason. Guarantor shall (i) punctually pay any such Obligations requiring the payment of money which Customer fails to pay promptly, as and when due, in each case, as an Obligation for payment due directly from Guarantor to LEAF and without any abatement, reduction, setoff, defense, counterclaim or recoupment, and (ii) punctually perform any and all Obligations not requiring the payment of money for the benefit of LEAF, as an Obligation for performance due directly from Guarantor to LEAF. Guarantor shall be deemed to be primarily liable for each Obligation and not merely as a surety thereof. This Guaranty is a continuing one and will be effective and binding upon Guarantor regardless of how long before or after the date hereof any Obligation may have arisen or will arise. The obligations of Guarantor hereunder shall be absolute and unconditional. irrespective of any circumstances which might constitute a legal or equitable defense or discharge of his or her obligations hereunder or which otherwise limit enforceability against the Guarantor by LEAF.

Section 2. Representations, Warranties and Covenants.

- 2.1 Guarantor represents and warrants to LEAF, knowing that LEAF is relying thereon, as follows:
- (a) Guarantor is an entity duly organized, validly existing and in good standing under the laws of the jurisdiction of its organization and has full power and authority to enter into and perform its obligations under this Guaranty.
- (b) The execution, delivery, and performance by Guarantor of this Guaranty have been duly authorized by all necessary action on the part of Guarantor, are not inconsistent with its organizational documents, do not and will not contravene any law or governmental rule, regulation or order applicable to Guarantor, and do not and will not contravene any provision of, or constitute a default under, any indenture, mortgage, contract or other instrument to which Guarantor is a party or by which it is bound. This Guaranty will constitute the legal, valid and binding agreement of Guarantor, enforceable in accordance with its terms.
- (c) There are no actions, suits or proceedings pending or, to the knowledge of Guarantor, threatened against or affecting Guarantor in any court or before any governmental commission, board or authority which, if adversely determined, will have a material adverse effect on the ability of Guarantor to perform its obligations under this Guaranty.
- (d) The balance sheet and statement of income of Guarantor heretofore delivered to LEAF have been prepared in accordance with

- generally accepted accounting principles and fairly present the financial position of Guarantor on and as of the date thereof and the results of its operations for the period or periods covered thereby. Since the date of such balance sheet, there has been no material adverse change in the financial condition of Guarantor.
- (e) As of the date hereof, and after giving effect to this Guaranty and the contingent obligations contained herein, Guarantor is solvent and has assets which, when fairly valued, exceed its liabilities. The performance of the obligations of Guarantor hereunder will not cause Guarantor to exceed its ability to pay its debts as they mature, and this Guaranty is made without any intent to hinder, delay or defraud either present or future creditors, purchasers or other interested persons.
- 2.2 Commencing on the date hereof and until all of the Obligations are satisfied in full, Guarantor shall furnish to LEAF: (i) within 120 days after the close of each fiscal year of Guarantor occurring after the date hereof, an audited balance sheet of Guarantor at and as of the end of such fiscal year, together with an audited statement of income of Guarantor for such fiscal year, all prepared in accordance with generally accepted accounting principles consistently applied, and (ii) from time to time, such other information as LEAF may reasonably request with respect to the financial or business condition of Guarantor.

Section 3. Waiver of Precondition, Suretyship Defenses. Guarantor hereby waives against LEAF as a precondition for payment hereunder each of the following: any demand for payment, filing of claims with any court, and proceedings to enforce any provisions of the Obligations or this Guaranty, any right to require a proceeding first against the Customer or any party whatsoever or to exhaust any security for the Obligations, and all protests, presentment, notice (including, without limitation, notice of acceptance of this Guaranty by LEAF) or demand whatsoever. Guarantor hereby covenants that by its agreement under this Guaranty it shall not be discharged from its obligations hereunder or with respect to the Obligations except by payment in full of all amounts due and to become due with respect to the Obligations and this Guaranty and performance and discharge of all the Obligations, and only to the extent of any such payment, performance and discharge. Without limiting the generality of the foregoing, the obligations of Guarantor hereunder and LEAF's rights to enforce same shall not be in any way affected by (i) any insolvency, bankruptcy, liquidation, reorganization, dissolution, winding up or other proceeding involving or affecting Customer, Guarantor or others; (ii) any change in the ownership of Customer; and (iii) any failure on the part of any other party whether or not without fault on its part to perform or comply with any of the terms of the Obligations or this Guaranty or any other instrument. Guarantor hereby waives any defenses which Guarantor may have or assert against the enforcement of this Guaranty or any obligation based upon suretyship principles or any impairment of collateral.

Section 4. Relation with Customer, Release of Collateral. LEAF may, without notice to Guarantor, deal with the Customer in the same manner and as freely as if this Guaranty did not exist and shall be entitled among other things, without loss of right hereunder, to grant Customer such extensions of time to perform any act or acts as may seem advisable to LEAF at any time and from time to time without terminating, affecting or impairing the validity of Guarantor's obligations hereunder. No compromise, alteration, amendment, modification, extensions, renewal, release of collateral, failure to acquire or maintain a lien upon collateral or other change of or waiver, consent or any action or delay or admission or failure to act in respect of any liability or obligation under or in respect of the Obligations shall in any way alter or affect the obligations of Guarantor hereunder.

Section 5. <u>Debt Subordination</u>. All debts and liabilities, present and future of the Customer to the Guarantor ("**Subordinated Debt**") are hereby subordinated to the payment and performance of the Obligations, and all monies received by the Guarantor or its representative, successors or assigns thereon, shall be received as trustee for LEAF and shall be paid over to LEAF, and the Guarantor further agrees, upon any liquidation or distribution of the assets of the Customer, to assign to LEAF upon its request all claims on account of the Subordinated Debt and all security therefore, to the end that LEAF shall receive all dividends and payments on such Subordinated Debt until payment and performance in full of all the Obligations has occurred. This Guaranty shall constitute an assignment of

the Subordinated Debt in the event the Guarantor shall fail or refuse to execute and deliver such other or further assignment of such claims and security as LEAF may request. Guarantor shall not demand or accept any payment of, or otherwise cancel, set-off or otherwise discharge any part of, the Subordinated Debt without the prior written consent of LEAF, provided, however, that for so long as there is no default hereunder or in connection with the Obligations or the Subordinated Debt, Guarantor may receive and Customer may pay (but not prepay, whether or not permitted or contemplated by the terms of the Subordinated Debt) principal and/or interest or other scheduled installment payments of Subordinated Debt from Customer. Upon the request of LEAF, Guarantor shall deliver to LEAF a certified statement of the outstanding Subordinated Debt, specifying in detail the time at which permitted payments of Subordinated Debt were made, if any, and such other information as LEAF may request.

Section 6. Waiver of Subrogation. Guarantor hereby irrevocably waives any and all rights it may have to enforce any of LEAF's rights or remedies or participate in any security now or hereafter held, and any and all such other rights of subrogation, reimbursement, contribution or indemnification against the Customer, or any other person having any manner of liability for Customer's obligations to LEAF, whether or not arising hereunder, by agreement, at law or in equity.

Section 7. Events of Default. Each of the following events shall constitute an Event of Default under this Guaranty: (i) if there exists any event or condition which, with notice and/or the passage of time, would constitute a default under any document, agreement or instrument evidencing an Obligation (including any default relating to Guarantor or this Guaranty); (ii) Guarantor fails to perform or observe any covenant, term or condition or breaches any representation or warranty contained in this Guaranty and such failure shall continue unremedied for a period of fifteen days after written notice from LEAF to Guarantor stating the failure; or (iii) there is a liquidation, bankruptcy, assignment for the benefit of creditors or similar proceeding affecting the status, existence, assets or obligations of Customer or any Guarantor or other party liable to LEAF in respect of the Obligations, (each of the foregoing being hereinafter referred to as a "Default"), then the Obligations of Customer shall, at the sole option of LEAF, be deemed to be accelerated and become immediately due and payable by Guarantor for all purposes of this Guaranty, and Guarantor shall (Y) immediately pay directly to LEAF all such Obligations for the payment of money owing to LEAF by reason of acceleration or otherwise (including without limitation, any rent, liquidated damages, principal or interest payments or balances, fees, other installments or any other accrued or unaccrued amounts with respect to such Obligations), irrespective of whether a Default exists relating to Customer, and notwithstanding any stay, injunction or other prohibition preventing acceleration of any Obligations against Customer, and (Z) promptly perform all other Obligations. Guarantor shall be liable, as principal obligor and not as a surety or guarantor only, for all attorneys' fees and other costs and expenses incurred by LEAF in connection with LEAF's enforcement of this Guaranty, together with interest on all amounts recoverable under this Guaranty, compounded monthly in arrears, from the time such amounts become due and payable until the date of payment at the lesser of LEAF's then current late charge rate of interest or the highest rate permitted by applicable law. If LEAF is required to return any payment made to LEAF by or on behalf of Customer, whether as a result of Customer's bankruptcy, reorganization or otherwise, Guarantor acknowledges that this Guaranty covers all such amounts, notwithstanding that the original of this Guaranty may have been returned to Guarantor and/or otherwise canceled. No remedy provided for herein is intended to be exclusive but each shall be cumulative and in addition to any other remedy referred to above or otherwise available at law or in equity.

Section 8. Miscellaneous.

8.1 This Guaranty is in addition to and not exclusive of the guaranty of any other guarantor and of any and all prior guarantees by and of the Guarantor of the obligations of the Customer to LEAF. Guarantor waives all right to trial by jury in any litigation relating to this Guaranty or the transactions contemplated hereby.

8.2 Guarantor hereby irrevocably submits itself to jurisdiction in the Courts of the Commonwealth of Pennsylvania and to jurisdiction in the United States District Court for the Eastern District of Pennsylvania with respect to any matter, suit or proceeding arising out of this Guaranty or the transactions contemplated hereby. Guarantor agrees that service of process may be duly made upon it by registered or certified mail (return

receipt requested) at the address of Guarantor set forth herein or at such other address as Guarantor shall from time to time designate by notice to LEAF similarly given.

8.3 This Guaranty shall, with the exception of laws relating to choice of law, be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without regard to the principles regarding the choice of law. This Agreement shall be binding upon Guarantor and its successors and assigns. LEAF may, at any time and without the consent of, or notice to, Guarantor, assign all or any portion of its rights hereunder to any other party to which all or any portion of the Obligations are transferred, assigned or negotiated (an "Assignee"). Guarantor shall promptly execute and deliver to LEAF or its Assignee such additional documents, instruments and assurances as LEAF deems necessary in order to acknowledge and confirm, for the benefit of LEAF or its Assignee, all of the terms and conditions of all or any part of the Obligations or this Guaranty and LEAF's or Assignee's rights with respect thereto.

8.4 This Guaranty contains the entire agreement between Guarantor and LEAF relating to the subject matter hereof. A photocopy, printed electronic image or facsimile of this Guaranty that includes copies of the signature of Guarantor shall be legally admissible under the "best evidence" or other similar rule of evidence and shall be treated as an original document and proof of the agreement between the parties.

IN WITNESS WHEREOF, the undersigned has caused this Guaranty to be executed as of the date set forth above.

GUARANTOR:	Complete Care at Passaic LLC	
BY:		
PRINT NAME:	ARI GENUTH	
TITLE:	director of purchasing	
GUARANTOR'S	TAX ID#:	



Service Agreement



Company:	Complete Care at Groton Regency LLC	;	Date: 12/22/22	
Address:	1145 Poguonnock Rd,		Representative:	
City, ST Zip:	Groton, CT 06340		Address:	100 Park Ave 16th FL
Phone:	860-446-9960		City, ST:	New York, NY
Contact:			Zip	10017
Delivery Address i	f other		Phone:	212-300-3582
Address:			Fax:	212-609-3752
City, ST:			Cell:	
e-mail Address:				
Model Number	Description	Qty.	Per unit	Total
kyocera 6004i	copy print scan fax finisher stand	1		-
kyocera 4054ci	copy print scan fax finisher stand	1		\$ -
				\$ -
				\$ -
				\$ -
	- 			\$ -
				\$ -
	·			\$ -
				\$ -
	 			\$ -
	+			\$ -
				\$ -
	V2			\$ -
Special Instruction	ns:			
opoolal mondoner				
	*			
SERVICE AGREEN	IENT INCLUDES ALL SERVICE CALLS, PAI	RTS. LA	OR. AND UNLIM	TED TONER.
OLIVIOL MORELLI	, , , , , , , , , , , , , , , , , , , ,	,		
	ost per BW print is billed \$0.005 and cost p	er color	print is billed at \$	30.035
	por by print is bined quite and cour			
Customer:		Sale	es Rep:	
Authorized Signati	ure		8 -4-4	

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2022

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		Deprec	Depreciation Schedule	hedule					100
Name of Facility Complete Care at Groton Regency, LLC		License No. 2461	51		Report for Year Ended 9/30/2023	nded		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		4,185		4,185	2,057	S/L	15	279	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	n schedule)								
A-4. Subtotal		THE SECTION AND PERSONS NAMED IN COLUMN TWO IS NOT THE PERSON	THE STATES	THE REAL PROPERTY.	SAMPLE MENU	Man (2)		S. R. S. S. S.	279
B. Building and Building Improvements									
 Acquired prior to this report period 		1,294,764		1,294,764	610,320	S/L	15	86,318	
Disposals (attach schedule)									1000年
3. Acquired during this report period (attach schedule)	h schedule)								
B-4. Subtotal		Description of the last of the	E 12 105 115			The same of the same of	100		86,318
C. Non-Movable Equipment									
 Acquired prior to this report period 		296,301		296,301	235,361	S/L	Various	28,615	
2. Disposals (attach schedule)									TO THE STATE OF
3. Acquired during this report period (attach schedule)	h schedule)	19,702		19,702		S/L	Various	2,903	
C-4. Subtotal				11 71 11 11		THE STATE	10 E	Party Days In	31,518
	Is a mileage logbook maintained? Date of Acquisition Historical Cost	on Historical Cost	Less		Accumulated Depreciation to	Method of			
	Yes No Month Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment		8 75	1000		STATE BUT IN		SE NAME OF		
1. Motor Vehicles (Specify name, model									
and year of each vehicle) a.,									
þ.									
c									100
þ									A ROLL OF
2. Movable Equipment			100 100 10	TO THE REAL PROPERTY.	THE STREET		T SIN		
a. Acquired prior to this report period		1,212,225		1,212,225	1,073,969	S/L	5	70,180	
Acquired during this report period							2100		
c. Administrative									
d Standard Resident	100								
e. Specialized Resident									The second
Total Acquired during this report									
D-3. Subtotal					NO. OF PARTY OF	0	100	100 S 100	70,180
E. Total Depreciation					· 送机 / 7 / 100				188,295

Schedule of Land Improvements Acquired during this report period

	Description of Item	Cost	Useful Life	Depreciation
Acquisition Date	Description of Item	Cost	Line	Depreciation
Additions:				
				150 150
				. 47
				1 1 1 1 1 1 1
			CONTROL OF	The state of the s
Fotal additions for Land Impro	vements	S		\$ -
Deletions:				
Total deletions for Land Impro-	venients	\$		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
				3 1, 3
Total additions for Building Im	provements	\$.		\$ -
Deletions:				
				-
Fotal deletions for Building Imp	provements	\$	LOLY	2

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item		Cost	Useful Life	Dep	reciation
Additions:						
5/11/2023	Equipment Buyout for 2022 Leases	\$	7,984	5	\$	1,597
10/1/2022	Cabinets for CHOW	\$	1,624	15	\$	108
12/1/2022	Poles for banners at facility	S	2,561	10	\$	256
3/30/2023	Ice Maker + Installation	S S	7,533	8	\$	942
Total additions for	Non-Movable Equipment	S	19,702		\$	2,903
Deletions:	PERSONAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS					
			110 22			W 5
					T (
Total deletions for	Non-Movable Equipment	\$			S	

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{*}Tics to Page 23, Line C3
**Tics to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

		Pick One		Useful		
Acquisition Date	Description of Item	Movable Category	Cost	Life_	Depreciation	m
Additions:						
		PICK A CATEGORY				\equiv
3 X 11 X 1		PICK A CATEGORY		15,10		
		PICK A CATEGORY				
		PICK A CATEGORY	10.00			
		PICK A CATEGORY				
		PICK A CATEGORY			JE GYE	
Total additions for Movable Eq	uipment		2		S -	
Deletions:						
				15-11-16		
		The state of the s				
			العرب المحدد			
		أغابات والمراجع الماسية والمستوالة	2 3 ball			
Total deletions for Movable Eq	uipment		\$ -		\$ -	

Schedule of Leasehold Improvements Acquired during this report period

			C -4	Useful Life	110000	0.0000000000000000000000000000000000000
Acquisition Date Additions:	Description of Item		Cost	Life	Dej	oreciation
	Demo Carpet & VCT in Bathroom, Carbite Floor, Prep Floor, Furnish & Install Vinyl Plank Floor, In	2	4,736	10	s	474
	Driveway	2	21,342	8	\$	2,668
	Driveway	S	10.669	8	S	1,334
	Kitchen Sewer Line Repair	\$	14,209	25	S	568
	Domestic Hot Water Repairs	S	8,650	10	S	865
	Fire Sprinkler Repair	S	4,122	25	S	165
	HVAC Study	S	6,700	15	S	447
	HVAC Study	S	13,400	15	S	893
	Kitchen Repair	S	2,966	15	5	198
	HVAC / Water System Repair	S	13.040	15	\$	869
	Upgrade to Stanley Lock CD Wing	S	3,042	10	S	304
	Fire Alarm Repair	S	9,626	15	S	642
	Prep & Install LVP Install Rubber Base	S	3,572	10	8	357
	Corridor Renovations	S	230,814	15	s	15,388
	Automatic Door Labor	S	4,024	15	S	268
	Hazardous Carpet Abatement, Install LVP & Rubber Base	S	2,810	10	S	281
	Demo Floors , Prep & Install LVP and Rubber Base	s	8,104	10	S	810
	Leaschold Improvement	S	361,826		5	26,531
Deletions:						
	multiple invoices, large demo	S	(3,756)	15	S	(250)
						5 54 5 5 18 4
Total deletions for	Leaschold Improvement	ŝ	(3,756)		S	(250)

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

^{*}Tics to Page 23, Line D2c **Ties to Page 23, Line D2b

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Nome of Pecility		T Some		Donout for Voca Dudod	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Dece	G.
Complete Care at Groton Regency, LLC		2461	51	Nepolt 101 1 ea 9/30/2023	ו בזותכת		1 age 24	37
				Accumulated				
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for			
		Length of	Cost to Be	Year's	Computing		Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense								100
1.								
2.								
3.								
A-4. Subtotal					San Carlotte			
B. Mortgage Expense								
1.								
2.								
3.								
B-4. Subtotal	The second second	148 × 388		E many est	Surkette . Notice			
C. Leasehold Improvements and Other								
1. Acquired prior to this report period	Various Vario	Variou Various	229,553	6,005 S/L	S/L	Varior	6,469	
2. Disposals (attach schedule)	Various Vario	Variou Various	(3,756)		S/L	Varion	(250)	
3. Acquired during this report period								
(attach schedule)	Various Vario	Variou Various	361,826		S/L	Vario	26,531	
C-4. Subtotal								32,750
D. Total Amortization			A WILL STATE					32,750

* 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.

Complete Care at Groton Regency, LLC FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2022 Deprec.	2022 A/D	2023 Deprec.	2023 A/D	NBV
Land Improvements										
Land Imp	Additions Prior to 2022	Var	S/L	15	4,185	279	2,057	279	2,336	1,849
TOTAL LAND IMPROVEMENTS	VEMENTS			V. W.	4,185	279	2,057	279	2,336	1,849
Building Improvements										
Build Imp	Additions Prior to 2022	Var	S/L	15	1,294,764	86,318	610,320	86,318	696,638	598,126
TOTAL BUILDING IMPROVEMENTS	IPROVEMENTS			26 7.00	1,294,764	86,318	610,320	86,318	696,638	598,126
LEASHOLD IMPROVEMENTS	EMENTS									
2022 Additions										
3 5	Kitchen cabinet rehab Job room 360 added	10/31/2021	S/L S/L	15	2,795	171	171	171	342	2,453
LI	Wallpaper removal and painting	11/1/2021	S/L	15	20,203	1,235	1,235	1,235	2,470	17,733
5 :	Sheetrock repair/replacement	11/1/2021	S/L	15	4,467	273	273	273	546	3,921
ī	remodel complete: invoices 105, 102, 10/18/21	12/10/2021	S/L	15	14,849	825	825	825	1,650	13,199
5 :	Installed 5 new chandeliers	1/24/2022	S/L	15	4,695	209	209	209	418	4,277
: :	Cabling (three invoices 10718, 10715, 10716) Supoly and Install Frames. Doors and Hardware Per	4/21/2022 3/11/2022	S/L S/L	15	4,805 12.883	133	133 501	133	266 1.002	4,539
	Gutter installation	4/21/2022	S/L	15	4,546	126	126	126	252	4,294
U	Supply and Install Frames, Doors and Hardware Per	6/23/2022	S/L	15	7,476	125	125	125	250	7,226
I :	Install new door	27/7/2022	S/L	15	10,194	170	170	170	340	9,854
5	Landscaping Sunnty and Installation of Material for the Cantain's	7/13/2022	S/L	15 15	7,046	117	(11)	711	234	3.968
ij	Repair hole in parking lot	8/2/2022	S/L	15	3,456	38	38	38	76	3,380
ΓΙ	Replacement of dry valve feeding dry system - 08/25	8/25/2022	S/L	7	8,157	46	26	46	194	7,963
LI	Air compressor install for dry sprinkler system	8/25/2022	S/L	7	7,320	87	87	87	174	7,146
ב:	The Installation of Roof Mounted Utility and Dish	8/30/2022	S/L	7	5,690	89	89	89	136	5,554
3 =	Spa entrance, Nurse Office, SS Office, Rubber Base, Demo Camer Install Mail base, Nav. I V D	8/31/2022	S/L	15	6,120	34	34	34	89 02	6,052
ī 13	multiple invoices, large demo	8/31/2022	S/L	15	44.455	24.7	247	247	494	43.961
ΓΙ	Sinks, cabinets, and countertops	8/1/2022	S/L	15	5,261	58	28	58	116	5,145

Complete Care at Groton Regency, LLC FIXED ASSET / DEPRECIATION SCHEDULE

					Historical	2022	2022	2023	2023	
Asset Type	Description	Date In Service	Method	Life	Cost	Deprec.	A/D	Deprec.	A/D	NBV
בו	CHOW Fire Alarm Repair- Completed, Services Re-	8/19/2022	S/L	15	7,179	40	40	40	80	7,099
Π	CHOW parking lot repair	9/2/2022	S/L	15	8,348	46	46	46	92	8,256
Π	INSTALLED AND WIRED TRANSFORMER FOR	9/14/2022	S/L	15	3,771	21	21	21	42	3,729
ב	REPAIRED PIPING, CHECKED PHOTO CELL	9/14/2022	S/L	15	1,745	10	10	10	20	1,725
77	Roof Mounted Utility and Dish Machine Exhaust	9/20/2022	S/L	15	1,265	•)(90)	84	84	1,181
	Roof Mounted Utility and Dish Machine Exhaust	9/20/2022	S/L	15	5,690	ŧ.	- 101	379	379	5,311
2023 Additions										
Π	Demo Carpet & VCT in Bathroom, Carbite Floor,	10/21/2022	S/L	10	4,736			474	474	4,262
ī	Driveway	11/8/2022	S/L	90	21,342			2,668	2,668	18,674
17	Driveway	11/8/2022	S/L	00	10,669			1,334	1,334	9,335
LI	Kitchen Sewer Line Repair	12/14/2022	S/L	25	14,209			568	268	13,641
П	Domestic Hot Water Repairs	12/20/2022	S/L	10	8,650			865	865	7,785
5	Fire Sprinkler Repair	12/30/2022	S/L	25	4,122			165	165	3,957
IJ	HVAC Study	1/14/2023	S/L	15	6,700			447	447	6,253
17	HVAC Study	1/27/2023	S/L	15	13,400			893	893	12,507
II	Kitchen Repair	1/30/2023	S/L	15	2,966			198	861	2,768
ï	HVAC / Water System Repair	1/31/2023	S/L	15	13,040			698	698	12,171
ב	Upgrade to Stanley Lock CD Wing	2/28/2023	S/L	10	3,042			304	304	2,738
LI	Fire Alarm Repair	5/8/2023	S/L	15	9,626			642	642	8,984
LI	Prep & Install LVP Install Rubber Base	5/22/2023	S/L	10	3,572			357	357	3,215
LI	Corridor renovations	9/1/2023	S/L	15	230,814			15,388	15,388	215,426
П	Automatic Door Labor	9/1/2023	S/L	15	4,024			268	268	3,756
ב	Hazardous Carpet Abatement, Install LVP & Rubber B	9/5/2023	S/L	10	2,810			281	281	2,529
ΓĪ	Demo Floors, Prep & Install LVP and Rubber Base	9/5/2023	S/L	10	8,104			810	810	7,294
2023 Disposal										
ב	multiple invoices, large demo	8/31/2022	S/L	15	(3,756)			(250)	(250)	(3,506)

548,869

587,623

TOTAL LEASEHOLD IMPROVEMENTS

Complete Care at Groton Regency, LLC FIXED ASSET / DEPRECIATION SCHEDULE

Asset Type	Description	Date In Service	Method	Life	Historical Cost	2022 Deprec.	2022 A/D	2023 Deprec.	2023 A/D	NBV
NON-MOVABLE EQUIPMENT	JIPMENT									
FFE	Additions Prior to 2022	Var	S/L	10	280,509	28,051	234,797	28,051	262,848	17,661
2022 Additions FFE	Unimac washer	6/24/2022	S/L	7	15,792	564	564	564	1,128	14,664
2023 Additions FFE	Large printer/ copier	5/11/2022	S/L	'n	7,984	8	536	1,597	1,597	6,387
哥哥	Cabinets for CHOW	10/1/2022	S/L	15	1,624	. 200	*5	108	108	1,516
Æ	Poles for banners at Facility	12/1/2022	S/L	10	2,561	21	×	256	256	2,305
FFE	Ice Maker + Installation	3/30/2023	S/L	00	7,533	3	•	942	942	165'9
TOTAL NON-MOVABLE EQUIPMENT	BLE EQUIPMENT				316,003	28,615	235,361	31,518	266,879	49,124
MOVABLE EQUIPMENT	ENT									
MME	Additions Prior to 2022	Var	S/L	'n	1,098,913	219,783	1,051,351	47,562	1,098,913	*
2022 Additions MME MMIE	Ports, computers, laptops, ipads & Sales Tax hardware ipad + implementation	9730/2021	SAL	ν, ιν.	110,578	22,116	22,116	22,116	44,232	66,346
TOTAL MOVABLE EQUIPMENT	COUPMENT				1,212,225	242,401	1,073,969	70,180	1,144,149	68,076
TOTAL ASSETS DED OD SCHEDILE	CP SCHRDIII E				3 414 800	319 191	1 927 712	221.044	2 148 756	1.266.044
TOTAL ASSETS PER TRIAL BALANCE ROUNDING	TRIAL BALANCE				736,430	29,187	29,187	51,305	80,492	655,938
VARIANCE					2,678,369	334,431	1,898,525	169,739	2,068,264	610,105

F/S vs C/R NBV - Page 31, Line B9 F/S vs C/R Depreciation - Page 36, Line F1

(610,105) (169,739)

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

Name of Facility License No. Complete Care at Groton Regency, LL 2461	Report for Year End 9/30/2023	ded		Page of 25 37
The state of the s	1.			M 4
11. Property Questionnaire Part A				
Is the property either owned by the Facility or leased from a Related Party?*	O Yes	•	No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by fa business association to any person or organization from related party transaction.				
Description	Total			
Date Land Purchased				
2. Date Structure Completed	05/29/05			
If NOT Original Owner, Date of Purchase Date of Initial Licensure	00/01/21			
Date of Initial Licensure Total Licensed Bed Capacity	09/01/21			
6. Square Footage	116,814			
7. Acquisition Cost	TO THE ROLL OF THE SALE			
a. Land	951,983			
b. Building	8,567,843			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing			ELPA MACT A	
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	12/17/21			
c. Interest Rate for the Cost Year	Variable		X	
d. Term of Mortgage (number of years) e. Amount of Principal Borrowed	3 Years			
e. Amount of Principal Borrowed f. Principal balance outstanding as of	17,232,160 17,232,160			
Complete if Mortgage was Refinanced	17,232,100	County of 1900	W Yes You're it	
During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)		THE PARTY OF THE P		
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Pro			l- a-	
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Complete Care at Groton Regency, LL. License No. 2461		Report for Ye 9/30/2023	ar Ended				Page 26	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
12. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage	\$							
Name of Lender	Rate	100				20 W 000		
Address of Lender								
Second Mortgage	S					portunities of the same of		
Name of Lender	Rate		V VI Wes	Bailly WAR	17 - 100			
Address of Lender								
3. Third Mortgage	5			-Us Halan I	1010			
Name of Lender	Rate	7 3 50	SOTO N	ENGLES OF	8°= 5 100	The second	8	100 GK- 3-
Address of Lender		都議員						
Fourth Mortgage	S					E-10-10-10-1		10000
Name of Lender	Rate				TEXT TO DE		Par Salt	
Address of Lender					- 4. 6. 6			
B. CHEFA Loan Information					IE III			
Original Loan Amount	\$					Contract Street		
2. Loan Origination Date			A CHES		100 TO 10	FIRE		NI TO THE REAL
3. Interest Rate %			3 25				W. Francisco	
4. Term			RE PER		13 13			
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

	License No.		Report for Yes 9/30/2023	ır Ended				Page 27	of 37
Complete Care at Groton Regency.	2461		9/30/2023	CCNH /				Residential	
Item			Total	RHNS	Adjustment	(Specify)	Adjustment	Care Home	Adjustment
	Subtotals Brou	ight Forward							
12. C. Movable Equipment									
Automotive Equipment A. Item	Rate	Amount	AND DESCRIPTION	Married To	State of the Late	STORESTON.	12 C 12 1 1 1 1	ALLE I SWEE	M WAY BE
A, Itoli	Auto	7 Ellouni	S. CHAIRS						
Lender	"								
Address of Lender									
2. Other (Specify)		S							
A. Item	Rate	Amount	W	14 S. Y.					
Lender					1 - A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Address of Lender									
B. Item	Rate	Amount						8 377	
Lender			244						
Address of Lender									
12. C. 3. Total Movable Equipm	ent Interest			NEPHE //S					Ball III
Expense (C1 + 2)	ioni miorosi	\$							
12 D. Other Interest Expense (Sp.	pecify)	\$	87,368	54,431				32,937	
Interest on LOC / Misc.									
13. Total All Interest Expense (12	2B7 + 12C3 + 12D) 5	87,368	54,431				32,937	
14. Insurance				00.711				22.147	
a. Insurance on Property (but b. Insurance on Automobiles				22,746				23,147 1,257	
b. Insurance on Automobiles c. Insurance other than Prope	erty (as specified ah		رددرد	2,076				1,257	
1. Umbrella (Blanket Cov	verage)	\$							
Fire and Extended Cov								220000	
3. Other (Specify)		S	153,922	95,894		N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		58,028	
Liability / EPLI									
14d. Total Insurance Expenditure	s(14a+b+c)	S	203,150	120,718				82,432	
15. Total All Expenditures (A-13		5	15,276,898	12,512,087	(996,041)			3,897,440	(136,588

F Statement of Revenue

F. Statement of Re					
Name of Facility License No.		Report for Y 9/30/2023	ear Ended		Page of 30 37
Complete Care at Groton Regency, LLC 2461	-	3/30/2023			
Item		Total	CCNH / RHNS	(Specify)	Residential Care Home
I. Resident Room, Board & Routine Care Revenue	_	Total	ICH IC	(Bpccity)	Troine
	6	10,916,378	8,086,998		2,829,380
1. a. Medicaid Residents (CT only)	\$ \$	10,910,376	0,000,770		2,629,360
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$	2 402 103	2 402 102		
3. a. Medicare Residents (all inclusive)	\$	2,403,193	2,403,193		
b. Medicare Room and Board Contractual Allowance **	\$	2 001 120	2 669 660		332,469
4. a. Private-Pay Residents and Other	\$	3,001,129	2,668,660		332,409
b. Private-Pay Room and Board Contractual Allowance **	D)	1080, 811, 61		28, 78h 31	LUCI GO COS
II. Other Resident Revenue		COCS - IN	2 2 2	On the state of	200 1 1 11 2
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
a. Medical Supplies - Medicare	\$				
b. Medicál Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	138,924	138,924		
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$	42,427	42,427		
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$	(10,575)	(10,575)		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$	256,720	256,720		
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$	14,226	3,636		10,590
b. Other (Specify) - Non-Medicare	\$	349,947	355,635		(5,688
III. Total Resident Revenue (Section I. thru Section II.)	\$	17,112,369	13,945,618		3,166,751
IV. Other Revenue*		11315mV 8	E SYNE HE W		
Meals sold to guests, employees & others	\$				
Rental of rooms to non-residents	\$				
Telephone	\$				
Rental of Television and Cable Services	\$				
Kental of Television and Caple Services Interest Income (Specify)	\$	51	51		
6. Private Duty Nurses' Fees	\$	- 51	51		
Private Duty Nurses Fees Barber, Coffee, Beauty and Gift shops	\$				
	\$	38,729	38,729		
8. Other (Specify)	\$				
V. Total Other Revenue (1 thru 8)		38,780	38,780		
VI. Total All Revenue (III +V)	\$	17,151,149	13,984,398		3,166,751

^{*} 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)	Residential Care Home
		0	-201-0211	0
=V _V	Radiology Rev>Medicare A	3,436	0 i E	
III U	Radiology Rev>Medicare A>C/A	(3,436)	6 11	De garrier
U.S.	Lab Res>Medicare A	10,819	1000	
	Lah Rex>Medicare A>C/A	(10.819)	V SV	
	Other Ancillary Rev>Part B	12,670		
	Other Ancillary Rev>Part B>Sequester	(4,611)		
	Vaccine Rev>Medicare A	(40)		
	Vaccine Rev>Part B	7,492	V 34	
III	Vaccine Rev>Part B>COVID Vaccine	(760)	W 500 I	
10 S E	Revenue Adjustments>Medicare A	(3.709)		FEET CONT
10.741	Revenue Adjustments>Part B	(7.406)	N. V.	
	Other Ancillary Rev>Part B>ALF			10,590
-			3 19	
Total Oth	er Resident Revenue - Medicare	\$ 3,636	s -	\$ 10,590

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	Residential Care Home
		0		0
30 IV8	Other Ancillary Rey>Medicare HMO>Capitated Payments	\$ 244,600		BS1 ===
30 IV8	Other Rev>Part B>Medicare Cost Report	\$ 860		
30 IVB	Other Rev>HMO>Incentive Payments	\$ 11,225	S EL OTA	
30 IV8	Other Rey>Medicaid	\$ 68,145		
30 IV8	Other Revenue>Pharmacy Rebates	\$ 9,358	Section 1977	
30 IV8	Other Rey>Medical Records	S 57		
30 IV8	Revenue Adjustments>Medicare HMO	\$ (209)	-	
30 IV8	Revenue Adjustments>Medicaid	\$ 21,599		
30 IV8	Revenue Adjustments>Private>ALF			\$ (347
30 IV8	Revenue Adjustments>Medicaid>ALF			\$ (5,341)
			1 47 32	
Total Oth	er Resident Revenue	\$ 355,635	S =	\$ (5,688

Interest Income

Account

Page Ref	Account	Balance	CCNE	I / RHNS	(Specify)		dential Home
				0		11	- 0
30.1V5	Interest Income from Late Payments	N/A	2	51			
Total Inte	rest Income		5	51	S -	S	

Schedule of Other Revenue

Description	CCNH / RHNS (Specify)	Residential Care Home
	0	
Other Revenue>Prior Year Adjustment(s)*	\$ 38.729	
CHARLES AND THE CONTRACTOR		
er Revenue	\$ 38,729 \$	\$ -
	Other Revenue>Prior Year Adjustment(s)*	Other Revenue>Prior Year Adjustment(s)* \$ 38.729

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Pag	
Complete Care at Groton Regen		9/30/2023	31	<u> </u>
Aggeta	Account			Amount
Assets A. Current Assets				
1. Cash (on hand and in i	hanks)		\$	(39,143)
	ceivable (Less Allowance	for Bad Debts)	\$	1,913,937
	vable (Excluding Owners		\$	2,5 10,507
4 Inventories	vable (Excidenting o where	or reduced raines)	\$	
5. Prepaid Expenses			\$	184,550
a. Refer to page 31a fo	or breakout		HITTS COL	
b.			01-1110	
c.				
d. See Schedule		184,550		
6. Interest Receivable			\$	
7. Medicare Final Settlem	nent Receivable		\$	
8. Other Current Assets (\$	54,000
Due From>Vendor Secu	urity Deposits	54,000		
3			- STA 6	
See Schedule				
A-9. Total Current Assets (Lin	nes A1 thru 8)		\$	2,113,344
B. Fixed Assets				
1. Land			\$	
Land Improvements	*Historical Cost	4,185	\$	1,849
	Accum. Deprecia			
3. Buildings	*Historical Cost	1,294,764	\$	598,126
	Accum. Deprecia			
4. Leasehold Improvemen		587,623	\$	548,868
	Accum. Deprecia			
5. Non-Movable Equipme		316,003	\$	49,124
74.7	Accum. Deprecia			(0.07)
6. Movable Equipment	*Historical Cost	1,212,225	\$	68,076
	Accum. Deprecia	ation 1,144,149 Net	Φ.	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Deprecia	ntion Net	Φ.	
8. Minor Equipment-Not	Depreciable		\$	
9. Other Fixed Assets (ite	emize)		\$	(604,540)
F/S vs C/R NBV	,	(610,105)		
See Schedule		5,565		
B-10. Total Fixed Assets (L.	ines B1 thru 9)	•	\$	661,503

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Proprid Expenses	\$ 15,994
	A5	Prepaid Expenses-Instrance	\$ 1.827
31	A5	Prepaid Expenses/Financing Costs	\$ 1,920
	Λ5	Prepaid Expenses>RE Taxes	\$ 93,329
	A5	Porpaul Expenses-Insurance - General Liability & Other	\$ 46,672
	A3	Prepaid Expenses Insurance - General Liability & Other Contra	\$ (48.564
	A5	Prepaid Expenses>Instrance - EPLI	\$ 10,641
	A3	Prepaid Expenses>Instance - Property	\$ 24,849
31	AS	Prepaid Expenses Insurance - Auto	\$ 2,294
	A5	Prepaid Expenses-Workers Comp	\$ 72,154
		Prepaid Expenses Workers Comp>Contra	\$ (35,966
	il Prepaid Expenses		\$ 184,550

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

age Kei	Line Ref	Description		
- 11				
	4-3			
_				
		ets (Hemise)	1 5 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	II ganiji

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

Page Ref	Line Ref	Description		
	139	Fred Asset OCIP	5	5,365
	-0.5		100	
			-	
TO SECTION			100	-
Coulton.	GULLU			100112
1				
Tutal Other	Other Fix	ed Assets (Hemite)	\$	5,565

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description		_
				115
1				
				-
2507223				
Total Other	Aucts		2	-

Schedule of Notes Payable (Itemize) Page 33 Line A2

HEAT CONTRACTOR		
STIMIA SIA		

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

Marie Land		100	_
		-	
		-	_
			_
		-	-
	labilities (Itemize)	-	

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

34 D4	Due TedFromP-Amex Groton	\$ 12,565
34 B4	Due Yo/iFmmi>Vendor	\$ (10,232
34 84	Due Tel/From>Medicare A	5 3,786
34 84	Due Tu/From Mulicare A-Sequence	\$ 1,961
34 B4	Due To@From)-Commercial HMO	\$ 33,143
34 B4	Due To/(From)>Hospice	\$ 119
34 B4	Dur To/(From)>Medicind	\$ 117,325
34 84	Due To/(Furm)-Social Security	\$ 15,906
	nt Liabilities (Itemize)	\$ 174,578

G. Balance Sheet (cont'd)

	e of Facility		License No.	Report for Year Ended		Page		of
Com	plete Care at	Groton Regency, LLC	2461	9/30/2023	ᅱ	32		37
			Account		ļ.	An	10unt	1 0 15
				Total Brought Forward	\$		2,77	74,847
C.		r like property recorde	ed for Equity Purposes	.				
	1. Land				\$			
	2. Land Im	provements	*Historical Cost		l.			
			Accum. Depreciation	n Net	\$			
	3. Building	S	*Historical Cost	(<u></u>)	١.			
			Accum. Depreciation	n Net	\$			
	4. Non-Mo	vable Equipment	*Historical Cost		1			
			Accum. Depreciation	n Net	\$			
	5. Movable	Equipment :	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	6. Motor V	ehicles	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	7. Minor E	quipment-Not Deprec	iable		\$			
C-8	Total Lease	hold or Like Properti	ies (C1 thru 7)		\$			
D.	Investment and Other Assets							
	1. Deferred	l Deposits			\$			
	2. Escrow	Deposits			\$			
		ation Expense	*Historical Cost	22,223				
	C	•	Accum. Depreciation	15,874 Net	\$			6,349
	4. Goodwil	ll (Purchased Only)		*****	\$			
		ents Related to Reside	nt Care (itemize)		\$			
	6 Loans to	Owners or Related P	arties (itemize)		\$		2.05	53,063
		Jame and Address	Amount	Loan Date	100	No. of Sec.		1000
		varite and 7 tudiess	7 Milouit	Boun Bate				
	Due							
		>Interfacility>Variou			SUP.			
	S		2,053,063	N/A				
		ssets (itemize)	_,,.		\$		(43	37,823
		· Assets>Escrow>Pro	nerty Tax	(437,823)	100	REPORT OF	1027	
	- 0 0 0 0 0	TIBOOLO ESOLOTI TIO	2 4 7 9 1 4 1 1					
	See S	chedule	l(l		15			BUSTE
D-8.			sets (Lines D1 thru 7)		\$		1,62	21,589
		sets (Lines A9 + B10			\$			6,436

^{*} 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 Fac	cility		License No.	Report for Year F	Ended	Page	of
Complete Ca	are at	Groton Regency, LLC	2461	9/30/2023		33	37
			Account			Aı	nount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	580,977
	2.	Notes Payable (itemize)				\$	
		See Schedule		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		¢	
	3.	Loans Payable for Equipme			4	\$	NISSO II
		Name of Lender	Purpose	Amount	Date Due		
				1			
					1 1		
					1 1		
1							
				- L			
	4.	Accrued Payroll (Exclusive	of Owners and/or	Stockholders only)		\$	121,715
	5.	Accrued Payroll (Owners of				\$	
	6.	Accrued Payroll Taxes Pay				\$	9,311
	7.	Medicare Final Settlement				\$	
	8.	Medicare Current Financin				\$	
	9.	Mortgage Payable (Curren				\$	
		Interest Payable (Exclusive		Related Parties)		\$	
		Accrued Income Taxes*	J	,		\$	
		Other Current Liabilities (i	temize)			\$	525,397
		Other Current Payables>401K		383 Accrued Expense>Med	lic: 194,666		STATE OF THE PARTY
		Other Current Payables>Misc. PR D	E	(148) Accrued Expenses>Ma	na 105,510		
		Other Current Payables>Resident Fu	700	,083			
		Accrued Expenses		,903 See Schedule		110 A 2 10	
A-13	. To	tal Current Liabilities (Line	es A1 thru 12)			\$	1,237,400

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year I	Ended	Page		of
Complete Care at Groton Regency, LLC	2461	9/30/2023		34		37
I	Account			A	mount	
		Total Broug	ht Forward:		1,237	<u>,400</u>
Liabilities (cont'd)						
B. Long-Term Liabilities						
Loans Payable-Equipment (\$	2010	IS PRICE.	ST SER
Name of Lender	Purpose	Amount	Date Due			
			-			
			60			
			100			
			20			
			源			
			187			
Mortgages Payable	\$					
3. Loans from Owners or Rela	\$		1,245	,568		
Name and Address of Lender	Amount	Loan D	ate			Ser. V
			36			
Due						
To>Interfacility>Various	1,245,568	N/A	24			
	, ,		34			
			0.00			
			Asi			
		1	187			
			4			
4. Other Long-Term Liabilities	(itemize)		\$		174	,573
3 was 2 and 2	,			-50,50		No.
-			100			
See Schedule		174,573	Ē.		di din i	S. C.
B-5. Total Long-Term Liabilities (I	Lines B1 thru 4)		\$		1,420	
C. Total All Liabilities (Lines A-1	3 + B-5)		\$		2,657	<u>,541</u>

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

		Year Ended	Page 35	of 37
Con	nplete Care at Groton Regency, LL 2461 9/30/2023 Account			ount
A.	Reserves			
	Reserve for value of leased land		\$	
	Reserve for depreciation value of leased buildings and appurted to be amortized		\$	
	3. Reserve for depreciation value of leased personal property (Eq.	quity)	\$	
	4. Reserve for leasehold real properties on which fair rental value	e is based	\$	
	5. Reserve for funds set aside as donor restricted		\$	
	6. Total Reserves		\$	
В.,	Net Worth		Φ.	
	1. Owner's Capital		\$	
	2. Capital Stock		\$	
	3. Paid-in Surplus		\$	
	4. Treasury Stock		\$	
	5. Cumulated Earnings		\$	827,533
	6. Gain or Loss for Period 10/1/2022 thru	9/30/2023	\$	911,362
	7. Total Net Worth		\$	1,738,895
C.	Total Reserves and Net Worth		\$	1,738,895
D.	Total Liabilities, Reserves, and Net Worth		\$	4,396,436

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of	
Complete Care at Groton Regency, LLC	2461	9/30/2023		36	37	
		\$	Amount 654,432			
A. Balance at End of Prior Period as s	A. Balance at End of Prior Period as shown on Report of 09/30/2022					
B. Total Revenue (From Statement of				\$	17,151,149	
C. Total Expenditures (From Stateme	nt of Expenditures Pa	ige 27)		\$	16,239,787 911,362	
D. Net Income or Deficit						
E. Balance				\$	1,565,794	
F. Additions						
Additional Capital Contributed Expenditures per Page 27 F/S vs C/R Depreciation Rounding Expenditures per F/S	(itemize) \$16,409,527 (169,739) (1) \$16,239,787					
2. Other (itemize) Prior Period Adjustment(s)		173,101				
		8				
F-3. Total Additions				\$	173,101	
G. Deductions						
1. Drawings of Owners/Operators	s/Partners (Snecify)			\$	24,018	
Name and Address (No., City,		Title	Amount	LES FORES		
Robert Hochs	z, _p ,	COO	24,018			
			,			
2. Other Withdrawings (Specify)				\$		
Purpose	6 (-1-3))					
,						
3. Total Deductions				\$		
H. Balance at End of Period	09/30/23	3		\$	1,738,895	

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page			
Complete Care at Groton Regency, LLC	2461	9/30/2023	37			
	Check appropriate category					
Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	☑ (Specify)	☑ Residential Care Home				
Pr	eparer/Reviewer Certific	ation				
I have prepared and reviewed this repulation have read the most recent Federal and Stapersonnel as to the possible inclusion in tregulations. All non-reimbursable expensions are properly reported as such in this report data contained in this report is in agreement	ate issued field audit reports for the F his report of expenses which are not ses of which I am aware (except tho stem) as a result of reading reports, in rt on Pages 28 and 29 (adjustments t	acility and have inquired of approreimbursable under the applicables expenses known to be automat aquiry or other services performed a statement of expenditures). Fur	opriate e ically I by me			
Signature of Preparer Welling	PRINCIPAL	Date Signed 2/14/2	.4			
Printed Name of Preparer	1	\				
Matthew S. Bavolack						
Addres Address		Phone Number				
555 Long Wharf Drive, New Haven, CT 06511		203-781-9680				
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number				
Peri Neumann		732-951-7099				
Contact Email Address						

PeriN@ltcally.com

Client: Complete Care Management
Engagement: Medicaid - Complete Care at Groton Regency, LLC
Period Ending: 9/30/2023

Trial Balance: A 01 - TB FINAL 1st PP-FINAL UNADJ JE Ref# RJE Description Account 9/30/2023 9/30/2022 9/30/2023 (139,418,00) 10-001-02 Cash>Clearing>Payroll (139,418,00) 11.033.00 9,223.00 10-010-29 Cash>Operating>Groton 11.033.00 8,829.00 6,613.00 6.613.00 10-011-29 Cash>Petty Cash>Groton 0.00 979.00 0.00 10-015-00 Cash>Petty Cash Box PNA 10.546.00 10,201.00 10,546.00 10-020-29 Cash>Payroll>Groton 69,305.00 62.083.00 Cash>Resident Trust>Groton 62,083.00 10-060-29 5.000.00 5.000.00 Cash>Care Cost>Groton RHC 10-061-25 5.000.00 5,000.00 5.000.00 5,000.00 10-061-29 Cash>Care Cost>Groton 39.00 192,736.00 192,736,00 11-100-00 Accounts Receivable>Miscellaneous 124,976.00 124,976.00 251 394 00 11-102-00 Accounts Receivable>Medicare A 77,308.00 103,069,00 103,069.00 Accounts Receivable>Part B 11-103-00 (1.411.00) 870.00 Accounts Receivable>Part B>ALF 870.G0 11-103-77 217,179,00 217,179.00 230,962.00 11-104-00 Accounts Receivable>Private 74,154.00 74,154.00 5,952.00 11-104-77 Accounts Receivable>Private>ALF 71,142.00 71,142.00 115,469.00 Accounts Receivable>Commercial HMC 11-105-00 180,818,00 180,818.00 189,571,00 Accounts Receivable>Medicare HMO 11-106-00 38 687 00 59,752,00 38,687.00 Accounts Receivable>Hospice 11-109-00 843,459.00 1,571,950.00 Accounts Receivable>Medicaid 843.459.00 11-111-00 158,767.00 191,088.00 158,767.00 11-111-77 Accounts Receivable> Medicaid>ALF 65,394.00 (22,245,00) 65,394.00 11-112-00 Accounts Receivable>Income 22,451.00 19,912.00 22,451.00 Accounts Receivable>Income>ALF 11-112-77 Accounts Receivable>Allow for Doubtful Accts (205,987.00)(205:987,00) (166,003,00) 11-120-00 (24,776,00) 26 222 00 26,222.00 Accounts Receivable>Medicare Colns Write Off 11-122-00 15,994.00 27,747.00 15,994.00 12-000-00 Prepaid Expenses 5,289.00 1.827.00 1,827,00 12-124-00 Prepaid Expenses>Insurance 1,920.00 3,098.00 1,920.00 12-153-00 Prepaid Expenses>Financing Costs Prepaid Expenses>RE Taxes 93,329.00 93,329,00 175 674 00 12-161-00 123,606.00 Prepaid Expenses>Insurance - General Liability & Other 46,072.00 46.072.00 12-162-00 (48,564,00) (98,756.00) Prepaid Expenses>Insurance - General Liability & Other>Contra (48,564.00)12-162-01 10,641.00 12,237,00 12-163-00 Prepaid Expenses>Insurance - EPLI 10.641.00 24,849.00 24,849.00 21,043.00 12-165-00 Prepaid Expenses>Insurance - Property 2,294.00 2,188.00 2,294.00 12-167-00 Prepaid Expenses>Insurance - Auto 72,154,00 72,154.00 0.00 Prepaid Expenses>Workers Comp 12-881-00 (35.966.00) 0.00 (35,966,00)Prepaid Expenses>Workers Comp>Contra 12-881-01 (117,775.00)(81,524,00) Due From>Old Owner (117,775,00)13-127-00 (46,368.00)135,192.00 (46.368.00) 13-127-10 Due From>Old Owner>AP Items 54,000.00 54,000.00 54,000.00 13-128-00 Due From>Vendor Security Deposits 587,624.00 229.552.00 587,624.00 14-131-00 Fixed Assets>Leasehold Improvements 35,494.00 35,494.00 15.792.00 Fixed Assets>Furniture, Fixtures and Equipment 14-132-00 113,312.00 113,312.00 113,312.00 14-134-00 Fixed Assets>Computer Hardware 5,565.00 26,264.00 5.565.00 14-136-00 Fixed Assets>CIP (80,492,00) 16,041.00 (64,451,00)(22,618,00)15-100-00 Accum Depn>Miscellaneous RJE - 1 16,041.00 22,223.00 22,223,00 22,223.00 17-000-00 Other Assets>Deferred Financing Costs (437,823,00) (15,874,00) (437,823.00) (169.786.00) Other Assets>Escrow>Property Tax 17-283-91 (8,025.00) Accumulated Amortization>Deferred Financing Costs (15.874.00) 19-265-00 (580.977.00)(799,383.00)20-000-00 Accounts Payable (580.977.00)(2,457.00) (7,383.00) (7.383.00)21-148-00 Other Current Payables>401K Other Current Payables>Misc. PR Deduction 148.00 148,00 148.00 21-149-00 Other Current Payables>Resident Funds (62,083.00)(62,023,00)(69.305.00) 21-350-00 (111,497,00) 0.00 0.00 Accrued Wages & Related 23-000-00 (9,311,00) (6,179,00)Accrued Wages & Related>PR Taxes 79.311.00) 23-156-00 (100,932,00) (121,715,00) (121,715,00)23-157-00 Accrued Wages & Related>Benefit Time (7,068,00)0.00 0.00 Accrued Wages & Related>Benefit Time>Old Owner 23-157-10 (155,903,00) (155.903,00) (118,216,00) 24-000-00 Accrued Expenses Accrued Expense>Medicaid>Bed Tax (194,666,00) (194,666,00) 0.00 24-111-16 (442,228,00) (105,510.00)(105,510,00) 24-279-00 Accrued Expenses>Management Fee (7,583.00) (12,565.00) Due To/(From)>Amex Groton (12,565,00) 27-000-40 10,232,00 15,031,00 10,232,00 27-000-80 Due To/(From)>Vendor (25.00)Due To/(From)>Facility CC>Voorhees 0.00 0,00 27-100-61 (3,786,00) Due To/(From)>Medicare A (3,786,00)(3.786.00)27-102-00 (4.691.00) Due To/(From)>Medicare A>Sequester (1,961.00)(1.961.00)27-102-14 (19,590.00)(33,143.00) Due To/(From)>Commercial HMO (33,143,00)27-105-00 0.00 Due To/(From)>Hospice (119.00)(119,00) 27-109-00 (117, 325, 00)0.00 (117.325.00) 27-111-00 Due To/(From)>Medicaid (15,906,00) 0.00 (15,906,00) 27-146-00 Due To/(From)>Social Security Due To/(From)>Interfacility>NJ14 (164, 194, 00)(164, 194, 00)(67.080.00)27-900-57 (120,00) Due To/(From)>Interfacility>WV/DE 5 and CT4 (120.00)(120,00) 27-901-48 (868,948,00) Due To/(From)>Interfacility>CT4 (915, 111,00) 13,002,00 (902, 109.00) 27-901-49 RJE 7 15 684.00 (2.172.00)RJE = 7 RJE≖7 (510.00)2.299.743.00 90.768-00 Due To/(From)>Interfacility>CT4 and NJ14 2.299.743.00 27-901-50 (6,134.00)(6,134:00) (6,134,00) Due To/(From)>Interfacility>CT4 and GA 27-901-51

_		10 10 10 10 10 10 10 10 10 10 10 10 10 1	700	IE D-6#		FINAL	1st PP-FINAL
. 4	Account	Description	UNADJ	JE Ref#	RJE		ENTERNAME F
35			9/30/2023			9/30/2023	9/30/2022
	27-901-52	Due To/(From)>Interfacility>CT4 and PA4	(2,608,00) (1,716.00)			(2.608,00) (1,716,00)	(750.00) (3,622.00)
	27-901-53 27-901-55	Due To/(From)>Interfacility>CT4 and NJ4 Due To/(From)>Interfacility>CT4 and NJ2	(2,188,00)			(2,188.00)	(1,380.00)
	27-901-57	Due To/(From)>Interfacility>CT4 and WI2	9,358.00			9,358.00	0.00
	27-901-59	Due To/(From)>Interfacility>CT4 and MD5	20.00			20.00 (403.00)	(196.00) 0.00
	27-901-61	Due To/(From)>Interfacility>CT4 and Barn Hill	(403.00) (47.00)			(47.00)	(47 ₋ 00)
	27-901-95 27-902-11	Due To/(From)>Interfacility>Orange Park and CT4 Due To/(From)>Interfacility>CT4 and CT3	45,278.00		(301,336,00)	(256,058.00)	3,423.00
	2, 502 11	240 (o)((total) (managing) 0 / 4 ii 0 / 1		RJE - 7	(14,208.00)		
			/720.00\	RJE - 8	(287,128.00)	(738.00)	0.00
	27-902-37	Due To/(From)>Interfacility>CT4 and IL3 Due To/(From)>Interfacility>HMH10 and CT4	(738.00) (1,168.00)			(1,168.00)	0.00
	27-902-65 30-000-00	Retained Earnings	(851,551.00)			(851,551,00)	(57,805.00)
	31-404-87	Partners' Equity>Robert Hoch>Draws	24,018.00			24,018.00	24,018.00
	40-102-00	Room & Board Revenue>Medicare A	(2,428,539.00) (14,397.00)			(14,397.00)	(1,964,828.00) 0.00
	40-102-09 40-102-14	Room & Board Revenue>Medicare A>Sales Adjustments Room & Board Revenue>Medicare A>Sequester	39,743.00			39,743.00	14,362.00
	40-104-00	Room & Board Revenue>Private	(1,433,401.00)			(1,433,401.00)	(1,603,461.00)
	40-104-09	Room & Board Revenue>Private>Sales Adjustments	(256,253.00)			(256,253.00)	0.00
	40-104-12	Room & Board Revenue>Private>ALF-Sales Adjustments	(24,568.00) (307,901.00)			(24,568.00) (307,901.00)	0.00 (274,625.00)
	40-104-77 40-105-00	Room & Board Revenue>Private>ALF Room & Board Revenue>Commercial HMO	(88,641.00)			(88,641.00)	(32,046.00)
	40-105-09	Room & Board Revenue>Commercial HMO>Sales Adjustments	18,320.00			18,320.00	0.00
	40-106-00	Room & Board Revenue>Medicare HMO	(709,271.00)			(709,271.00)	(574,326.00)
	40-106-09	Room & Board Revenue>Medicare HMO>Sales Adjustments	(37,731.00) 3,626.00			(37,731.00) 3,626.00	0.00 100.00
	40-106-14 40-109-00	Room & Board Revenue>Medicare HMO>Sequester Room & Board Revenue>Hospice	(200,894.00)			(200,894.00)	(90,671.00)
	40-109-09	Room & Board Revenue>Hospice>Sales Adjustments	35,585.00			35,585.00	0.00
	40-111-00	Room & Board Revenue>Medicaid	(8,225,195.00)			(8,225,195.00) 138,197,00	(8,566,044.00) 0.00
	40-111-09 40-111-12	Room & Board Revenue>Medicaid>Sales Adjustments Room & Board Revenue>Medicaid>ALF-Sales Adjustments	138,197.00 14,704.00			14,704.00	0.00
	40-111-12	Room & Board Revenue>Medicaid>ALF	(2,844,084.00)				(2,778,200.00)
	41-102-00	Pharmacy Rev>Medicare A	(40,723.00)			(40,723.00)	(56,625.00)
	41-102-01	Pharmacy Rev>Medicare A>C/A	40,723.00			40,723.00 (141,485.00)	56,625.00 (136,751.00)
	42-102-00 42-102-01	PT Revenue>Medicare A PT Revenue>Medicare A>C/A	(141,485.00) 141,485.00			141,485.00	136,751.00
	42-102-01	PT Revenue>Part B	(175,149.00)			(175,149.00)	(101,110.00)
	42-103-01	PT Revenue>Part B>C/A	36,225.00			36,225.00	22,050.00
	42-105-00	PT Revenue>Commercial HMO PT Revenue>Commercial HMO>C/A	(876,00) 876,00			(876,00) 876,00	0.00 0.00
	42-105-01 42-106-00	PT Revenue>Commercial HMO>C/A PT Revenue>Medicare HMO	(83,993,00)			(83,993.00)	(41,542.00)
	42-106-01	PT Revenue>Medicare HMO>C/A	83,993.00			83,993.00	41,542.00
	42-111-00	PT Revenue>Medicaid	(21,932.00)			(21,932.00) 21,932.00	(42,167.00) 42,167.00
	42-111-01 43-102-00	PT Revenue>Medicaid>C/A OT Revenue>Medicare A	21,932.00 (147,714.00)			(147,714.00)	(149,530.00)
	43-102-00	OT Revenue>Medicare A>C/A	147,714.00			147,714.00	149,530.00
	43-103-00	OT Revenue>Part B	(263,770.00)			(263,770.00)	(136,606.00)
	43-103-01	OT Revenue>Part B>C/A	7,050.00 (978.00)			7,050.00 (978.00)	1,950.00 0.00
	43-105-00 43-105-01	OT Revenue>Commercial HMO OT Revenue>Commercial HMO>C/A	978.00			978.00	0.00
	43-106-00	OT Revenue>Medicare HMO	(142,612,00)			(142,612.00)	(61,178.00)
	43-106-01	OT Revenue>Medicare HMO	142,612.00			142,612.00	61,178.00 (55,095.00)
	43-111-00 43-111-01	OT Revenue>Medicaid OT Revenue>Medicaid>C/A	(51,453.00) 51,453.00			(51,453.00) 51,453.00	55,134.00
	44-102-00	ST Revenue>Medicare A	(38,630.00)			(38,630.00)	(24,729.00)
	44-102-01	ST Revenue>Medicare A>C/A	38,630.00			38,630.00	24,729.00
	44-103-00	ST Revenue>Part B	(42,727.00)			(42,727.00) 300.00	(27,712.00) 0.00
	44-103-01 44-106-00	ST Revenue>Part B>C/A ST Revenue>Medicare HMO	300.00 (14 195.00)			(14,195.00)	(3,990.00)
	44-106-00	ST Revenue>Medicare HMO>C/A	24,770.00			24,770.00	7,740.00
	44-111-00	ST Revenue>Medicaid	(8,831.00)			(8,831,00)	(5,467.00)
	44-111-01	ST Revenue>Medicaid>C/A	8,831.00 (3,436.00)			8,831.00 (3,436.00)	5,467.00 (1,461.00)
	45-102-00 45-102-01	Radiology Rev>Medicare A Radiology Rev>Medicare A>C/A	3,436.00			3,436.00	1,461.00
	46-102-00	Lab Rev>Medicare A	(10,819.00)			(10,819.00)	(5,692.00)
	46-102-01	Lab Rev>Medicare A>C/A	10,819.00			10,819.00	5,692.00 (17,682.00)
	47-103-00	Other Ancillary Rev>Part B Other Ancillary Rev>Part B>Sequester	(12,670.00) 4,611.00			(12,670.00) 4,611.00	967.00
	47-103-14 47-103-77	Other Ancillary Rev>Part B>Sequesier Other Ancillary Rev>Part B>ALF	(10,590.00)			(10,590.00)	(6,690.00)
	47-104-00	Other Ancillary Rev>Private	0.00			0.00	(766.00)
	47-106-24	Other Ancillary Rev>Medicare HMO>Capitated Payments	(244,600.00)			(244,600.00) 40.00	(168,560.00) (80.00)
	48-102-00 48-103-00	Vaccine Rev>Medicare A Vaccine Rev>Part B	40.00 (7,492.00)			(7,492.00)	(14,420.00)
	48-103-00	Vaccine Rev>Part B>COVID Vaccine	760.00			760.00	(6,160.00)
	51-100-00	Other Rev>Miscellaneous	0.00			0.00	(1,00)
	51-103-01	Other Rev>Part B>Medicare Cost Report Other Rev>HMO>Incentive Payments	(860.00) (11,225.00)			(860,00) (11,225,00)	0.00 0.00
	51-105-13 51-111-00	Other Rev>HMO>Incentive Payments Other Rev>Medicaid	(68,145.00)			(68,145.00)	(61,390.00)

		- 11 1 - 11 F - 14-5"	The second second		
Account	Description	UNADJ	JE Ref# RJE	FINAL	1st PP-FINAL
		9/30/2023	TOTAL SEE NW BOOK	9/30/2023	9/30/2022
51-145-00	Other Revenue>Pharmacy Rebates	(9,358.00)		(9,358,00)	0.00
51-160-00	Other Rev>Interest	(51.00)		(51.00)	(176.00)
51-818-00	Other Rev>Medical Records	(57.00) 3,709.00		(57.00) 3,709.00	0.00 1.00
52-102-00	Revenue Adjustments>Medicare A	7,406.00		7,406.00	(1,155.00)
52-103-00 52-103-74	Revenue Adjustments>Part B Revenue Adjustments>Part B>COVID	0.00		0.00	(211.00)
52-103-74 52-104-77	Revenue Adjustments>Private>ALF	347,00		347.00	0.00
52-104-77	Revenue Adjustments>Medicare HMO	209.00		209.00	10,734.00
52-111-00	Revenue Adjustments>Medicaid	(21,599,00)		(21,599.00)	0.00
52-111-77	Revenue Adjustments>Medicaid>ALF	5,341.00		5,341.00	(6,621.00)
55-000-00	Nursing Rental Expense	20,180.00		20,180.00	9,380.00
57-000-00	Oxygen Expense	1,182.00		1,182.00	1,937.00
58-000-00	Lab Expense	11,797.00		11,797.00	8,051.00
58-000-74	Lab Expense>COVID	0.00		0.00	1,443.00
59-000-00	Radiology Expense	5,259.00		5,259.00	4,661.00
60-183-00	Nursing Expense>Supplies-Disposable	10,352.00		10,352.00 297,00	11,912.00 264.00
60-183-07	Nursing Expense>Supplies>Bariatric	297.00 29,160.00		29,160.00	45,522.00
60-183-74 60-183-76	Nursing Expense Supplies > COVID	116,603.00		116,603.00	108,098.00
60-184-00	Nursing Expense>Supplies>PPD Nursing Expense>Supplies-Non Disposable	28,506.00		28,506.00	22,357.00
60-185-00	Nursing Expense>Incontinence Supplies	833,00		833.00	880.00
60-204-00	Nursing Expense>Training & Education	26,134.00		26,134.00	18,479.00
60-205-00	Nursing Expense>Sanitation & Incineration	585,00		585.00	540,00
60-207-00	Nursing Expense>Repairs & Maint	544.00		544.00	0.00
60-212-00	Nursing Expense>Clinical Services	9,796.00		9,796.00	6,010.00
60-213-00	Nursing Expense>Transportation	2,990.00		2,990.00	2,271.00
60-230-00	Nursing Expense>Data Processing	69,846.00		69,846.00	98,413.00
60-263-00	Nursing Expense>Consulting Fees	4,370.00	12,012.0		29,104.00
			RJE - 6 12,012.0		0.000.00
60-263-02	Nursing Expense>Consulting Fees>Add Back	19,620.00		19,620.00	3,828.00 21,120.00
60-700-06	Nursing Expense>Contracted Services>Other	0.00 (10,101.00)	10,101.0	0.00	298,003.00
60-700-19	Nursing Expense>Contracted Service>LPN	(10,101.00)	RJE - 4 10,101.0		230,003.00
60-700-20	Nursing Expense>Contracted Service>CNA	(490.00)	490.0		393,261.00
00-700-20	Nuising Expense/Contracted Service/CNA	(430.00)	RJE - 4 490.0		000,201.00
60-700-22	Nursing Expense>Contracted Service>LPN Overtime	(697.00)	697.0		41,073.00
00-100-22	Haraling Expenses Continuous Services Er in Statistics	(/	RJE - 4 697.0		,
60-700-23	Nursing Expense>Contracted Service>CNA Overtime	(3,721.00)	3,721.0		59,460.00
00 100 20	Training Emporior Contractor Contractor	(-,,	RJE - 4 3,721.0		
60-700-27	Nursing Expense>Contracted Service>MDS	0.00		0.00	3,300.00
60-800-80	Nursing Expense>CMA>Wages	1,554.00		1,554.00	0.00
60-800-82	Nursing Expense>CMA>Shift Premium Pay	86.00		86,00	0.00
60-801-80	Nursing Expense>CNA>Wages	1,411,269.00		1,411,269.00	1,304,976.00
60-801-81	Nursing Expense>CNA>Overtime	161,171.00		161,171.00	126,375.00
60-801-82	Nursing Expense>CNA>Shift Premium Pay	100,648.00		100,648.00	94,278.00
60-801-83	Nursing Expense>CNA>Shift Bonus Pay	20,682.00		20,682.00	78,385.00 2,871.00
60-801-84	Nursing Expense>CNA>Retro Pay/Adjustment Pay	3,457.00		3,457.00 0,00	3,938.00
60-801-87	Nursing Expense>CNA>Training Pay	0.00 1,375.00		1,375.00	3,419.00
60-801-88 60-801-90	Nursing Expense>CNA>Other Pay Nursing Expense>CNA>Sick/Vacation Pay	81,732.00		81,732,00	57,321.00
60-801-91	Nursing Expense>CNA>Holiday Pay	73,284.00		73,284.00	71,384.00
60-801-92	Nursing Expense>CNA>PTO Accrual	4,675.00		4,675.00	11,183.00
60-805-80	Nursing Expense>LPN>Wages	1,078,390.00		1,078,390.00	738,978.00
60-805-81	Nursing Expense>LPN>Overtime	115,527.00		115,527.00	81,475.00
60-805-82	Nursing Expense>LPN>Shift Premium Pay	38,387.00		38,387.00	21,959.00
60-805-83	Nursing Expense>LPN>Shift Bonus Pay	35,878.00		35,878.00	70,360.00
60-805-84	Nursing Expense>LPN>Retro Pay/Adjustment Pay	2,190.00		2,190.00	9,039.00
60-805-87	Nursing Expense>LPN>Training Pay	0.00		0.00	1,394.00
60-805-88	Nursing Expense>LPN>Other Pay	1,087.00		1,087,00	1,077.00
60-805-89	Nursing Expense>LPN>On Call Pay	0.00		0.00	200.00
60-805-90	Nursing Expense>LPN>Sick/Vacation Pay	73,436.00		73,436.00	39,264.00
60-805-91	Nursing Expense>LPN>Holiday Pay	65,346.00		65,346.00 7,027.00	39,257.00 5,903.00
60-805-92	Nursing Expense>LPN>PTO Accrual	7,027.00 0.00		0.00	36,553.00
60-806-80	Nursing Expense>LPN Supervisor>Wages	0.00		0.00	500.00
60-806-83	Nursing Expense>LPN Supervisor>Shift Bonus Pay	0.00		0.00	22,00
60-806-84 60-806-89	Nursing Expense>LPN Supervisor>Retro Pay/Adjustment Pay Nursing Expense>LPN Supervisor>On Call Pay	0.00		0.00	600.00
60-806-90	Nursing Expense>LPN Supervisor>Sick/Vacation Pay	0.00		0.00	2,033.00
60-806-91	Nursing Expense>LPN Supervisor>Holiday Pay	0.00		0.00	877.00
60-806-92	Nursing Expense>LPN Supervisor>PTO Accrual	(705.00)		(705.00)	705.00
60-808-80	Nursing Expense>RN>Wages	135,834.00		135,834.00	171,424.00
60-808-81	Nursing Expense>RN>Overtime	0.00		0.00	2,841.00
60-808-82	Nursing Expense>RN>Shift Premium Pay	4,642.00		4,642.00	7,230.00
60-808-83	Nursing Expense>RN>Shift Bonus Pay	1,500.00		1,500.00	8,336.00
60-808-84	Nursing Expense>RN>Retro Pay/Adjustment Pay	0.00		0.00	1,639.00
60-808-87	Nursing Expense>RN>Training Pay	0.00		0.00	511.00
60-808-88	Nursing Expense>RN>Other Pay	954.00		954.00	0.00
60-808-89	Nursing Expense>RN>On Call Pay	3,000.00		3,000.00	1,400.00

	Paradiation	UNADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
Account	Description	9/30/2023	JL Kei #		9/30/2023	9/30/2022
III. CONTRACTOR	All TANK HELL THE SALE HE CAN BUNGHAL				10,535.00	10,647,00
60-808-90	Nursing Expense>RN>Sick/Vacation Pay	10,535.00 6,220.00			6,220.00	10,363.00
60-808-91	Nursing Expense>RN>Holiday Pay Nursing Expense>RN>PTO Accrual	516.00			516.00	(1,665.00)
60-808-92 60-809-80	Nursing Expense>RN Supervisor>Wages	346,217.00			346,217.00	277,538.00
60-809-81	Nursing Expense>RN Supervisor>Overtime	92,514.00			92,514.00	66,754.00
60-809-82	Nursing Expense>RN Supervisor>Shift Premium Pay	9,982.00			9,982.00	7,611.00
60-809-83	Nursing Expense>RN Supervisor>Shift Bonus Pay	2,000.00			2,000.00	12,639.00
60-809-84	Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay	1,477.00			1,477.00	1,263.00
60-809-87	Nursing Expense>RN Supervisor>Training Pay	0.00			0.00	601,00
60-809-88	Nursing Expense>RN Supervisor>Other Pay	401.00			401.00	0.00
60-809-89	Nursing Expense>RN Supervisor>On Call Pay	1,900.00			1,900.00 26,311.00	2,600.00 15,980.00
60-809-90	Nursing Expense>RN Supervisor>Sick/Vacation Pay	26,311.00 19,060,00			19,060.00	13,978.00
60-809-91	Nursing Expense>RN Supervisor>Holiday Pay	(620.00)			(620.00)	8,803.00
60-809-92 61-750-00	Nursing Expense>RN Supervisor>PTO Accrual Nursing Admin Expense>Medical Director	67,990.00		(8,720,00)	59,270.00	61,370.00
01-730-00	Natising Admin Expenses Medical Director	*******	RJE - 2	(8,720.00)		
61-811-80	Nursing Admin Expense>Director (DON)>Wages	154,690.00		(15,684,00)	139,006,00	162,726.00
	, , ,		RJE - 7	(15,684.00)		
61-811-83	Nursing Admin Expense>Director>Shift Bonus Pay	11,566.00			11,566.00	600.00
61-811-84	Nursing Admin Expense>Director>Retro Pay/Adjustment Pay	0.00			0.00	(1,462.00)
61-811-88	Nursing Admin Expense>Director>Other Pay	500.00			500.00	0.00
61-811-89	Nursing Admin Expense>Director>On Call Pay	1,525.00			1,525.00	400.00 9,855.00
61-811-90	Nursing Admin Expense>Director>Sick/Vacation Pay	5,192.00			5,192.00 3,595.00	2,107.00
61-811-91	Nursing Admin Expense>Director>Holiday Pay	3,595.00 2,163.00			2,163,00	2,575.00
61-811-92	Nursing Admin Expense>Director>PTO Accrual Nursing Admin Expense>Assistant Director (ADON)>Wages	96,249.00			96,249.00	96,431.00
61-812-80 61-812-83	Nursing Admin Expense>Assistant Director>Shift Bonus Pay	500.00			500.00	100.00
61-812-89	Nursing Admin Expense>Assistant Director>On Call Pay	550,00			550.00	400.00
61-812-90	Nursing Admin Expense>Assistant Director>Sick/Vacation Pay	7,054.00			7,054.00	7,762.00
61-812-91	Nursing Admin Expense>Assistant Director>Holiday Pay	2,090.00			2,090.00	2,836.00
61-812-92	Nursing Admin Expense>Assistant Director>PTO Accrual	(119.00)			(119.00)	2,260.00
61-814-80	Nursing Admin Expense>Central Supply>Wages	41,590.00			41,590.00	37,557.00
61-814-81	Nursing Admin Expense>Central Supply>Overtime	28.00			28.00	0.00
61-814-84	Nursing Admin Expense>Central Supply>Retro Pay/Adjustment Pay	309.00			309.00 4.958.00	0.00 3,717.00
61-814-90	Nursing Admin Expense>Central Supply>Sick/Vacation Pay	4,958,00			1,286.00	1,240.00
61-814-91	Nursing Admin Expense>Central Supply>Holiday Pay	1,286.00 (10.00)			(10.00)	1,848.00
61-814-92 61-816-80	Nursing Admin Expense>Central Supply>PTO Accrual Nursing Admin Expense>LPN Unit Manager>Wages	97,677.00			97,677.00	22,036.00
61-816-83	Nursing Admin Expense>LPN Unit Manager>Shift Bonus Pay	500.00			500.00	201.00
61-816-89	Nursing Admin Expense>LPN Unit Manager>On Call Pay	2,125.00			2,125.00	100.00
61-816-90	Nursing Admin Expense>LPN Unit Manager>Sick/Vacation Pay	4,628.00			4,628.00	431.00
61-816-91	Nursing Admin Expense>LPN Unit Manager>Holiday Pay	1,838.00			1,838.00	305.00
61-816-92	Nursing Admin Expense>LPN Unit Manager>PTO Accrual	2,198.00			2,198.00	58.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	133,303.00		14,717.00	148,020.00	137,699.00
			RJE - 7	33,150.00 (18,943.00)		
			RJE - 7 RJE - 7	510.00		
61-817-81	Nursing Admin Expense>MDS / RNAC>Overtime	0.00	NOE - 1	310.00	0.00	1,707.00
61-817-82	Nursing Admin Expense>MDS / RNAC>Shift Premium Pay	0,00			0.00	198.00
61-817-83	Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	3,750,00			3,750.00	1,873.00
61-817-84	Nursing Admin Expense>MDS / RNAC>Retro Pay/Adjustment Pay	950,00			950.00	1,148.00
61-817-89	Nursing Admin Expense>MDS / RNAC>On Call Pay	0.00			0.00	1,100.00
61-817-90	Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay	3,936.00			3,936.00	15,281.00
61-817-91	Nursing Admin Expense>MDS / RNAC>Holiday Pay	2,396.00			2,396.00	3,258.00
61-817-92	Nursing Admin Expense>MDS / RNAC>PTO Accrual	(3,408.00)			(3,408.00)	5,447.00
61-819-80	Nursing Admin Expense>Nurse Admin>Wages	100.00			100.00	55,481.00
61-819-81	Nursing Admin Expense>Nurse Admin>Overtime	0.00 1.00			0.00 1.00	990.00 4,651.00
61-819-82	Nursing Admin Expense>Nurse Admin>Shift Premium Pay Nursing Admin Expense>Nurse Admin>Shift Bonus Pay	0.00			0.00	825.00
61-819-83 61-819-90	Nursing Admin Expense>Nurse Admin>Sick/Vacation Pay	0.00			0.00	2,422.00
61-819-91	Nursing Admin Expense>Nurse Admin>Holiday Pay	0.00			0.00	2,999.00
61-821-80	Nursing Admin Expense>Nursing Secretary>Wages	40,261.00			40,261.00	42,267.00
61-821-81	Nursing Admin Expense>Nursing Secretary>Overtime	295.00			295.00	1,446.00
61-821-83	Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay	435.00			435.00	0.00
61-821-84	Nursing Admin Expense>Nursing Secretary>Retro Pay/Adjustment Pay	0.00			0.00	(181,00)
61-821-90	Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay	6,946.00			6,946.00	2,945.00
61-821-91	Nursing Admin Expense>Nursing Secretary>Holiday Pay	1,209.00			1,209.00	1,458.00
61-821-92	Nursing Admin Expense>Nursing Secretary>PTO Accrual	(43.00)			(43,00) 0,00	1,536.00 10,525.00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	0.00 0.00			0.00	(273,00)
61-823-81	Nursing Admin Expense>Staff Coordinator>Overtime Nursing Admin Expense>Staff Coordinator>Shift Bonus Pay	0.00			0.00	(143.00)
61-823-83 61-823-91	Nursing Admin Expense>Staff Coordinator>Shift Bonds Pay Nursing Admin Expense>Staff Coordinator>Holiday Pay	0.00			0.00	349.00
61-823-91	Nursing Admin Expense>Staff Coordinator>PTO Accrual	0.00			0.00	2,799.00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	46,918.00			46,918.00	0.00
61-824-89	Nursing Admin Expense>Staff Devel Director>On Call Pay	250.00			250.00	0.00
61-824-90	Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay	5,357.00			5,357.00	0.00
61-824-91	Nursing Admin Expense>Staff Devel Director>Holiday Pay	1,802.00			1,802.00	0.00
61-825-80	Nursing Admin Expense> RN Unit Manager>Wages	171,944.00			171,944.00	186,959.00

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Account	Description	9/30/2023	JE Kei #	9/30/2023	9/30/2022
61-825-81	Nursing Admin Expense>Unit Manager>Overtime	0.00		0.00	7,934.00
61-825-82	Nursing Admin Expense>Unit Manager>Shift Premium Pay	0.00		0.00	1,033.00
61-825-83	Nursing Admin Expense>Unit Manager>Shift Bonus Pay	1,400.00		1,400.00	2,700.00
61-825-84	Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay			0.00 0.00	483.00 656.00
61-825-88	Nursing Admin Expense>Unit Manager>Other Pay	0.00 4,000.00		4,000.00	7,516.00
61-825-89 61-825-90	Nursing Admin Expense>Unit Manager>On Call Pay Nursing Admin Expense>Unit Manager>Sick/Vacation Pay	10,212.00		10,212.00	10,409.00
61-825-90	Nursing Admin Expense>Unit Manager>Holiday Pay	5,007.00		5,007.00	6,655.00
61-825-92	Nursing Admin Expense>Unit Manager>PTO Accrual	1,612.00		1,612.00	5,665.00
62-102-00	Pharmacy Expense>Medicare A	51,781.00		51,781.00	72,910.00
62-104-00	Pharmacy Expense>Private	(331.00)		(331.00)	41.00
62-105-00	Pharmacy Expense>HMO	42,092.00		42,092.00	48,821.00
62-111-00	Pharmacy Expense>Medicaid	4,289.00 6,052.00		4,289.00 6,052.00	10,727.00 9,249.00
62-145-00	Pharmacy Expense>RX	18,114.00		18,114.00	8,198.00
62-145-32 62-145-74	Pharmacy Expense>RX>Vaccines Pharmacy Expense>Rx>COVID	0.00		0.00	4,860.00
62-222-00	Pharmacy Expense>OTC	4,764.00		4,764.00	3,213.00
62-700-00	Pharmacy Expense>Contracted Service	34,957.00		34,957.00	27,720.00
65-101-01	PT Expense>Optum>Part B	8,581.00		8,581.00	0.00
65-102-00	PT Expense>Medicare A	102,046.00		102,046.00	80,296.00
65-103-00	PT Expense>Med B	48,458.00		48,458.00	30,402.00
65-104-00	PT Expense>Private	0.00		0.00 49,756.00	303.00 26,588.00
65-105-00	PT Expense>HMO B PT Expense>HMO A	49,756.00 41,035.00		41,035.00	26,378.00
65-106-00 65-107-00	PT Expense>Managed Medicaid	990.00		990.00	0.00
65-111-00	PT Expense>Medicaid	14,518.00		14,518.00	24,260.00
66-101-00	OT Expense>Optum	246.00		246.00	0.00
66-101-01	OT Expense>Optum>Part B	10,520.00		10,520.00	0.00
66-102-00	OT Expense>Medicare A	105,601.00		105,601.00	86,720.00
66-103-00	OT Expense>Part B	105,321.00		105,321.00 0.00	55,297.00 80.00
66-104-00	OT Expense>Private	0.00 76,481.00		76,481.00	38,057.00
66-105-00 66-106-00	OT Expense>HMO B OT Expense>HMO A	43,462.00		43,462.00	25,319,00
66-107-00	OT Expense>Managed Medicaid	989.00		989.00	0.00
66-111-00	OT Expense>Medicaid	21,538.00		21,538.00	29,794.00
67-101-01	ST Expense>Optum>Part B	1,987.00		1,987.00	0.00
67-102-00	ST Expense>Medicare A	13,563.00		13,563.00	4,947.00
67-103-00	ST Expense>Part B	13,639.00		13,639.00	12,998.00
67-104-00	ST Expense>Private	0.00		0.00 10,168.00	94.00 6,073.00
67-105-00	ST Expense>HMO B	10,168.00 10,020.00		10,020.00	6,307.00
67-106-00 67-107-00	ST Expense>HMO A ST Expense>Managed Medicaid	134.00		134.00	0.00
67-111-00	ST Expense>Medicaid	2,604.00		2,604.00	2,021.00
67-700-00	ST Expense>Contracted Service	2,546.00		2,546.00	1,897.00
68-183-00	Therapy Expense>Supplies	1,545.00		1,545.00	1,294.00
68-700-00	Therapy Expense>Contracted Service	(23,720.00)	23,720.00	0.00	0.00
55 557 55	Theres, European Despiratory	10,427.00	RJE - 4 23,720.00	10,427.00	19,468.00
68-827-00 69-811-80	Therapy Expense>Respiratory Social Services Expense>Director>Wages	63,624.00		63,624.00	41,521.00
69-811-90	Social Services Expense>Director>Sick/Vacation Pay	3,768.00		3,768.00	229.00
69-811-91	Social Services Expense>Director>Holiday Pay	1,883,00		1,883.00	1,047.00
69-811-92	Social Services Expense>Director>PTO Accrual	(97.00)		(97.00)	1,167.00
69-830-80	Social Services Expense>Assistant>Wages	51,831.00		51,831.00	64,135.00
69-830-81	Social Services Expense>Assistant>Overtime	155.00		155.00 385.00	150.00 0.00
69-830-83	Social Services Expense>Assistant>Shift Bonus Pay	385.00 0.00		0.00	486.00
69-830-84	Social Services Expense>Assistant>Retro Pay/Adjustment Pay Social Services Expense>Assistant>Training Pay	0.00		0.00	163.00
69-830-87 69-830-90	Social Services Expense>Assistant> Sick/Vacation Pay	3,545.00		3,545,00	1,377.00
69-830-91	Social Services Expense>Assistant>Holiday Pay	1,462.00		1,462.00	1,517.00
69-830-92	Social Services Expense>Assistant>PTO Accrual	408.00		408.00	882.00
70-177-00	Dietary Expense>Supplements	21,103.00		21,103.00	15,074.00
70-178-00	Dietary Expense>Food	403,085.00		403,085.00	457,367.00
70-183-00	Dietary Expense>Supplies	42,545.00 435.00		42,545.00 435.00	45,613.00 2,153.00
70-184-00	Dietary Expense>Minor Equip Dietary Expense>Enteral Feeding Supplies	3,399.00		3,399.00	2.173.00
70-191-00 70-207-00	Dietary Expense>Repairs & Maint	1,529.00		1,529.00	0.00
70-201-00	Dietary Expense>Equip-Rental	6,103.00		6,103.00	0.00
70-700-00	Dietary Expense>Contracted Service	134,338.00		134,338.00	154,320.00
70-831-80	Dietary Expense>Aide>Wages	358,301.00		358,301.00	346,984.00
70-831-81	Dietary Expense>Aide>Overtime	74,199.00		74,199.00	6,253.00
70-831-82	Dietary Expense>Aide>Shift Premium Pay	4,588.00		4,588.00	3,896.00 200.00
70-831-83	Dietary Expense>Aide>Shift Bonus Pay	2,777.00		2,777.00 1,214.00	(407.00)
70-831-84	Dietary Expense>Aide>Retro Pay/Adjustment Pay	1,214.00 488.00		488.00	1,619.00
70-831-88 70-831-90	Dietary Expense>Aide>Other Pay Dietary Expense>Aide>Sick/Vacation Pay	11,093.00		11,093.00	13,489.00
70-831-90 70-831-91	Dietary Expense>Aide>Holiday Pay	21,564.00		21,564.00	20,085.00
70-831-91	Dietary Expense>Aide>PTO Accrual	3,426.00		3,426.00	555.00
70-832-80	Dietary Expense>Cook>Wages	117,945.00		117,945.00	107,777.00

Account	Description	UNADJ	JE Ref# RJE FINAL	1șt PP-FINAL
		9/30/2023	9/30/2023	9/30/2022
70-832-81	Dietary Expense>Cook>Overtime	67,354.00	67,354.00	9,381.00
70-832-82	Dietary Expense>Cook>Shift Premium Pay	1,681.00	1,681.00	
70-832-83	Dietary Expense>Cook>Shift Bonus Pay	654.00	654.00 0.00	
70-832-88 70-832-90	Dietary Expense>Cook>Other Pay Dietary Expense>Cook>Sick/Vacation Pay	0.00 2,397.00	2,397.00	
70-832-90 70-832-91	Dietary Expense>Cook>Holiday Pay	6,831.00	6,831.00	
70-832-92	Dietary Expense>Cook>PTO Accrual	251.00	251,00	
70-833-00	Dietary Expense>Contracted Dietician	41,711.00	41,711.00	
71-000-00	Activity Expense	0.00	0,00	
71-178-00	Activity Expense>Food	523.00 5,292.00	523.00 5,292.00	
71-183-00 71-183-74	Activity Expense>Supplies Activity Expense>Supplies>COVID	0.00	0.00	
71-700-00	Activity Expense>Supplies>GOVID Activity Expense>Contracted Service	3,370.00	3,370.00	
71-811-80	Activity Expense>Director>Wages	44,849.00	44,849.00	
71-811-81	Activity Expense>Director>Overtime	0.00	0.00	
71-811-82	Activity Expense>Director>Shift Premium Pay	0.00 00.0	0.00 0.00	
71-811-84 71-811-90	Activity Expense>Director>Retro Pay/Adjustment Pay Activity Expense>Director>Sick/Vacation Pay	1,610.00	1,610.00	
71-811-91	Activity Expense>Director>Holiday Pay	797.00	797.00	
71-811-92	Activity Expense>Director>PTO Accrual	(952.00)	(952.00	
71-831-80	Activity Expense>Aide>Wages	57,452,00	57,452.00	
71-831-81	Activity Expense>Aide>Overtime	140.00	140.00 34.00	
71-831-82	Activity Expense>Aide>Shift Premium Pay	34.00 65.00	65.00	
71-831-84 71-831-87	Activity Expense>Aide>Retro Pay/Adjustment Pay Activity Expense>Aide>Training Pay	0.00	0.00	
71-831-88	Activity Expense>Aide>Other Pay	168.00	168.00	0.00
71-831-90	Activity Expense>Aide>Sick/Vacation Pay	2,187.00	2,187.00	
71-831-91	Activity Expense>Aide>Holiday Pay	1,851.00	1,851.00	
71-831-92	Activity Expense>Aide>PTO Accrual	203,00 27,339,00	203.00 27,339.00	
72-183-00 72-183-74	Housekeeping Expense>Supplies Housekeeping Expense>Supplies>COVID	75.00	75.00	
72-184-00	Housekeeping Expense>Minor Equip & Supplies	1,276.00	1,276.00	
72-700-00	Housekeeping Expense>Contracted Service	444,627.00	444,627.00	
73-183-00	Laundry Expense>Supplies	16,714.00	16,714.00	
73-184-00	Laundry Expense>Minor Equip	0,00	0.00	
73-700-00	Laundry Expense>Contracted Service	278,355.00 65.00	278,355.00 65.00	
75-182 - 74 75-183-00	Maintenance Expense>Supplies>COVID Maintenance Expense>Supplies	22,038.00	22,038.00	
75-184-00	Maintenance Expense>Minor Equip	11,387.00	11,387.00	
75-205-00	Maintenance Expense>Sanitation & Incineration	39,030.00	39,030.00	
75-207-00	Maintenance Expense>Repairs & Maint	41,841.00	41,841.00	
75-217-00	Maintenance Expense>Extermination	6,102.00	6,102.00 9,315.00	
75-218-00 75-219-00	Maintenance Expense>Snow Removal Maintenance Expense>Landscaping	9,315.00 29,514.00	29,514.00	
75-219-83	Maintenance Expense>Landscaping>supplies	111,00	111.00	
75-220-00	Maintenance Expense>Fire Drill	922.00	922.00	
75-230-00	Maintenance Expense>Data Processing	1,394.00	1,394.00	
75-700-00	Maintenance Expense>Contracted Service	40,141.00 59,508.00	40,141.00 59,508.00	
75-811-80 75-811-81	Maintenance Expense>Director>Wages	0.00	0.00	
75-811-81 75-811-84	Maintenance Expense>Director>Overlime Maintenance Expense>Director>Retro Pay/Adjustment Pay	1,000.00	1,000.00	
75-811-90	Maintenance Expense>Director>Sick/Vacation Pay	3,256.00	3,256.00	2,258.00
75-811-91	Maintenance Expense>Director>Holiday Pay	1,766.00	1,766.00	
75-811-92	Maintenance Expense>Director>PTO Accrual	1,293.00	1,293.00	
75-829-80	Maintenance Expense>Staff>Wages	78,993.00 41.00	78,993.00 41.00	
75-829-81 75-829-83	Maintenance Expense>Staff>Overtime Maintenance Expense>Staff>Shift Bonus Pay	350.00	350.00	
75-829-84	Maintenance Expense>Staff>Retro Pay/Adjustment Pay	0.00	0.00	
75-829-87	Maintenance Expense>Staff>Training Pay	0.00	0.00	
75-829-88	Maintenance Expense>Staff>Other Pay	809.00	809.00	
75-829-90	Maintenance Expense>Staff>Sick/Vacation Pay	5,020.00	5,020.00 2,017.00	
75-829-91	Maintenance Expense>Staff>Holiday Pay	2,017.00 1.00	2,017.00	
75-829-92 76-227-00	Maintenance Expense>Staff>PTO Accrual Utility Expense>Gas	43,689.00	43,689.00	
76-228-00	Utility Expense>Electric	349,926.00	349,926.00	
76-229-00	Utility Expense>Water/Sewer	104,031.00	104,031.00	
76-700-00	Utility Expense>Contracted Service	20,629.00	20,629.00	
77-800-80	Assisted Living>CMA>Wages	403,179.00	403,179.00	
77-800-81	Assisted Living>CMA>Shift Premium Pay	18,982.00 22,190.00	18,982.00 22,190.00	
77-800-82 77-800-83	Assisted Living>CMA>Shift Premium Pay Assisted Living>CMA>Shift Bonus Pay	2,281.00	2,281.00	
77-800-84	Assisted Living>CMA>Retro Pay/Adjustment Pay	129.00	129.00	0.00
77-800-88	Assisted Living>CMA>Other Pay	536,00	536.00	
77-800-90	Assisted Living>CMA>Sick/Vacation Pay	27,487.00	27,487.00	
77-800-91	Assisted Living>CMA>Holiday Pay	21,221.00	21,221.00 9,844.00	
77-800-92	Assisted Living>CMA>PTO Accrual	9,844.00	5,044.00	. 00,00

		UNADI	IE Dof#	DIE .	FINAL	1st PP-FINAL
Account	Description	LDANU	JE Ref#	RJE		
		9/30/2023			9/30/2023	9/30/2022
77-801-80	Assisted Living>CNA>Wages	34,794.00			34,794.00	318,650.00
77-801-81	Assisted Living>CNA>Overtime	1,002.00			1,002.00	27,443.00 21,311.00
77-801-82	Assisted Living>CNA>Shift Premium Pay	6,621.00			6,621.00 0.00	7,060.00
77-801-83	Assisted Living>CNA>Shift Bonus Pay	0.00 00.0			0.00	1,653.00
77-801-84	Assisted Living>CNA>Retro Pay/Adjustment Pay	9,163.00			9,163.00	28,644.00
77-801-90	Assisted Living>CNA>Sick/Vacation Pay	6,027.00			6,027.00	19,861.00
77-801-91	Assisted Living>CNA>Holiday Pay	(10,126,00)			(10,126.00)	10,126,00
77-801-92	Assisted Living>CNA>PTO Accrual	58,916.00			58,916.00	48,579.00
77-811-80 77-811-83	Assisted Living>Administrator>Wages Assisted Living>Administrator>Shift Bonus Pay	1,000.00			1,000.00	1,465.00
77-811-83	Assisted Living>Administrator>Sink Bonds Flay Assisted Living>Administrator>Sick/Vacation Pay	6,703.00			6,703.00	4,260.00
77-811-90	Assisted Living>Administrator>Holiday Pay	1,541.00			1,541.00	883.00
77-811-92	Assisted Living>Administrator>PTO Accrual	573,00			573.00	1,266.00
80-111-16	Admin Expense>Medicaid>Bed Tax	817,405.00			817,405.00	824,403.00
80-153-00	Admin Expense>Financing Costs	5,018,00			5,018.00	4,495.00
80-162-00	Admin Expense>Insurance - General Liability & Other	140,718.00			140,718.00	127,136.00
80-163-00	Admin Expense>Insurance - EPLI	13,204.00			13,204.00	13,478.00
80-167-00	Admin Expense>Insurance - Auto	3,335.00			3,335.00	2,688.00
80-181-00	Admin Expense>Shredding	975,00			975.00	3,111.00
80-182-00	Admin Expense>Furnishing	4,002.00			4,002.00	11,390.00
80-183-00	Admin Expense>Supplies	5,267.00			5,267.00	8,982.00
80-183-09	Admin Expense>Supplies>Toner	4,868.00			4,868.00	3,939.00
80-183-78	Admin Expense>Supplies>Paper	3,083.00			3,083,00	2,607.00
80-184-00	Admin Expense>Computer Hardware	5,620.00			5,620.00	5,260.00
80-202-00	Admin Expense>resident missing Items	560.00			560.00	268.00
80-208-00	Admin Expense>Equip-Rental	5,241.00			5,241.00	4,730.00
80-209-00	Admin Expense>Postage	2,387.00			2,387.00	1,805.00
80-210-00	Admin Expense>Internet	2,455.00			2,455.00 63,347.00	2,512.00 108,422.00
80-230-00	Admin Expense>Data Processing	63,347.00			9,645.00	9,358.00
80-231-00	Admin Expense>Telephone	9,645.00			26,949.00	32,745.00
80-232-00	Admin Expense>Cable TV	26,949.00			1,077.00	1,003.00
80-234-00	Admin Expense>Licenses	1,077.00 10,463.00		(953,00)	9,510.00	7,263.00
80-235-00	Admin Expense>Dues & Subscriptions	10,403.00	RJE - 3	(953,00)	3,510.00	7,200.00
00 000 00	Admin Frances Tenuel	9,906.00	NaL - 5	(333.00)	9,906.00	3,294.00
80-236-00 80-238-00	Admin Expense>Travel Admin Expense>Legal Fees	45,358.00		16,602.00	61,960.00	9,873.00
80-236-00	Admin Expense>Legar Fees	40,000.00	RJE - 5	16,602,00	• 1,	
80-239-00	Admin Expense>Accounting Fees	33,293,00	-	2,743.00	36,036,00	15,000.00
00-200-00	Admin Expenses / todadming / 555		RJE - 6	2,743.00		
80-240-00	Admin Expense>Professional Fees	40,005.00		(16,758.00)	23,247.00	1,758.00
00-240-00	Admin Expenses Frederical Control		RJE - 5	(16,758,00)		
80-240-02	Admin Expense>Professional Fees>Add Back	299,455.00		(14,755.00)	284,700.00	309,294.00
00 2 10 02			RJE-6	(14,755,00)		
80-241-01	Admin Expense>IT Fees>Add Back	24,157.00			24,157.00	19,838.00
80-242-00	Admin Expense>Fines & Penalties	8,175.00			8,175.00	18.00
80-243-00	Admin Expense>Late Fees	0.00			0.00	2,807.00
80-244-00	Admin Expense>Bank Fees	27,254.00		156.00	27,410.00	20,412.00
			RJE - 5	156.00		
80-245-00	Admin Expense>Background Checks	64,00			64.00	399.00
80-245-06	Admin Expense>Background Checks Other (Fingerprinting)	8,933.00			8,933.00	5,956.00
80-249-00	Admin Expense>Recruiting	8,341.00			8,341.00	20,228.00
80-250-00	Admin Expense>Marketing & Advertising	15,500.00			15,500.00	43,880.00
80-250-74	Admin Expense>Marketing & Advertising>COVID	1,788.00			1,788.00	4,003.00
80-251-00	Admin Expense>Bad Debt	171,205.00			171,205.00	163,922.00
80-251-74	Admin Expense>Bad Debt>Medicare Coinsurance	(28,771.00)			(28,771.00)	30,000.00
80-252-00	Admin Expense>Startup Costs	66,108.00			66,108.00	10,291.00
80-255-00	Admin Expense>Startup Costs>Agency	0.00		007 400 00	0.00	(1,00)
80-279-00	Admin Expense>Management Fee	856,030.00	ם וד	287,128.00	1,143,158.00	1,383,662.00
		40.750.00	RJE - 8	287,128.00	18,750.00	94.00
80-700-00	Admin Expense>Contracted Service	18,750.00			12,000.00	12,000.00
80-700-02	Admin Expense>Contracted Service>Add Back	12,000.00			130,697.00	133,905.00
80-811-80	Admin Expense>Director>Wages	130,697.00			5,813.00	0.00
80-811-83	Admin Expense>Director>Shift Bonus Pay	5,813.00 0.00			0.00	531.00
80-811-84	Admin Expense>Director>Retro Pay/Adjustment Pay	5,923,00			5,923.00	4,777.00
80-811-90	Admin Expense>Director>Sick/Vacation Pay	3,769.00			3,769.00	2,654.00
80-811-91	Admin Expense>Director>Holiday Pay	1,348.00			1,348.00	700.00
80-811-92	Admin Expense>Director>PTO Accrual	54,362.00			54,362.00	77,216.00
80-838-80	Admin Expense>Receptionist>Wages	94.00			94.00	1,585.00
80-838-81	Admin Expense>Receptionist>Overtime	0.00			0.00	11,00
80-838-82	Admin Expense>Receptionist>Shift Premium	638.00			638.00	0.00
80-838-83	Admin Expense>Receptionist>Shift Bonus Pay	0.00			0.00	258.00
80-838-84	Admin Expense>Receptionist>Retro Pay/Adjustment Pay	0.00			0.00	720.00
80-838-88	Admin Expense>Receptionist>Other Pay	3,446.00			3,446.00	2,655.00
80-838-90	Admin Expense>Receptionist>Sick/Vacation Pay	1,875.00			1,875.00	3,578.00
80-838-91	Admin Expense>Receptionist>Holiday Pay Admin Expense>Receptionist>PTO Accrual	413,00			413.00	635.00
80-838-92	Admin Expense / Necepholists 10 Acciden	710,00				

Account	Description	LOANU	JE Ref#	RJE	FINAL	1st PP-FINAL
Account		9/30/2023			9/30/2023	9/30/2022
80-839-80	Admin Expense>Admissions>Wages	56,881.00			56,881.00	41,451.00
80-839-83	Admin Expense>Admissions>Shift Bonus Pay	2,100.00			2,100.00	0.00
80-839-89	Admin Expense>Admissions>On Call Pay	200,00			200.00	0.00
80-839-90	Admin Expense>Admissions>Sick/Vacation Pay	4,516.00			4,516.00	2,041.00
80-839-91	Admin Expense>Admissions>Holiday Pay	1,640.00			1,640.00	692,00
80-839-92	Admin Expense>Admissions>PTO Accrual	847.00			847.00	2,360.00
80-840-80	Admin Expense>Business Office>Wages	61,318.00			61,318.00	68,731.00
80-840-88	Admin Expense>Business Office>Other Pay	793.00			793,00	0.00
80-840-90	Admin Expense>Business Office>Sick/Vacation Pay	5,304.00			5,304.00	3,821.00
80-840-91	Admin Expense>Business Office>Holiday Pay	1,861.00			1,861.00	1,939.00
80-840-92	Admin Expense>Business Office>PTO Accrual	502.00			502,00	3,364.00
80-841-80	Admin Expense>Human Resources>Wages	65,444.00			65,444.00	63,675.00
80-841-83	Admin Expense>Human Resources>Shift Bonus Pay	500.00			500.00	0.00
80-841-84	Admin Expense>Human Resources>Retro Pay/Adjustment Pay	287.00			287.00	0,00
	Admin Expense>Human Resources>Sick/Vacation Pay	3,905.00			3,905.00	3,266.00
80-841-90	Admin Expense>Human Resources>Holiday Pay	1,412.00			1,412.00	1,370.00
80-841-91		570.00			570.00	0.00
80-841-92	Admin Expense>Human Resources>PTO Accrual	0.00			0.00	17,308.00
80-842-80	Admin Expense>Marketing>Wages	0.00			0.00	275.00
80-842-83	Admin Expense>Marketing>Shift Bonus Pay				0.00	1,131.00
80-842-84	Admin Expense>Marketing>Retro Pay/Adjustment Pay	0.00			0.00	825.00
80-842-89	Admin Expense>Marketing>On Call Pay	0.00			0.00	1,768.00
80-842-91	Admin Expense>Marketing>Holiday Pay	0.00			0.00	428.00
80-842-92	Admin Expense>Marketing>PTO Accrual	0.00				
80-843-80	Admin Expense>Regional Marketing/CAD>Wages	49,071.00			49,071.00	43,270,00
80-843-83	Admin Expense>Regional Marketing/CAD>Shift Bonus Pay	450.00			450.00	600,00
80-843-89	Admin Expense>Regional Marketing/CAD>On Call Pay	2,600.00			2,600.00	3,500,00
80-843-90	Admin Expense>Regional Marketing/CAD>Sick/Vacation Pay	3,444.00			3,444.00	5,579.00
80-843-91	Admin Expense>Regional Marketing/CAD>Holiday Pay	699.00			699.00	1,129.00
80-843-92	Admin Expense>Regional Marketing/CAD>PTO Accrual	(1,005.00)			(1,005.00)	1,005.00
80-844-80	Admin Expense>Recruiting>Wages	13,451.00			13,451.00	15,604.00
85-100-00	Employee Benefits Expense>Miscellaneous	20,840.00			20,840.00	15,061.00
85-145-32	Employee Benefits Expense>Pharmacy>Vaccines	2,079.00			2,079.00	0.00
85-156-61	Employee Benefits Expense>PR Taxes>Fica	525,669.00		2,077.00	527,746.00	468,811.00
			RJE - 7	2,077.00		
85-156-62	Employee Benefits Expense>PR Taxes>SUI	45,712.00		11.00	45,723.00	74,806.00
			RJE - 7	11.00		
85-156-63	Employee Benefits Expense>PR Taxes>FUI	12,496.00		85,00	12,581.00	10,567.00
			RJE - 7	85.00		
85-178-00	Employee Benefits Expense>Food	6,229.00			6,229.00	9,594.00
85-204-00	Employee Benefits Expense>Training & Education	0.00			0.00	(253,00)
85-257-00	Employee Benefits Expense>Employee Physicals	527.00			527.00	739.00
85-881-00	Employee Benefits Expense>Workers Comp	122,734.00			122,734.00	78,724.00
85-882-00	Employee Benefits Expense>Health Insurance	176,741.00			176,741.00	204,465.00
85-884-00	Employee Benefits>Dental/Vision Insurance	(145.00)			(145,D0)	3,045.00
85-885-00	Employee Benefits>Life Insurance	4,710.00			4,710.00	5,188.00
91-121-00	Property Expense>Rent	1,198,696.00			1,198,696,00	962,291.00
91-125-00	Property Expense>Personal Property Taxes	27,683,00			27,683.00	29,526,00
91-161-00	Property Expense>RE Taxes	444,336.00			444,336.00	339,219.00
91-165-00	Property Expense>Insurance - Property	45,893.00			45,893.00	39,351.00
92-000-00	Depreciation Expense	51,305.00		(16,041,00)	35,264.00	22,618.00
52-000-00	Depreciation Expense	5.1,555,155	RJE - 1	(16,041.00)	•	
93-265-00	Amortization Expense>Financing Costs	7,849.00		, ,/	7,849.00	7,408.00
94-000-00	Interest Expense	87.368.00			87,368.00	55,976.00
Marcum 101	Accum Depreciation>Leasehold Improvements	0.00		(12,881.00)	(12,881,D0)	(6,005.00)
Marcum 101	Accum Depredation/Leasenoid improvements	0.00	RJE - 1	(12,881,00)	(12,001,00)	(-1/
Marrison 102	Depreciation Expense>Leasehold Improvements	0.00	1102	12,881.00	12,881.00	6,005.00
Marcum 102	Depreciation Expense-Leasehold Improvements	0.00	RJE - 1	12,881.00	, 2,00 , 100	0,
	A D	0.00	NOL - 1	(3,160.00)	(3,160,00)	(564,00)
Marcum 103	Accum Depreciation>Non Movable	0.00	DIE 4		(3,100,00)	(304,00)
		2.22	RJE - 1	(3,160.00)	2 400 00	564.00
Marcum 104	Depreciation Expense>Non Movable	0.00	DIE 4	3,160.00	3,160.00	304.00
		2.22	RJE - 1	3,160.00	0.700.00	11 270 00
Marcum 105	Dentist	0.00		8,720.00	8,720.00	11,279.00
			RJE - 2	8,720.00	550.00	000.00
Marcum 106	Subscriptions	0.00		553,00	553.00	266.00
			RJE - 3	553.00		
Marcum 107	Chamber Dues	0.00		400.00	400.00	660,00
			RJE - 3	400.00		_
Marcum 108	Education	0.00			0.00	52.00
Marculli 100			RJE - 3	0.00		
Marculli 100						
Marcum 109	Sales & Use Tax	0.00			0.00	100.00
	Sales & Use Tax		RJE - 3	0.00		
		0.00		(38,729,00)	0.00	0.00
Marcum 109			RJE - 3			

Client Complete Care Management
Engagement Medicald - Complete Care at Groton Regency, LLC
Period Ending: 9/30/2023

rial Balance:	A.01 - TB				
Account	Description	UNADJ	RJE	FINAL	1st PP-FINAL
		9/30/2023		9/30/2023	9/30/2022
10-A	Salaries and Wages	6,991,670.00	(967.00)	6,990,703.00	6,248,377.00
13-B	Professional Fees	824,549.00	50,741.00	875,290.00	1,464,153.00
15	Expenditures Other than Salaries	1,989,542.00	21,518.00	2,011,060.00	1,958,692.00
16	Expenditures Other than Salaries (cont'd) - Admin. and General	1,505,452.00	255,771.00	1,761,223.00	1,980,646.00
18	Dietary Basis for Allocation of Costs	612,537.00		612,537.00	676,700.00
19	Laundry-Basis for Allocation of Costs	295,069.00		295,069.00	235,571.00
20	Housekeeping and Resident Care Basis for Allocation of Costs	948,142.00		948,142.00	894,588.00
22	Maintenance and Property	2,455,245.00		2,455,245.00	2,061,587.00
27	Interest and Insurance	290,518.00		290,518.00	238,629.00
30	Statement of Revenue	(17,112,420.00)	(38,729.00)	(17,151,149.00)	(16,379,588.00
31	Balance Sheet - Assets	4,697,772.00	(301,336.00)	4,396,436.00	3,226,606.00
33	Liabilities	(2,670,543.00)	13,002.00	(2,657,541.00)	(2,572,174.0)
35	Equity	(827,533.00)		(827,533.00)	(33,787.00
Total		0.00	0.00	0.00	0.00

Complete Care Management Medicald - Complete Care at Groton Regency, LLC Client: Engagement Period Ending: 9/30/2023 Trial Balance A.01 - TB Workpaper: Account A,02 - TB Combined Detail LS 2 1st PP-FINAL Description HNAD.I JE Ref# RJE FINAL 9/30/2023 9/30/2023 9/30/2022 Salaries and Wages Administrator - RCH Only Group : [10-A] Subgroup : [2.13] 58,916,00 0.00 58 916 00 48,579.00 Assisted Living>Administrator>Wages 77-811-80 0.00 1,465,00 4,260,00 1,000.00 77-811-83 77-811-90 Assisted Living>Administrator>Shift Bonus Pay 1,000_00 Assisted Living>Administrator>Sick/Vacation Pay Assisted Living>Administrator>Holiday Pay Assisted Living>Administrator>PTO Accrual 6,703,00 6,703,00 1,541,00 573.00 0.00 1,541_00 883.00 77-811-91 573.00 .266.00 77-811-92 68,733.00 56,453,00 68,733.00 Subtotal [2.13] Administrator - RCH Only 0.00 Administrators - SNF Subgroup: [2,43] 130,697,00 0.00 130.697.00 133,905.00 Admin Expense>Director>Wages BD-B11-B0 0.00 5,813,00 Admin Expense>Director>Shift Bonus Pay
Admin Expense>Director>Retro Pay/Adjustment Pay
Admin Expense>Director>Sick/Vacation Pay BD-B11-B3 BD-B11-B4 5,813,00 0,00 0.00 0.00 0.00 5,923,00 3,769,00 0.00 5.923.00 4.777.00 80-811-90 2,654,00 700,00 142,567.00 0.00 BD-B11-91 Admin Expense>Director>Holiday Pay 80-811-92 Admin Expense>Director>PTO Accrual
Administrators - SNF 1,348.00 0.00 1,348.00 147,550.00 0.00 147,550.00 Subtotal [2.43] Subgroup : [4.38] Other Admin - Patient days Admin Expense>Receptionist>Wages
Admin Expense>Receptionist>Overtime
Admin Expense>Receptionist>Overtime 54,362,00 0.00 54.362.00 94.00 0.00 94,00 1,585.00 80-838-81 D.DD 11.00 80-838-82 0.00 258.00 638,00 Admin Expense>Receptionist>Shift Bonus Pay
Admin Expense>Receptionist>Retro Pay/Adjustment Pay
Admin Expense>Receptionist>Other Pay 60-636-63 60-636-64 638,00 0.00 0.00 0.00 0.00 0.00 3,446.00 0.00 0.00 720.00 80-838-88 3.446.00 2 655 00 Admin Expense>Receptionist>Sick/Vacation Pay 80-838-90 1,875,00 3,578.00 Admin Expense>Receptionist>Holiday Pay Admin Expense>Receptionist>PTO Accrual Admin Expense>Business Office>Wages 80-838-91 80-838-92 1,875.00 0.00 413.00 0,00 413,00 635,00 61,318.00 793.00 0.00 61.318.00 68,731,00 80-840-80 793.00 5,304.00 0,00 0.00 80-840-88 Admin Expense>Business Office>Other Pay 3,821.00 80-840-90 80-840-91 Admin Expense>Business Office>Sick/Vacation Pay Admin Expense>Business Office>Holiday Pay Admin Expense>Business Office>PTO Accrual 5.304.00 0.00 1.861.00 0.00 1.861.00 1,939,00 502.00 65,444.00 0.00 502.00 3 364 00 80-840-92 63,575,00 65,444.00 80-841-80 Admin Expense>Human Resources>Wages Admin Expense>Human Resources>Shift Bonus Pay
Admin Expense>Human Resources>Retro Pay/Adjustment Pay 80-841-83 500.00 0,00 500.00 287.00 0.00 287.00 0.00 80-841-84 0.00 3 905.00 3 266.00 80-841-90 Admin Expense>Human Resources>Sick/Vacation Pay 1,370.00 80-841-91 80-841-92 Admin Expense>Human Resources>Holiday Pay 1,412.00 Admin Expense>Human Resources>PTO Accrual
Other Admin - Patient days 570.00 202,724.00 0.00 570.00 0,00 0.00 202,724.00 232,824.00 Subtotal [4.38] Dietary Workers - Meals Dietary Expense>Aide>Wages Dietary Expense>Aide>Overtime Subgroup : [5C,3] 70-831-80 358,301,00 346,984,00 358 301 00 0.00 74,199.00 4,588.00 0.00 74 199.00 6.253.00 70-831-81 3,896,00 200,00 (407,00) 0.00 4,588.00 2,777.00 70-831-82 Dietary Expense>Aide>Shift Premium Pay 70-831-83 70-831-84 Dietary Expense>Aide>Shift Bonus Pay
Dietary Expense>Aide>Retro Pay/Adjustment Pay 2,777,00 0.00 1,214.00 488.00 0.00 1,214,00 0.00 488.00 1.619.00 70-831-88 Dietary Expense>Aide>Other Pay 11,093.00 21,564.00 13,489.00 20,085,00 70-831-90 Dietary Expense>Aide>Sick/Vacation Pay 11,093.00 70-831-91 70-831-92 Dietary Expense>Aide>Holiday Pay Dietary Expense>Aide>PTO Accrual 21.564.00 0.00 3,426.00 117,945.00 0.00 3,426,00 555,00 0.00 117,945.00 107,777.00 70-832-80 Dietary Expense>Cook>Wages 9,381,00 3,320,00 67,354.00 70-832-81 70-832-82 Dietary Expense>Cook>Overtime 67,354,00 Dietary Expense>Cook>Shift Premium Pay Dietary Expense>Cook>Shift Bonus Pay 1,681,00 654.00 0.00 1,681.00 0.00 654.00 0.00 70-832-83 0.00 144.00 0.00 70-832-88 Dietary Expense>Cook>Other Pay 2,397.00 4,570,00 5,051.00 Dietary Expense>Cook>Sick/Vacation Pay
Dietary Expense>Cook>Holiday Pay
Dietary Expense>Cook>PTO Accrual 70-832-90 70-832-91 2,397.00 0.00 6,831.00 251.00 0.00 6.831.00 251.00 674,763,00 (2.028.00) 70-832-92 520,889.00 Subtotal [5C,3] Dielary Workers - Meals 674,763.00 0,00 Engineer or Chief of Maintenance - Sq Ft Subgroup : [7A] 59,508.00 0.00 59,508.00 49.121.00 75-811-80 Maintenance Expense>Director>Wages 0,00 1,000.00 2,810,00 (249,00) 75-811-81 75-811-84 Maintenance Expense>Director>Overtime 0,00 Maintenance Expense>Director>Retro Pay/Adjustment Pay
Maintenance Expense>Director>Sick/Vacation Pay 1.000.00 0.00 3,256.00 1,766.00 0.00 3.256.00 2.258.00 75-811-90 766.00 1 949 00 75-811-91 Maintenance Expense>Director>Holiday Pay ,311.00 Maintenance Expense>Director>PTO Accrual Engineer or Chief of Maintenance - Sq Ft 75-811-92 1,293,00 0.00 66,823.00 0.00 65,023.00 58,200.00 Subtotal [7A] Subgroup : [78.2] Other Maintenance Workers - Sqft 100,094,00 2,577,00 Maintenance Expense>Staff>Wages
Maintenance Expense>Staff>Overtime
Maintenance Expense>Staff>Shift Bonus Pay 78,993.00 78,993,00 0.00 41.00 0.00 41.00 75-829-81 0.00 350.00 350.00 0.00 75-829-83 0.00 394,00 414.00 Maintenance Expense>Staff>Retro Pay/Adjustment Pay Maintenance Expense>Staff>Training Pay Maintenance Expense>Staff>Other Pay 75-829**-**84 75-829**-**87 0.00 0.00 0.00 0.00 809.00 0.00 809.00 0.00 75-829-88 5,020.00 5,020,00 0.00 5.826.00 75-829-90 Maintenance Expense>Staff>Sick/Vacation Pay 2,175.00 75-829-91 Maintenance Expense>Staff>Holiday Pay Maintenance Expense>Staff>PTO Accrua 2,017,00 0.00 0.00 1.00 146.00 1,00 75-829-92 87,231.00 87,231.00 111,626,00 Subtotal [7B-2] Other Maintenance Workers - Sqft Subgroup [[12A-19] Director of Nurses/Assistant Director - SNF Only Nursing Admin Expense>Director (DON)>Wages Nursing Admin Expense>Director>Shift Bonus Pay 154.690.00 (15,684.00) 139,006,00 162,725.00 61-811-80 0.00 11,566,00 0.00 11,566.00 600.00 61-811-83 (1,462,00) 61-811-84 61-811-88 Nursing Admin Expenses-Director/Retro Pay/Adjustment Pay Nursing Admin Expense>Director>Other Pay Nursing Admin Expense>Director>On Call Pay 0.00 500,00 500.00 0.00 1,525,00 0.00 1 525.00 400.00 61-811-89 5,192.00 9.855.00 5,192.00 61-811-90 Nursing Admin Expense>Director>Sick/Vacation Pay 2,107.00 2,575.00 61-811-91 61-811-92 Nursing Admin Expense>Director>Holiday Pay Nursing Admin Expense>Director>PTO Accrua 3,595.00 3,595,00 0.00 2,163.00 0.00 2.163.00 0.00 96,249,00 96,249.00 96,431.00 61-812-80 Nursing Admin Expense>Assistant Director (ADON)>Wages 100.00 61-812-83 Nursing Admin Expense>Assistant Director>Shift Bonus Pay 500.00

64 042 62	Nursing Admin Expense>Assistant Director>On Call Pay	550.00	0.00	550,00	400,00
61-812-89 61-812-90	Nursing Admin Expense>Assistant Director>Sick/Vacation Pay	7,054.00	0.00	7,054,00	7,762,00
61-B12-91	Nursing Admin Expense>Assistant Director>Holiday Pay	2,090,00	0.00	2,090,00	2,836,00
61-812-91	Nursing Admin Expense>Assistant Director>PTO Accrual	(119.00)	0.00	(115,00)	2,760.00
Subtotal [12A.19]	Director of Nurses/Assistant Director - SNF Only	285,555.00	(15,684,00)	269,871.00	286,590.00
Cubicion [Tarate]					
Subgroup : [12B1.10]	RNs - Direct Care - SNF Only				
60-808-80	Nursing Expense>RN>Wages	135,834,00	0,00	135,834,00	171,424,00
60-808-81	Nursing Expense>RN>Overtime	0,00	0.00	0,00	2,841,00
60-808-82	Nunsing Expense>RN>Shift Premium Pay	4,642.00	0,00	4,642,00	7,230,00 8,336,00
60-808-83	Nursing Expense>RN>Shift Bonus Pay	1,500,00	0.00	1,500,00	1,639.00
6D-808-84	Nursing Expense>RN>Retro Pay/Adjustment Pay	0,60	0.00	0,00	511.00
60-808-87	Nursing Expense>RN>Training Pay	0,00	0.00	0,00	0.00
6D-8D8-88	Nursing Expense>RN>Other Pay	954,00	0.00	954,00	1,400,00
60-808-89	Nursing Expense>RN>On Call Pay	3,000,00	0,00	3,000,00	10,547,00
60-808-90	Nursing Expense>RN>Sick/Vacation Pay	10,535,00	0.00	10,535,00	10,363.00
60-808-91	Nursing Expense>RN>Holiday Pay	6,220,00	0,00	6,220,00	
60-808-92	Nursing Expense>RN>PTO Accrual	516,00	0.00	516,00	(1,665,00) 277,538,00
60-809-80	Nursing Expense>RN Supervisor>Wages	346,217,00	0,00	346,217,0D	
60-809-81	Nursing Expense>RN Supervisor>Overtime	92,514,00	0.00	92,514,0D	66,754,00
60-809-82	Nursing Expense>RN Supervisor>Shift Premium Pay	9,982.00	0.00	9,982,00	7,611,00
60-809-83	Nursing Expense>RN Supervisor>Shift Bonus Pay	2,000.00	0,00	2,000, DD	12,639.00
60-809-84	Nursing Expense>RN Supervisor>Retro Pay/Adjustment Pay	1,477,00	0.00	1,477,00	1,263.00
60-809-87	Nursing Expense>RN Supervisor>Training Pay	0,00	0,00	0,00	601,00
60-809-88	Nursing Expense>RN Supervisor>Other Pay	401,00	0.00	401,00	0_00
60-809-89	Nursing Expense>RN Supervisor>On Call Pay	1,900_00	0,00	1,900,00	2,600,00
60-809-90	Nursing Expense>RN Supervisor>Sick/Vacation Pay	26,311,00	0,00	26,311,00	15,980,00
60-809-91	Nursing Expense>RN Supervisor>Holiday Pay	19,060_00	0,00	19,060,00	13,978,00
60-809-92	Nursing Expense>RN Supervisor>PTO Accrual	(620.00)	0,00	(620.00)	8,803.00
Subtotal [12B1.10]	RNs - Direct Care - SNF Only	662,443.00	0.00	662,443.00	620,493.00
Subgroup : [12B2.10]	RNs - Administrative - SNF Only				
61-814-80	Nursing Admin Expense>Central Supply>Wages	41,590,00	0.00	41,590.00	37,557.00
61-814-81	Nursing Admin Expense>Central Supply>Overtime	28,00	0,00	28.00	0.00
61-814-84	Nursing Admin Expense>Central Supply>Retro Pay/Adjustment Pay	309_00	0,00	309,00	0.00
61-814-90	Nursing Admin Expense>Central Supply>Sick/Vacation Pay	4,958.00	0.00	4,958,00	3,717.00
61-814-91	Nursing Admin Expense>Central Supply>Holiday Pay	1,286.00	0.00	1,286.00	1,240,00
61-814-92	Nursing Admin Expense>Central Supply>PTO Accrual	(10.00)	0,00	(10.00)	1,848.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	133,303.00	14,717.00	148,020.00	137,699,00
61-817-81	Nursing Admin Expense>MDS / RNAC>Overtime	0.00	0,00	0,00	1,707,00
61-817-82	Nursing Admin Expense>MDS / RNAC>Shift Premium Pay	0,00	0.00	0.00	198.00
61-817-83	Nursing Admin Expense>MDS / RNAC>Shift Bonus Pay	3,750.00	0.00	3,750,00	1,873,00
61-817-84	Nursing Admin Expense>MDS / RNAC>Retro Pay/Adjustment Pay	950,00	0.00	950,00	1,148,00
61-817-89	Nursing Admin Expense>MDS / RNAC>On Call Pay	0.00	0.00	0,00	1,100.00
61-817-90	Nursing Admin Expense>MDS / RNAC>Sick/Vacation Pay	3,936,00	0.00	3,936,00	15,281.00
61-817-91	Nursing Admin Expense>MDS / RNAC>Holiday Pay	2,396,00	0.00	2,396,00	3,258,00
61-817-92	Nursing Admin Expense>MDS / RNAC>PTO Accrual	(3,408.00)	0.00	(3,408,00)	5,447.00
61-819-80	Nursing Admin Expense>Nurse Admin>Wages	100.00	0.00	100.00	55,481,00
61-819-81	Nursing Admin Expense>Nurse Admin>Overtime	0.00	0.00	0,00	990,60
	Nursing Admin Expense>Nurse Admin>Shift Premium Pay	1.00	0.00	1.00	4,651.00
61-819-82	Nursing Admin Expense>Nurse Admin>Shift Bonus Pay	0.00	0.00	0.00	825,00
61-819-83		0,00	0.00	0,00	2,422,00
61-819-90	Nursing Admin Expense>Nurse Admin>Sick/Vacation Pay	0.00	0.00	0.00	2,999.00
61-819-91	Nursing Admin Expense>Nurse Admin>Holiday Pay	40,261,00	0,00	40,261,00	42,267,00
61-821-80	Nursing Admin Expense>Nursing Secretary>Wages	295.00	0.00	295,00	1,446,00
61-821-81	Nursing Admin Expense>Nursing Secretary>Overtime	435,00	0,00	435,00	0.00
61-821-83	Nursing Admin Expense>Nursing Secretary>Shift Bonus Pay		0.00	0.00	(181,00)
61-821-84	Nursing Admin Expense>Nursing Secretary>Retro Pay/Adjustment Pay	0,00		6,946,00	2,945.00
61-821-90	Nursing Admin Expense>Nursing Secretary>Sick/Vacation Pay	6,946.00	0,00	1,209,00	1,458.00
61-821-91	Nursing Admin Expense>Nursing Secretary>Holiday Pay	1,209,00	0,00	(43,00)	1,536,00
61-821-92	Nursing Admin Expense>Nursing Secretary>PTO Accrual	(43_00)	0,00	0,00	10,525,00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	0.00	0,00	0,00	(273.00)
61-823-81	Nursing Admin Expense>Staff Coordinator>Overtime	0.00	0,00	0.00	(143.00)
61-823-83	Nursing Admin Expense>Staff Coordinator>Shift Bonus Pay	0.00	0.00		349.00
61-823-91	Nursing Admin Expense>Staff Coordinator>Holiday Pay	0.00	0.00	0,00	2,799.00
61-823-92	Nursing Admin Expense>Staff Coordinator>PTO Accrual	0.00	0,00	0,00	0,00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	46,918.00	0.00	46,918,00	0.00
61-824-89	Nursing Admin Expense>Staff Devel Director>On Call Pay	250.00	0,00	250,00 5,357,00	0.00
61-824-90	Nursing Admin Expense>Staff Devel Director>Sick/Vacation Pay	5,357.00	0.00		0.00
61-824-91	Nursing Admin Expense>Staff Devel Director>Holiday Pay	1,802,00	0.00	1,802,00	186,959.00
61-825-80	Nursing Admin Expense> RN Unit Manager>Wages	171,944_00	0.00	171,944,00	7,934.00
61-825-81	Nursing Admin Expense>Unit Manager>Overtime	0.00	0_00	0,00 0,00	1,033.00
61-825-82	Nursing Admin Expense>Unit Manager>Shift Premium Pay	0.00	0,00		2,700 00
61-825-83	Nursing Admin Expense>Unit Manager>Shift Bonus Pay	1,400.00	0.00	1,400.00	483.00
61-825-84	Nursing Admin Expense>Unit Manager>Retro Pay/Adjustment Pay	0.00	0.00	0,00	655.00
61-825-88	Nursing Admin Expense>Unit Manager>Other Pay	0.00	0.00	4,000,00	7,516.00
61-825-89	Nursing Admin Expense>Unit Manager>On Call Pay	4,000.00	0.00	10,212,00	10,409.00
61-825-90	Nursing Admin Expense>Unit Manager>Sick/Vacation Pay	10,212 00	0.00		5,655.00
61-825-91	Nursing Admin Expense>Unit Manager>Holiday Pay	5.007.00	0.00	5,007,00	
61-825-92	Nursing Admin Expense>Unit Manager>PTO Accrual	1,612,00	0.00	1,512.00	5,565,00
Subtotal [12B2.10]	RNs - Administrative - SNF Only	486,794.00	14,717.00	501,511.00	572,179.00
Subgroup : [12C1.10]	LPNs - Direct Care - SNF Only			4 070 0-4 00	738,978.00
60-805-80	Nursing Expense>LPN>Wages	1,078,390,00	0.00	1,078,390.00	738,978.00 81.475.00
60-805-81	Nursing Expense>LPN>Overtime	115,527.00	0.00	115,527.00	
60-805-82	Nursing Expense>LPN>Shift Premium Pay	38,387,00	0,00	38,387,00	21,959.00 70,360.00
60-805-83	Nursing Expense>LPN>Shift Bonus Pay	35,878,00	0,00	35,878,00	
60-805-84	Nursing Expense>LPN>Retro Pay/Adjustment Pay	2,190.00	0.00	2,190,00	9,039.00
60-805-87	Nursing Expense>LPN>Training Pay	0.00	0.00	0,00	1,394,00
60-805-88	Nursing Expense>LPN>Other Pay	1,087-00	0.00	1,087.00	1,077_00
60-805-89	Nursing Expense>LPN>On Call Pay	0.00	0.00	0.00	200,00
60-805-90	Nursing Expense>LPN>Sick/Vacation Pay	73,436.00	0.00	73,436.09	39,264.00
60-805-91	Nursing Expense>LPN>Holiday Pay	65,346.00	0.00	65,346.00	39,257,00
60-805-92	Nursing Expense>LPN>PTO Accrual	7,027.00	0.00	7,027,00	5,903.00
60-806-80	Nursing Expense>LPN Supervisor>Wages	0.00	0.00	0.00	36,553,00
60-806-83	Nursing Expense>LPN Supervisor>Shift Bonus Pay	0.00	0.00	0,00	500.00
60-806-84	Nursing Expense>LPN Supervisor>Retro Pay/Adjustment Pay	0.00	0.00	0.00	22.00
60-806-89	Nursing Expense>LPN Supervisor>On Call Pay	0.00	0.00	0.00	600.00
60-806-90	Nursing Expense>LPN Supervisor>Sick/Vacation Pay	0.00	0.00	0-00	2,033.00
60-806-91	Nursing Expense>LPN Supervisor>Holiday Pay	0.00	0.00	0.00	877,00
60-806-92	Nursing Expense>LPN Supervisor>PTO Accrual	(705.90)	0.00	(705.00)	705 00
Subtotal [12C1.10]	LPNs - Direct Care - SNF Only	1,416,563.00	0.00	1,416,583.00	1,050,196,00
222224 [180 [10]				(

Subgroup : [12C2.10]					
	LPNs - Administrative - SNF	27.27.70	0.00	97,677.00	22,036,00
61-816-80	Nursing Admin Expense>LPN Unit Manager>Wages	97,677,00 500.00	0.00	500,00	201,00
61-816-83	Nursing Admin Expense>LPN Unit Manager>Shift Bonus Pay Nursing Admin Expense>LPN Unit Manager>On Call Pay	2,125,00	0.00	2,125,00	100.00
61-816-89		4,628.00	0.00	4,628,00	431,00
61-816-90	Nursing Admin Expense>LPN Unit Manager>Sick/Vacation Pay	1,838,00	0.00	1,838.00	305,00
61-816-91	Nursing Admin Expense>LPN Unit Manager>Holiday Pay Nursing Admin Expense>LPN Unit Manager>PTO Accrual	2,198.00	0.00	2,198.00	58,00
61-816-92 Subtotal [12C2,10]	LFNs - Administrative - SNF	108,966,00	0.00	108,966.00	23,131,00
20010tm [12C2,10]	LF 82 - Namintation 4 - Sec.				
Subgroup : [12D,10]	Aldes and Attendants - SNF Only				
60-800-80	Nursing Expense>CMA>Wages	1,554_00	0,00	1,554.00	0.00
60-800-82	Nursing Expense>CMA>Shift Premium Pay	86.00	0,00	86,00	0.00
60-801-80	Nursing Expense>CNA>Wages	1,411,269,00	0,00	1,411,269.00	1,304,976,00
60-801-81	Nursing Expense>CNA>Overtime	161,171,00	0_00	161,171,00	126,375.00
60-801-82	Nursing Expense>CNA>Shift Premium Pay	100,648,00	0.00	100,648.00	94,278.00
60-801-83	Nursing Expense>CNA>Shift Bonus Pay	20,682.00	0,00	20,682,00	78,385.00
60-801-84	Nursing Expense>CNA>Retro Pay/Adjustment Pay	3,457,00	0,00	3,457.00	2,871,00
60-801-87	Nursing Expense>CNA>Training Pay	0_00	0.00	0.00	3,938.00
60-801-88	Nursing Expense>CNA>Other Pay	1,375,00	0.00	1,375,00	3,419.00
60-801-90	Nursing Expense>CNA>Sick/Vacation Pay	81,732,00	0.00	81,732.00	57,321.00
60-801-91	Nursing Expense>CNA>Holiday Pay	73,284.00	0,00	73,284.00	71,384.00
60-801-92	Nursing Expense>CNA>PTO Accrual	4,675.00	0.00	4,675.00	11,183.00
Subtotal [12D.10]	Aldes and Attendants - SNF Only	1,859,933.00	0.00	1,859,933,00	1,754,130.00
Subgroup : [12D.13]	Aides and Attendants - RCH Only	403,179,00	0,00	403,179,00	0.00
77-800-80	Assisted Living>CMA>Wages		0.00	18,982.00	0,00
77-800-81	Assisted Living>CMA>Overtime	18,982,00	0,00	22,190,00	0,00
77-800-82	Assisted Living>CMA>Shift Premium Pay	22,190,00 2,281,00	0,00	2,281.00	0.00
77-800-83	Assisted Living>CMA>Shift Bonus Pay	129.00	0.00	129.00	0.00
77-800-84	Assisted Living>CMA>Retro Pay/Adjustment Pay	536.00	0,00	536,00	0.00
77-800-88	Assisted Living>CMA>Other Pay	27,487,00	0.00	27,487.00	0,00
77-800-90	Assisted Living>CMA>Sick/Vacation Pay	21,221,00	0,00	21,221.00	0.00
77-800-91	Assisted Living>CMA>Holiday Pay		0.00	9,844.00	0,00
77-800-92	Assisted Living>CMA>PTO Accrual	9,844,00 34,794,00	0,00	34,784,00	318,650,00
77-801-80	Assisted Living>CNA>Wages		0.00	1,002.00	27,443,00
77-801-81	Assisted Living>CNA>Overtime	1,002,00	0.00	6,621.00	21,311,00
77-801-82	Assisted Living>CNA>Shift Premium Pay	6,621,00	0,00	0.00	7,060.00
77-801-83	Assisted Living>CNA>Shift Bonus Pay	0,00	0.00	0.00	1,653,00
77-801-84	Assisted Living>CNA>Retro Pay/Adjustment Pay	0.00	0,00	9,163.00	28,644,00
77-801-90	Assisted Living>CNA>Sick/Vacation Pay	9,163,00			19,861.00
77-801-91	Assisted Living>CNA>Holiday Pay	6,027.00	0,00 0,00	6,027.00 (10,125.00)	10,126,00
77-801-92	Assisted Living>CNA>PTO Accrual	(10,126,00)	0,00	553,330.00	434,748.00
Subtotal [12D.13]	Aldes and Attendants - RCH Only	353,330,00	0,55	830,000,00	
Subgroup : [12H.10]	Recreation Workers - Patient Days				
71-811-80	Activity Expense>Director>Wages	44,849,00	0,00	44,849,00	44,246.00
71-811-81	Activity Expense>Director>Overtime	0,00	0.00	0.00	907.00
71-811-82	Activity Expense>Director>Shift Premium Pay	0.00	0.00	0.00	21.00
71-811-84	Activity Expense>Director>Retro Pay/Adjustment Pay	0.00	0.00	0.00	1,157.00
71-811-90	Activity Expense>Director>Sick/Vacation Pay	1,610,00	0.00	1,610.00	5,618,00
71-811-91	Activity Expense>Director>Holiday Pay	797,00	0,00	797,00	1,744.00
71-811-92	Activity Expense>Director>PTO Accrual	(952.00)	0.00	(952.00)	1,752.00
71-831-80	Activity Expense>Aide>Wages	57,452,00	0,00	57,452,00	70,860,00
71-831-81	Activity Expense>Aide>Overtime	140,00	0.00	140.00	316,00
71-831-82	Activity Expense>Aide>Shift Premium Pay	34.00	0.00	34,00	172.00
71-831-84	Activity Expense>Aide>Retro Pay/Adjustment Pay	65,00	0.00	65.00	(319.00)
71-831-87	Activity Expense>Aide>Training Pay	0.00	0.00	0.00	108.00
71-831-88	Activity Expense>Aide>Other Pay	168,00	0.00	168,00	0.00
71-831-90	Activity Expense>Aide>Sick/Vacation Pay	2,187.00	0.00	2,187.00	2,866,00
71-831-91	Activity Expense>Aide>Holiday Pay				3,878,00
		1,851,00	0,00	1,851_DD	
		1,851,00 203,00		1,851,00	(616,00)
71-831-92 Subtotal [12H.10]	Activity Expenses-Aides-PTO Accrual Recreation Workers - Patient Days		0.00		
71-831-92 Subtotal [12H.10]	Activity Expense>Aide>PTO Accrual	203,00	0.00	203.00	(616,00)
	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days	203.00 108,404.00	0,00 0,00 0,00	203,00 108,404,00	(616,00) 132,711.00
Subtotal [12H.10] Subgroup : [12M.33] 69-811-80	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Director-Wages	203,00 108,404,00 63,624,00	0,00 0,00 0,00	203,00 108,404.00 63,624.00	(616,00) 132,711.00 41,521,00
Subtotal [12H.10] Subgroup : [12M.33] 69-811-80 69-811-90	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Director>Wages Social Services Expense>DirectorSick/Vacation Pay	203.00 108,404.00 63,524.00 3,768.00	0,00 0,00 0,00	203.00 108,404.00 63,624.00 3,768.00	(616,00) 132,711.00 41,521,00 229,00
Subtotal [12H.10] Subgroup : [12M.33] 69-811-80	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Director>Wages Social Services Expense>Director>Sick/Wacation Pay Social Services Expense>Director>Holiday Pay	203.00 108.404.00 63,524.00 3,766.00 1,883.00	0,00 0,00 0,00 0,00 0,00 0,00	203.00 108,404.00 63,624.00 3,768.00 1,883.00	(616,00) 132,711.00 41,521,00 229,00 1,047,00
Subtotal [12H.10] Subgroup : [12M.33] 69-811-80 69-811-90 69-811-91 69-811-92	Activity Expense>Aide>PTO Accrual Recreation Workers - Pattent Days Social Workers/Case Management - Pattent Days Social Services Expense>Director>Wages Social Services Expense>Director>Sick/Vacation Pay Social Services Expense>Director>Holiday Pay Social Services Expense>Director>To Accrual	203.00 108,404.00 63,524.00 3,766.00 1,883.00 (97.00)	0,00 0,00 0,00 0,00 0,00 0,00	203,00 108,404,00 63,624.00 3,766.00 1,883.00 (97.00)	(616,00) 132,711.00 41,521,00 229,00 1,047,00 1,167,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-91 69-811-91 69-810-92	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Director>Wages Social Services Expense>Director>BickVacation Pay Social Services Expense>Director>Holiday Pay Social Services Expense>Director>PTO Accrual Social Services Expense>Director>PTO Accrual Social Services Expense>Director>PTO Accrual	203.00 108,404.00 63,524.00 3,768.00 1,883.00 (97.00) 51,831,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) \$1,831.00	(516,00) 132,711,00 41,521,00 229,00 1,047,00 1,167,00 64,135,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-92 69-830-80 69-830-81	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Director>Wages Social Services Expense>Director>Eick/Vacation Pay Social Services Expense>Director>Holday Pay Social Services Expense>Director>PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Varytime	203.00 108,404.00 63,524.00 3,768.00 1,883.00 (97.00) 51,831,00 155.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108.404.00 63,624.00 3,766.00 1,883.00 (97.00) 51,831.00 155.00	(516.00) 132,711.00 41,521,00 229,00 1,047,00 1,167,00 64,135,00 150.00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-810-80 69-830-80 69-830-81 69-830-83	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Director>Wages Social Services Expense>Director>Roid/Wacation Pay Social Services Expense>Director>Ptoliday Pay Social Services Expense>Director>Pto Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Dourtime Social Services Expense>Assistant>Fit Borus Pay	203.00 108,404.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 385.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 385.00	(516.00) 132,711.00 41,521.00 229.00 1,047,00 1,167,00 64,135,00 150.00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-92 69-830-80 69-830-83 69-830-83	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Director>Wages Social Services Expense>Director>Sick/Vacation Pay Social Services Expense>Director>Foick/Vacation Pay Social Services Expense>Director>PTO Accrual Social Services Expense>Director>PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Social Services Expense>Assistant>Overtime Social Services Expense>Assistant>Powertime	203.00 108.404.00 63,524.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 385.00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97,00) 51,831.00 155.00 385.00	(516.00) 132,711.00 41,521,00 229.00 1,047,00 64,135,00 150.00 0,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-91 69-811-92 69-830-80 69-830-83 69-830-84 69-830-84	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Bick/Vacation Pay Social Services Expense>Directoro-PtO Accrual Social Services Expense>Directoro-PtO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Shift Bonus Pay Social Services Expense>Assistant>Retro PaylAdjustment Pay	203.00 108,404.00 63,524.00 3,766.00 1,883.00 (97.00) 51,831.00 155.00 385.00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 385.00 0.00	(516.00) 132,711.00 41,521.00 229.00 1,047.00 64,135.00 150.00 466.00 163.00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-91 69-811-92 69-830-80 69-830-81 69-830-84 69-830-87 69-830-87	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Director>Wages Social Services Expense>Director>RoidAy Pay Social Services Expense>Director>RoidAy Pay Social Services Expense>Director>PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Roid Borrices Social Services Expense>Assistant>Reto Pay/Adjustment Pay Social Services Expense>Assistant>Fatiration Pay Social Services Expense>Assistant>Fatiration Pay Social Services Expense>Assistant>Fatirating Pay Social Services Expense>Assistant>Fatirating Pay	203.00 108,404.00 3,766.00 1,863.00 (97.00) 51,831.00 155.00 385.00 0,00 0,00 3,545.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 385.00 0.00 0.00 3,545.00	(516.00) 132,711.00 41,521,00 229,00 1,047,00 1,167,00 64,135,00 150,00 486,00 163,00 1,377,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 65-811-91 69-811-92 69-830-80 69-830-81 69-830-83 69-830-87 69-830-87 69-830-87	Activity Expense>Aide>PTO Accrual Recreation Workers - Pattent Days Social Workers/Case Management - Pattent Days Social Services Expense>Director>Wages Social Services Expense>Director>Wages Social Services Expense>Director>Fick/Vacation Pay Social Services Expense>Director>PTO Accrual Social Services Expense>Director>PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Shift Borus Pay Social Services Expense>Assistant>Shift Borus Pay Social Services Expense>Assistant>Training Pay Social Services Expense>Assistant>ExityVacation Pay	203.00 108,404.00 3,766.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 0,00 1,483.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 0.00 0.00 3,545.00 1,462.00	(516.00) 132,711.00 41,521,00 229.00 1,047,00 64,135,00 150.00 486.00 1,377,00 1,377,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 50-811-91 69-830-80 69-830-81 69-830-84 69-830-87 69-830-90 66-830-91 68-830-92	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Director>Wages Social Services Expense>Director>Sick/Vacation Pay Social Services Expense>Director>Holiday Pay Social Services Expense>Director>Holiday Pay Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Shift Bortus Pay Social Services Expense>Assistant>Shift Bortus Pay Social Services Expense>Assistant>Retro Pay Adjustment Pay Social Services Expense>Assistant>Fair Pay Social Services Expense>Assistant>Fair Pay Social Services Expense>Assistant>For Pay Adjustment Pay Social Services Expense>Assistant>For Pay Adjustment Pay Social Services Expense>Assistant>For Pay Social Services Expense>Assistant>For OAccrual	203.00 108,404.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 385.00 0,00 0,00 3,545.00 1,462.00 408.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 0.00 3,545.00 1,462.00 408.00	(516.00) 132,711.00 41,521,00 229.00 1,047,00 1,167,00 64,135,00 150,00 486,00 163,00 1,377,00 1,517,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 65-811-91 69-811-92 69-830-80 69-830-81 69-830-83 69-830-87 69-830-87 69-830-87	Activity Expense>Aide>PTO Accrual Recreation Workers - Pattent Days Social Workers/Case Management - Pattent Days Social Services Expense>Director>Wages Social Services Expense>Director>Wages Social Services Expense>Director>Fick/Vacation Pay Social Services Expense>Director>PTO Accrual Social Services Expense>Director>PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Shift Borus Pay Social Services Expense>Assistant>Shift Borus Pay Social Services Expense>Assistant>Training Pay Social Services Expense>Assistant>ExityVacation Pay	203.00 108,404.00 3,766.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 0,00 1,483.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 0.00 0.00 3,545.00 1,462.00	(516.00) 132,711.00 41,521,00 229.00 1,047,00 64,135,00 150.00 486.00 1,377,00 1,377,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-810-80 69-830-80 69-830-81 69-830-84 69-830-87 69-830-87 69-830-92 Subtotal [12M.33]	Activity Expense>Aide>PTO Accrual Recreation Workers - Pattent Days Social Workers/Case Management - Pattent Days Social Services Expense>Director>Wages Social Services Expense>Director>Foick/Vacation Pay Social Services Expense>Director>Foick/Vacation Pay Social Services Expense>Director>Foick/Vacation Social Services Expense>Director>PTO Accrual Social Services Expense>Director>PTO Accrual Social Services Expense>Assistant>Shift Borus Pay Social Services Expense>Assistant>Fator Pay/Adjustment Pay Social Services Expense>Assistant>Fator Pay/Adjustment Pay Social Services Expense>Assistant>Fator Pay/Adjustment Pay Social Services Expense>Assistant>Fator Pay Social Services	203.00 108,404.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 385.00 0,00 0,00 3,545.00 1,462.00 408.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 0.00 3,545.00 1,462.00 408.00	(516.00) 132,711.00 41,521,00 229.00 1,047,00 1,167,00 64,135,00 150,00 486,00 163,00 1,377,00 1,517,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-91 69-811-92 69-830-80 69-830-81 69-830-87 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12M.22]	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Director-Picitaly Pay Social Services Expense>Director-Picitaly Pay Social Services Expense>Director-Picitaly Social Services Expense>Assistant>Mages Social Services Expense>Assistant>Povertime Social	203.00 108,404.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 385.00 0,00 0,00 3,545.00 1,462.00 408.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 0.00 3,545.00 1,462.00 408.00	(516.00) 132,711.00 229.00 1,047.00 64,135.00 150.00 486.00 1,377.00 1,377.00 1,517.00 822.00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-92 69-830-80 60-830-81 69-830-84 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12N.22] 80-842-80	Activity Expense>Aide>PTO Accrual Recreation Workers - Pattent Days Social Workers/Case Management - Pattent Days Social Services Expense>Director>Wages Social Services Expense>Director>Wages Social Services Expense>Director>PTO Accrual Social Services Expense>Director>PTO Accrual Social Services Expense>Director>PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Shift Borus Pay Social Services Expense>Assistant>Patrialing Pay Social Services Expense>Assistant>Fraining Pay Social Services Expense>Assistant>Fixing Pay Social Services Expense>Assistant>Fixing Pay Social Services Expense>Assistant>PTO Accrual Social Services Expense>Assistant>PTO Accrual Social Services Expense>Assistant>PTO Accrual Social Morkers/Case Management - Patient Days Marketing - Beds Admin Expense>Marketing>Wages	203.00 108,404.00 63,524.00 3,766.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 1,462.00 408.00 126,964,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97,00) 51,831.00 155.00 0.00 0.00 3,545.00 1,462.00 408.00 126,964.00	(516.00) 132,711.00 41,521,00 229.00 1,047,00 64,135,00 150.00 486.00 153,00 1,517,00 882,00 112,674.00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-92 69-830-81 69-830-84 69-830-84 69-830-92 Subtotal [12M.33] Subgroup: [12M.22] 60-842-80	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Director>Wages Social Services Expense>Director>Sick/Vacation Pay Social Services Expense>Director>Flotiday Pay Social Services Expense>Director>Holiday Pay Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Shift Bonus Pay Social Services Expense>Assistant>Shift Bonus Pay Social Services Expense>Assistant>Shift Bonus Pay Social Services Expense>Assistant>Schift Bonus Pay Social Services Expense>Assistant>Flotiday Pay Social Services Expense>Assistant>Profile Pay Social Services Expense>Assistant>Profile Pay Social Services Expense>Assistant>Profile Accrual Social Workers/Case Management - Patient Days Marketing - Beds Admin Expense>Marketing>Wages Admin Expense>Marketing>Wages	203.00 108.404.00 63,524.00 3,768.00 1.883.00 (97.00) 51,831.00 155.00 385.00 0,00 0,00 1.462.00 408.00 126,964.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 0.00 0.00 3,455.00 1,462.00 1,462.00 126,964.00	(516.00) 132,711.00 229.00 1,047.00 64,135.00 150.00 486.00 1,377.00 1,377.00 1,517.00 822.00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-91 69-811-92 69-830-80 69-830-81 69-830-87 69-830-87 69-830-97 59-830-97 59-830-97 Subtotal [12M.33] Subgroup: [12N.22] 60-842-83 60-842-83	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Sick/Vacation Pay Social Services Expense>Director-Poliday Pay Social Services Expense>Director-Poliday Pay Social Services Expense>Assistant>POAccrual Social Services Expense>Assistant>Powertime Social Services Expense>Assistant>Powertime Social Services Expense>Assistant>Powertime Social Services Expense>Assistant>Expense>Assistant>Powertime Social Services Expense>Assistant>Powertime Social Services Expense>Assistant>PTO Accrual Social Services Expense>Assistant>PTO Accrual Social Services Expense>Massistant>Social Workers/Case Management - Patient Days Marketing - Beds Admin Expense>Marketing>Wages Admin Expense>Marketing>Rero PaylAdjustment Pay	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 1,462.00 408.00 126,964.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 385.00 0.00 3,545.00 1,462.00 408.00 126,964.00	(516.00) 132,711.00 41,521,00 229.00 1,047.00 1,167,00 64,155,00 150.00 486.00 163.00 1,377.00 1,517.00 82.00 112,674.00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-819-81 69-830-81 69-830-81 69-830-84 69-830-87 69-830-87 69-830-89 59-830-91 59-830-91 59-830-90 59-830-9	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Poliday Pay Social Services Expense>Directoro-Poliday Pay Social Services Expense>Directoro-Poliday Pay Social Services Expense>Directoro-Poliday Pay Social Services Expense>Assistanto-Wages Social Services Expense>Assistanto-Portione Social Services Expense>Assistanto-Patro Pay/Adjustment Pay Social Services Expense>Assistanto-Patro Pay/Adjustment Pay Social Services Expense>Assistanto-Patro Pay/Adjustment Pay Social Services Expense>Assistanto-Patro Pay Social Services Expense>Marketing>Wages Admin Expense>Marketing>Shift Bonus Pay Admin Expense>Marketing>On Call Pay Admin Expense>Marketing>On Call Pay	203.00 108,404.00 63,524.00 3,768.00 1.883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 3,545.00 1.462.00 408.00 126,964.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 3,545.00 1,462.00 408.00 126,964.00	(516.00) 132,711.00 41,521,00 229,00 1,047,00 1,167,00 64,135,00 150,00 486,00 163,00 1,377,00 882,00 112,674,00 17,308,00 275,00 1,131,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 60-811-91 69-810-80 69-830-81 69-830-81 69-830-87 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12N.22] 60-842-80 60-842-84	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Director-Sick/Vacation Pay Social Services Expense>Director-Pointal Pay Social Services Expense>Director-Pointal Pay Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Pourtine Social Services Expense>Services Social Services Expense>S	203.00 108,404.00 63,624.00 3,766.00 1,883.00 (97.00) 51,831.00 155.00 385.00 0,00 0,00 1,462.00 408.00 126,964.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,863.00 (97.00) 51,831.00 155.00 0.00 0.00 3,545.00 1,462.00 408.00 126,964.00	(516.00) 132,711.00 41,521.00 229.00 1,047.00 1,147,00 64,135,00 150.00 486.00 1,377.00 1,377.00 1,517,00 882.00 17,308.00 275.00 1,311.00 825.00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-91 69-830-80 69-830-81 69-830-84 69-830-92 Subtotal [12M.33] Subgroup: [12N.22] 69-842-80 69-842-80 69-842-80	Activity Expense>Aide>PTO Accrual Recreation Workers - Pattent Days Social Workers/Case Management - Pattent Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Fick/Vacation Pay Social Services Expense>Directoro-PTO Accrual Social Services Expense>Directoro-PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Shift Borus Pay Social Services Expense>Assistant>Shift Borus Pay Social Services Expense>Assistant>Fraining Pay Social Services Expense>Assistant>Fick/Wacation Pay Social Services Expense>Assistant>Fick/Wacation Pay Social Services Expense>Assistant>For Accrual Social Services Expense>Assistant>For Accrual Social Workers/Case Management - Patient Days Marketing - Beds Admin Expense>Marketing>Wages Admin Expense>Marketing>Shift Borus Pay Admin Expense>Marketing>On Call Pay Admin Expense>Marketing>On Call Pay Admin Expense>Marketing>On Call Pay Admin Expense>Marketing>On Call Pay Admin Expense>Marketing>PTO Accrual	203.00 108.404.00 63,624.00 3,768.00 1.883.00 (97.00) 51,831.00 155.00 385.00 0,00 0,00 1.467.00 408.00 126,964.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97,00) 51,831.00 155.00 0.00 0.00 3,545.00 1,462.00 408.00 126,964.00	(516.00) 132,711.00 41,521,00 229,00 1,047,00 61,135,00 1,50,00 150,00 150,00 150,00 150,00 1,377,00 822,00 17,306,00 275,00 1,310,00 825,00 1,310,00 825,00 1,768,00 1,768,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-92 69-830-81 69-830-81 69-830-84 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12M.22] 80-842-80 80-842-84 80-842-84 80-842-89 80-842-91 80-842-92	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Director-Sick/Vacation Pay Social Services Expense>Director-Poiday Pay Social Services Expense>Director-Poiday Pay Social Services Expense>Assistant>Coertial Social Services Expense>Assistant>Coertial Social Services Expense>Assistant>Formation Pay Admin Expense>Marketing>Recro PayAdjustment Pay Admin Expense>Marketing>Formation Pay Admin Expense>Marketing	203.00 108,404.00 63,524.00 3,768.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 1,462.00 408.00 126,964.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108.404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 0.00 3,445.00 1,462.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(516.00) 132,711.00 41,521,00 229.00 1,047,00 1,167,00 64,135,00 150,00 163,00 1,377,00 15,517,00 112,674,00 17,308,00 275,00 1,171,00 82,00 17,308,00 275,00 1,171,00 82,00 1,768,00 428,00 428,00 428,00 60,00 60,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-91 69-811-92 69-830-80 69-830-81 69-830-87 69-830-87 69-830-87 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12M.22] 80-842-80 80-842-80 80-842-81 80-842-81 80-842-81 80-842-82	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Director>Wages Social Services Expense>Director>Wages Social Services Expense>Director>Foick/Vacation Pay Social Services Expense>Director>Poick/Vacation Social Services Expense>Director>PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Powertine Social Services Expense>Assistant>Powertine Social Services Expense>Assistant>Formula Social Services Expense>Are Management - Patient Days Marketling - Beds Admin Expense>Marketing>Shift Bonus Pay Admin Expense>Marketing>On Call Pay Admin Expense>Marketing>On Call Pay Admin Expense>Marketing>PTO Accrual Admin Expense>Marketing>PTO Accrual Admin Expense>Rarketing>PTO Accrual Admin Expense>Rarketing>PTO Accrual Admin Expense>Rarketing>PTO Accrual	203.00 108.404.00 63,524.00 3,768.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 3,545.00 1,462.00 408.00 126,964.00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97,00) 51,831.00 155.00 0.00 0.00 1,462.00 408.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(516.00) 132,711.00 41,521,00 229.00 1,047,00 1,167,00 64,135,00 150,00 163,00 1,377,00 882,00 112,674,00 17,308,00 275,00 1,131,00 825,00 1,131,00 825,00 1,131,00 825,00 1,131,00 825,00 1,768,00 428,276,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-91 69-830-80 69-830-81 69-830-84 69-830-92 Subtotal [12M.33] Subgroup: [12M.22] 60-842-83 60-842-83 60-842-89 60-842-89 60-842-89 60-842-89 60-843-83	Activity Expense>Aide>PTO Accrual Recreation Workers - Pattent Days Social Workers/Case Management - Pattent Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Holiday Pay Social Services Expense>Directoro-Holiday Pay Social Services Expense>Directoro-Poliday Pay Social Services Expense>Directoro-PTO Accrual Social Services Expense>Directoro-PTO Accrual Social Services Expense>Assistanto-Wages Social Services Expense>Assistanto-Patter Pay Social Services Expense>Marketing>Wages Admin Expense>Marketing>Wages Admin Expense>Marketing>Shift Bonus Pay Admin Expense>Marketing>On Call Pay Admin Expense>Regional Marketing/CAD>Wages Admin Expense>Regional Marketing/CAD>Wages Admin Expense>Regional Marketing/CAD>Wages	203.00 108,404.00 63,624.00 3,766.00 1,883.00 (97.00) 51,831.00 155.00 385.00 0,00 0,00 1,462.00 408.00 126,964.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1.883.00 (97.00) 51,831.00 155.00 0.00 0.00 3,545.00 1,462.00 408.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(516.00) 132,711.00 41,521,00 229.00 1,047,00 1,167,00 64,135,00 150,00 163,00 1,377,00 15,517,00 112,674,00 17,308,00 275,00 1,171,00 82,00 17,308,00 275,00 1,171,00 82,00 1,768,00 428,00 428,00 428,00 60,00 60,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-92 69-830-80 69-830-81 69-830-87 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12N.22] 60-842-80 60-842-80 60-842-84 60-842-89 60-842-91 60-842-91 60-843-83 60-843-83	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Director-Sick/Vacation Pay Social Services Expense>Director-Poliday Pay Social Services Expense>Director-Poliday Pay Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Borus Pay Social Services Expense>Assistant>Fith Borus Pay Social Services Expense>Assistant>Fith Borus Pay Social Services Expense>Assistant>Fith/Vacation Pay Admin Expense>Marketing>Fith Borus Pay Admin Expense>Marketing>Rero PayAdjustment Pay Admin Expense>Marketing>Fith Borus Pay Admin Expense>Regional Marketing/CAD>Vages Admin Expense>Regional Marketing/CAD>Vages Admin Expense>Regional Marketing/CAD>On Call Pay	203.00 108.404.00 63,624.00 3,768.00 1.883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 1.462.00 1.462.00 1.683.00 1.693.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 0.00 3,545.00 1,462.00 408.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(516.00) 132,711.00 41,521.00 229.00 1,047.00 1,147.00 64,135,00 150.00 486.00 1,377.00 1,377.00 1,377.00 1,377.00 1,377.00 1,377.00 1,377.00 1,377.00 1,377.00 1,377.00 482.00 17.308.00 275.00 1,131.00 825.00 1,768.00 428.00 43,270.00 600.00 3,500.00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-91 69-830-80 69-830-81 69-830-84 69-830-87 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12M.22] 80-842-83 80-842-84 80-842-84 80-842-85 80-842-86 80-842-86 80-843-80 80-843-80 80-843-90 80-843-90 80-843-90	Activity Expense>Aide>PTO Accrual Recreation Workers - Pattent Days Social Workers/Case Management - Pattent Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Fick/Vacation Pay Social Services Expense>Directoro-PTO Accrual Social Services Expense>Directoro-PTO Accrual Social Services Expense>Directoro-PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Porterior Social Services Expense>Assistant> Soci	203.00 108.404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 3,545.00 1,462.00 408.00 126,964.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 0.00 0.00 1,462.00 408.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(516.00) 132,711.00 41,521,00 229,00 1,047,00 1,167,00 64,135,00 150,00 183,00 1,377,00 822,00 112,674,00 17,300,00 275,00 1,317,00 825,00 1,317,00 825,00 1,317,00 825,00 1,317,00 825,00 1,317,00 825,00 1,317,00 825,00 1,317,00 825,00 1,317,00 825,00 1,317,00 825,00 1,317,00 825,00 1,317,00 825,00 1,517,68,00 428,00 43,270,00 600,00 3,500,00 5,578,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-92 69-830-81 69-830-81 69-830-87 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12M.22] 80-842-80 80-842-81 80-842-81 80-842-83 80-843-83 80-843-83 80-843-83 80-843-83 80-843-83	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Directoro-FicieN/acation Pay Social Services Expense>Directoro-Poliday Pay Social Services Expense>Directoro-Poliday Pay Social Services Expense>Directoro-PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Pouretime Social Services Expense>Assistant>Pouretime Social Services Expense>Assistant>Four Pay/Adjustment Pay Social Services Expense>Assistant>Four Pay/Adjustment Pay Social Services Expense>Assistant>Four Pay/Adjustment Pay Social Services Expense>Assistant>Four Pay Social Services Expense>Marketing>Four Pay Admin Expense>Marketing>Four Pay Admin Expense>Regional Marketing/CAD>Wages Admin Expense>Regional Marketing/CAD>Wages Admin Expense>Regional Marketing/CAD>Sirlt Bonus Pay Admin Expense>Regional Marketing/CAD>Sirlt Bonus Pay Admin Expense>Regional Marketing/CAD>Sirlt Bonus Pay Admin Expense>Regional Marketing/CAD>Foliday Pay	203.00 108.404.00 63,624.00 3,768.00 1.883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 1.462.00 1.462.00 1.683.00 1.693.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97,00) 51,831.00 155,00 0,00 0,00 1,452.00 408.00 126,964.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	(516.00) 132,711.00 41,521,00 229.00 1,047.00 64,135,00 150.00 486.00 185.00 1,377.00 1,377.00 1,377.00 112,674.00 17,308.00 275.00 1,131.00 825.00 1,788.00 428.00 428.00 43,270.00 600,00 5,578.00 1,129.00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-91 69-830-80 69-830-81 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12N.22] 60-842-80 80-842-83 80-842-83 80-843-83 80-843-83 80-843-83 80-843-83 80-843-90 80-843-90 80-843-91 80-843-90 80-843-90 80-843-90	Activity Expense>Aide>PTO Accrual Recreation Workers - Pattent Days Social Workers/Case Management - Pattent Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Directoro-PTO Accrual Social Services Expense>Directoro-PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Powertime Social Services Expense>Assistant>Powertime Social Services Expense>Assistant>Powertime Social Services Expense>Assistant>Powertime Social Services Expense>Assistant>Fortiming Pay Social Services Expense>Marketing>Fortiming Pay Admin Expense>Marketing>Pro Accrual Admin Expense>Marketing>Pro Accrual Admin Expense>Regional Marketing/CAD>Mages Admin Expense>Regional Marketing/CAD>Holiday Pay Admin Expense>Regional Marketing/CAD>Holiday Pay Admin Expense>Regional Marketing/CAD>Fortiming Admin Expense>Regional Marketing/CAD>Fortimin	203.00 108,404.00 63,524.00 3,766.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 1,452.00 408.00 126,964.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 0.00 0.00 1,462.00 408.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(516.00) 132,711.00 229.00 1,047.00 1,167.00 64,135.00 150.00 163.00 1,377.00 1517.00 882.00 11,277.00 11,377.00 11,377.00 11,377.00 11,377.00 275.00 17,308.00 275.00 1,31.00 625.00 1,31.00 428.00 43.576.00 1,005.00 1,005.00 1,005.00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-92 69-830-81 69-830-81 69-830-87 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12M.22] 80-842-80 80-842-81 80-842-81 80-842-83 80-843-83 80-843-83 80-843-83 80-843-83 80-843-83	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Directoro-FicieN/acation Pay Social Services Expense>Directoro-Poliday Pay Social Services Expense>Directoro-Poliday Pay Social Services Expense>Directoro-PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Pouretime Social Services Expense>Assistant>Pouretime Social Services Expense>Assistant>Four Pay/Adjustment Pay Social Services Expense>Assistant>Four Pay/Adjustment Pay Social Services Expense>Assistant>Four Pay/Adjustment Pay Social Services Expense>Assistant>Four Pay Social Services Expense>Marketing>Four Pay Admin Expense>Marketing>Four Pay Admin Expense>Regional Marketing/CAD>Wages Admin Expense>Regional Marketing/CAD>Wages Admin Expense>Regional Marketing/CAD>Sirlt Bonus Pay Admin Expense>Regional Marketing/CAD>Sirlt Bonus Pay Admin Expense>Regional Marketing/CAD>Sirlt Bonus Pay Admin Expense>Regional Marketing/CAD>Foliday Pay	203.00 108.404.00 63,624.00 3,768.00 1.883.00 (97.00) 51,831.00 155.00 385.00 0,00 0,00 1.487.00 1.487.00 408.00 126,964.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108.404.00 63,624.00 3,768.00 1.883.00 (97.00) 51,831.00 155.00 0.00 0.00 0.00 1.462.00 1462.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(516.00) 132,711.00 229.00 1,047,00 229.00 1,047,00 1,167,00 64,135,00 150,00 163,00 1,377,00 15,17,00 11,517,00 112,674,00 17,308,00 275,00 1,131,00 625,00 1,768,00 428,00 428,00 43,270,00 600,00 5,576,00 1,129,00 1,129,00 1,129,00 1,129,00 1,129,00 1,005,00 1,576,00 1,129,00 1,129,00 1,005,00 1,5804,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-92 69-830-81 69-830-81 69-830-87 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12N.22] 69-842-80 69-842-80 69-842-81 69-843-83 69-843-83 69-843-83 69-843-91 69-843-92 69-844-80 Subtotal [12N.22]	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Director-Sick/Vacation Pay Social Services Expense>Director-Polidiay Pay Social Services Expense>Director-Polidiay Pay Social Services Expense>Assistant>POLOCACUAI Social Services Expense>Assistant>Polya Pay Admin Expense>Marketing>Polya Pay Admin Expense>Marketing>Polya Pay Admin Expense>Regional Marketing/CAD>Vages Admin Expense>Regional Marketing/CAD>Vages Admin Expense>Regional Marketing/CAD>Valor Call Pay Admin Expense>Regional Marketing/CAD>Valor Call Pay Admin Expense>Regional Marketing/CAD>PTO Accrual	203.00 108,404.00 63,524.00 3,766.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 1,452.00 408.00 126,964.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 0.00 0.00 1,462.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(516.00) 132,711.00 41,521,00 229.00 1,047.00 64,135,00 1,67,00 486.00 1,377,00 1,378,00 1,378,00 1,788,00 428,00 428,00 43,270,00 600,00 5,578,00 1,129,00 1,005,00 1,129,00 1,005,00 1,5864,06
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-91 69-830-80 69-830-81 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12N.22] 60-842-80 80-842-83 80-842-83 80-843-83 80-843-83 80-843-83 80-843-83 80-843-90 80-843-90 80-843-91 80-843-90 80-843-90 80-843-90	Activity Expense>Aide>PTO Accrual Recreation Workers - Pattent Days Social Workers/Case Management - Pattent Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Directoro-PTO Accrual Social Services Expense>Directoro-PTO Accrual Social Services Expense>Assistant>Wages Social Services Expense>Assistant>Powertime Social Services Expense>Assistant>Powertime Social Services Expense>Assistant>Powertime Social Services Expense>Assistant>Powertime Social Services Expense>Assistant>Fortiming Pay Social Services Expense>Marketing>Fortiming Pay Admin Expense>Marketing>Pro Accrual Admin Expense>Marketing>Pro Accrual Admin Expense>Regional Marketing/CAD>Mages Admin Expense>Regional Marketing/CAD>Holiday Pay Admin Expense>Regional Marketing/CAD>Holiday Pay Admin Expense>Regional Marketing/CAD>Fortiming Admin Expense>Regional Marketing/CAD>Fortimin	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 3,545.00 1,462.00 408.00 126,964.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97,00) 51,831.00 155.00 0.00 0.00 3,545.00 1,462.00 408.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(516.00) 132,711.00 41,521,00 229,00 1,047,00 1,167,00 64,135,00 150,00 183,00 1,377,00 882,00 11,517,00 882,00 11,377,00 00 17,310,00 275,00 1,311,00 825,00 1,311,00 825,00 1,311,00 825,00 1,311,00 825,00 1,311,00 825,00 1,311,00 825,00 1,311,00 825,00 1,311,00 825,00 1,311,00 825,00 1,311,00 825,00 1,311,00 825,00 1,311,00 825,00 1,55,60,00 1,55,60,00 1,55,60,00 1,55,60,00 1,55,60,00 1,55,60,00 1,55,60,00 1,55,60,00 1,55,60,00 1,55,60,00 1,55,60,00 1,55,60,00 1,55,60,00 1,55,60,00 1,55,60,00 1,41,51,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-91 69-830-80 69-830-81 69-830-84 69-830-87 69-830-87 69-830-89 69-830-92 Subtotal [12M.33] Subgroup: [12M.22] 80-842-83 80-842-84 80-842-89 80-843-83 80-843-83 80-843-93 80-843-93 80-843-93 80-843-93 80-843-93	Activity Expense>Aide>PTO Accrual Recreation Workers - Pattent Days Social Workers/Case Management - Pattent Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Pto-Pto-Pto-Pto-Pto-Pto-Pto-Pto-Pto-Pt	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 1,462.00 408.00 126,964.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108.404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831.00 155.00 0.00 0.00 3,545.00 1,462.00 1462.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(516.00) 132,711.00 41,521,00 229.00 1,047,00 1,167,00 64,135,00 150,00 486.00 153,00 1,377,00 15,17,00 11,517,00 11,517,00 275,00 11,310,00 625,00 1,768,00 428,00 428,00 43,270,00 600,00 5,570,00 1,128,00 1,128,00 1,055,00 1,128,00 1,055,00 1,05
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-92 69-830-81 69-830-81 69-830-87 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12N.22] 80-842-80 80-842-81 80-842-81 80-842-81 80-842-81 80-843-83 80-843-83 80-843-83 80-843-83 80-843-83 80-843-92 80-843-93	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Director-Sick/Vacation Pay Social Services Expense>Director-Poliday Pay Social Services Expense>Director-Poliday Pay Social Services Expense>Assistant>PO Accrual Social Services Expense>Assistant>Poly Mages Admin Expense>Marketing>Poly Accrual Social Services Expense>Assistant>Poly Accrual Social Services Expense>Marketing>PTO Accrual Admin Expense>Marketing>Wages Admin Expense>Marketing>Poly Cacrual Admin Expense>Marketing>Poly Cacrual Admin Expense>Marketing>Poly Cacrual Admin Expense>Marketing>Poly Cacrual Admin Expense>Regional Marketing/CAD>Shift Bonus Pay Admin Expense>Regional Marketing/CAD>Shift Bonus Pay Admin Expense>Regional Marketing/CAD>Shift Bonus Pay Admin Expense>Regional Marketing/CAD>Holiday Pay Admin Expense>Regional Marketing/CAD>Holiday Pay Admin Expense>Regional Marketing/CAD>Holiday Pay Admin Expense>Regional Marketing/CAD>Holiday Pay Admin Expense>Regional Marketing/CAD>PTO Accrual Ad	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 3,545.00 1,462.00 408.00 126,964.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97,00) 51,831.00 155.00 0.00 0.00 1,452.00 408.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(516.00) 132,711.00 41,521,00 229,00 1,047,00 1,167,00 64,135,00 150,00 163,00 153,00 157,00 882,00 157,00 81,137,00 151,70 825,00 11,377,00 64,00 275,00 11,310,00 625,00 1,311,00 625,00 1,311,00 625,00 1,311,00 625,00 1,311,00 625,00 1,32,70,00 1,32,70,00 1,32,70,00 1,32,70,00 1,32,70,00 1,32,70,00 1,32,70,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,42,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-91 69-830-81 69-830-84 69-830-84 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12M.22] 60-842-80 60-842-80 60-842-81 60-842-89 60-842-89 60-843-93	Activity Expense>Aide>PTO Accrual Recreation Workers - Patient Days Social Workers/Case Management - Patient Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Ficie/Vacation Pay Social Services Expense>Directoro-Ficie/Vacation Pay Social Services Expense>Directoro-Pro Accrual Social Services Expense>Assistant>Potential Pay Social Services Expense>Assistant>Potential Soci	203.00 108,404.00 63,524.00 3,766.00 1,883.00 (97.00) 51,831,00 155.00 385.00 0,00 0,00 1,452.00 408.00 126,964.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	203.00 108.404.00 63.624.00 3,768.00 1.883.00 (97.00) 51.831.00 155.00 0.00 0.00 3,545.00 1,462.00 408.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(516.00) 132,711.00 41,521,00 229,00 1,047,00 1,167,00 64,135,00 150,00 163,00 1,377,00 882,00 112,674.00 17,308,00 275,00 1,131,00 825,00 1,131,00 625,00 1,768,00 428,00 43,270,00 1,129,00 1,005,00 92,422,00
Subtotal [12H.10] Subgroup: [12M.33] 69-811-80 69-811-90 69-811-91 69-811-91 69-830-80 69-830-81 69-830-81 69-830-87 69-830-87 69-830-92 Subtotal [12M.33] Subgroup: [12N.22] 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-80 69-842-92 69-843-80 69-843-80 69-843-80 69-843-90 69-843-91 69-843-92	Activity Expense>Aide>PTO Accrual Recreation Workers - Pattent Days Social Workers/Case Management - Pattent Days Social Services Expense>Directoro-Wages Social Services Expense>Directoro-Wages Social Services Expense>Directoro-PTO Accrual Social Services Expense>Directoro-PTO Accrual Social Services Expense>Directoro-PTO Accrual Social Services Expense>Assistanto-Wages Social Services Expense>Assistanto-Ptor Pay Social Services Expense>Arsistanto-Ptor Pay Admin Expense>Regional Marketing/CAD>PTO Accrual Admin Expense>Regional Marketing/C	203.00 108.404.00 108.404.00 63,624.00 3,768.00 1.883.00 (97.00) 51,831.00 155.00 385.00 0,00 0,00 1.467.00 1.467.00 1.467.00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00 0,0	203.00 108,404.00 63,624.00 3,768.00 1,883.00 (97,00) 51,831.00 155.00 0.00 0.00 1,452.00 408.00 126,964.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(516.00) 132,711.00 41,521,00 229,00 1,047,00 1,167,00 64,135,00 150,00 163,00 153,00 157,00 882,00 157,00 81,137,00 151,70 825,00 11,377,00 64,00 275,00 11,310,00 625,00 1,311,00 625,00 1,311,00 625,00 1,311,00 625,00 1,311,00 625,00 1,32,70,00 1,32,70,00 1,32,70,00 1,32,70,00 1,32,70,00 1,32,70,00 1,32,70,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,32,00,00 1,42,00

80-839-92 Subtotal [120,21]	Admin Expense>Admissions>PTO Accrual Other - Patlent Days	847.00 66,184.00	0.00	847,00 66,1 <u>84,00</u>	2,350,00 46,544,00
Total [10-A]	Salaries and Wages	6,991,670.00	(967,00)	6,990,763.00	6,248,377.00
Group : [13-8] Subgroup : [1] 70-833-00 Subtotal [1]	Professional Fees Diettian - SNF Only Dietary Expesse2Contracted Dietician Diettitian - SNF Only	41,711,00 41,711.00	0,00	41,711,00 41,711,00	37,336,00 37,336,00
Subgroup : [2.22] Marcum 105 Subtotal [2.22]	Dentist - SNF Only Dentist Dentist - SNF Only	0,00	8,720,00 8,720.00	8,720.00 8,720.00	11,279,00 11,279,00
Subgroup : [3,10] 62-700-00 Subtotal [3,10]	Pharmacist - SNF Pharmacy Expense>Contracted Service Pharmacist - SNF	34,957,00 34,957,00	0,00	34,957,00 34,957,00	27,720,00 27,720,00
Subgroup : [5A.07] 65-101-01	PT - Resident Care - SNF Only PT Expense>Optum>Part B	8,581.00	0.00	8,581.00	0,00
65-102-00	PT Expense>Medicare A	102,046,00 48,458,00	0.00 0.00	102,046.DD 48,458.DD	80,296.00 30,402.00
65-103-00 65-104-00	PT Expense>Med B PT Expense>Private	0.00	0.00	0.00	303,00
65-105-00	PT Expense>HMO B PT Expense>HMO A	49,756.00 41,035.00	0.00 0.00	49,756,00 41,035,00	26,588,00 26,378,00
65-106-00 65-107-00	PT Expense>Managed Medicaid	980,00	0,00	990,00	0,00
65-111-00	PT Expense>Medicaid	14,518,00 266,384.00	0.00	14,518,00 265,384,00	24,260,00 188,227,00
Subtotal [5A.07]	PT - Resident Care - SNF Only	200,004,00			
Subgroup : [8A.36] 61-750-00 Subtotal [8A.38]	Medical Director - SNF Only Nursing Admin Expense>Medical Director Medical Director - SNF Only	67,990.00 67,990.00	(8,720,00) (8,720,00)	59,270,00 59,270,00	61,370,00 61,370.00
Subgroup : [9A,08]	ST - Resident Care SNF Only	1,887.00	0.00	1,987.00	0,00
67-101-01 67-102-00	ST Expense>Optum>Part B ST Expense>Medicare A	13,563,00	0,00	13,563,00	4,947,00
67-103-00	ST Expense>Part B	13,639.00	0.00	13,639.00 0.00	12,998.00 94.00
67-104-00 67-105-00	ST Expense>Private ST Expense>HMO B	0,00 10,168,00	0,00	10,168.00	6,073.00
67-106-00	ST Expense>HMO A	10,020,00	0.00	10,020.00 134.00	6,307,00 0.00
67-107-00 67-111-00	ST Expense>Managed Medicaid ST Expense>Medicaid	134,00 2,604,00	0,00	2,604.00	2,021.00
67-700-00	ST Expense>Contracted Service	2,546.00	0.00	2,546,00	1,897.00
Subtotal [9A.08]	ST - Resident Care SNF Only	54,661.00	0,00	54,661.00	34,337,00
Subgroup : [10A.22] 66-101-00	OT - Resident Care - SNF Only OT Expense>Optum	246.00	0,00	246,00	0.00
55-101-00	OT Expense-Optum-Part B	10,520.00	0,00	10,520,00	0.00
66-102-00	OT Expense>Medicare A	105,601.00 105,321.00	0.00	105,601,00 105,321,00	86,720,00 55,297,00
66-103-00 66-104-00	OT Expense>Part B OT Expense>Private	0.00	0.00	0.00	80,00
66-105-00	OT Expense>HMO B	76,481.00	0,00	76,481,00 43,462.00	38,057.00 25,319.00
66-10 6- 00 66-10 7- 00	OT Expense>HMO A OT Expense>Managed Medicaid	43,462.00 889.00	0.00	989,00	0.00
66-111-00	OT Expense>Medicaid	21,538.00	0.00	21,538,00	29,794.00
Subtotal [10A.22]	OT - Resident Care - SNF Only	364,158.00	0.00	364,158.00	235,267.00
Subgroup : [11B.10] 60-700-19	LPN's - SNF Only Nursing Expense>Contracted Service>LPN	(10,101.00)	10,101,00	0,00	298,003,00
60-700-22	Nursing Expense>Contracted Service>LPN Overtime	(697 00)	697.00	0.00	41,073,00
Subtotal [11B.10]	LPN's - SNF Only	(10,798.0D)	10,798,00	0.00	239,076.00
Subgroup : [110] 60-700-20	Aldes - SNF Only Nursing Expense>Contracted Service>CNA	(490.00)	490.00	0.00	393,261.00
60-700-23	Nursing Expense>Contracted Service>CNA Overtime	(3,721.00)	3,721,00 4,211,00	0.00	59,460.00 452,721.00
Subtotal [11C]	Aldes - SNF Only	14,211,00	7,631,00	5,00	102/12/102
Subgroup : [12,14] 60-263-00	Other - SNF Only Nursing Expense>Consulting Feet	4,370.00	12,012.00	16,382.00	29,104.00
60-263-02	Nursing Expense>Consulting Fees>Add Back	19,620.00	0,00	19,620,00	3,828.00 21,120.00
60-700-06 60-700-27	Nursing Expense>Contracted Services>Other Nursing Expense>Contracted Service>MDS	0.00	0.00 0.00	0.00	3,300,00
68-700-00	Therapy Expense>Contracted Service	(23,720,00)	23,720,00	10,427,00	0.00 19,458,00
68-827-00 Subtotal [12,14]	Therapy Expense>Respiratory Other - SNF Only	10,427,00 10,697,00	0.00 35,732.00	46,429,00	78,820.00
Total [13-B]	Professional Fees	824,549.00	50,741,00	875,290.00	1,464,153,00
• •	Expenditures Other than Salaries				
Group : [15] Subgroup : [1A1.15]	Workmen's Compensation - Salary%			200022030	12000000
85-881-00	Employee Benefits Expense>Workers Comp Workmen's Compensation - Salary%	122,734,00	0,00	122,734.00	78,724.00 78,724.00
Subtotal [1A1.15]		1121/12/1995			.0
Subgroup : [1A3.15] 85-156-62	Unemployment Insurance - Salary % Employee Benefits Expense>PR Taxes>SUI	45,712.00	11,00	45,723.00	74,806.00
85-156-63	Employee Benefits Expense>PR Taxes>FUI	12,496.00	85.00	12,581.00	10,567 00
Subtotal [1A3.15]	Unemployment Insurance - Salary %	58,208.00	96.00	58,304,00	85,373.00
Subgroup : [1A4.15]	Social Security (FICA) - Salary %	F25 CC0 00	2.077.00	527,746,00	468,811,00
85-156-61 Subtotal [1A4.15]	Employee Benefits Expense>PR Taxes>Fica Social Security (FICA) - Salary %	525,669.00 525,669.00	2,077,00	527,746.00	468,811.00
•					
Subgroup : [1A5.15] 85-882-00	Health Insurance - Salary % Employee Benefits Expense>Health Insurance	176,741.00	0.00	176,741,00	204,465.00
85-884-00	Employee Benefits>Dental/Vision Insurance	(145.00)	0.00	(145,00) 176,596.00	3,045.00 207,510.00
Subtotal [1A5.15]	Health Insurance - Salary %	176,596.00	0.00	170,330,00	201,010.00
Subgroup : [1A6.15] 85-885-00	Life Insurance - Salary % Employee Benefits>Life Insurance	4,710,00	0.00	4,710,00	5,188,00
Subtotal [1A6.15]	Life Insurance - Salary %	4,710.00	0.00	4,710,00	5,188,00

Subgroup : [1A9.22]					
	Other - Salary %	20.040.00	0,00	20,840,00	15,061,00
85-100-00	Employee Benefits Expense>Miscellaneous	20,840,00 2,079.00	0.00	2,079.00	0,00
85-145-32 85-178-00	Employee Benefits Expense>Pharmacy>Vaccines Employee Benefits Expense>Food	6,229.00	0.00	6,229,00	9,594,00
85-204-00	Employee Benefits Expense>Training & Education	0.00	0.00	0.00	(253,00)
85-257-00	Employee Benefits Expense>Employee Physicals	527.00	0.00	527,00	739,00
Subtotal [1A9.22]	Other - Salary %	29,675.00	0.00	29,675.00	25,141.00
	E INT. TITLE IN THE				
Subgroup : [1C.22]	Bad Debts - Total Patient Days Admin Expense>Bad Debt	171,205,00	0.00	171,205.00	163,922,00
80-251-00 80-251-74	Admin Expense>Bad Debt>Medicare Coinsurance	(28,771,00)	0.00	(28,771,00)	30,000,00
Subtotal [1C.22]	Bad Debts - Total Patient Days	142,434.00	0.00	142,434.00	193,922.00
Gastom [Total]					
Subgroup : [1D.38]	Accounting and Auditing - Total Patient Days				45 000 00
80-239-00	Admin Expense>Accounting Fees	33,293 00	2,743.00	36,036,00 36,036.00	15,000,00 15,000.00
Subtotal [1D.38]	Accounting and Auditing - Total Patient Days	33,293,00	2,743.00	30,030.00	10,000.00
Subgroup : [1E,38]	Local Total Dallant Davis				
80-238-00	Legal - Total Patient Days Admin Expense>Legal Foos	45,358,00	16,602.00	61,960,00	9,873,00
Subtotal [1E.38]	Legal - Total Patient Days	45,358.00	16,602,00	61,960.00	9,873.00
Subgroup : [1G.38]	Office Supplies - Total Patient Days		0.00	975.00	3,111,00
80-181-00	Admin Expense>Shredding	975,00 4,002,00	0,00 0,00	4,002.00	11,390.00
80-182-00	Admin Expense>Furnishing	5,267.00	0.00	5,267,00	8,982,00
80-183-00 80-183-09	Admin Expense>Supplies Admin Expense>Supplies>Toner	4,868.00	0.00	4,868.00	3,939.00
80-183-78	Admin Expense>Supplies>Paper	3,083.00	0.00	3,083,00	2,607.00
80-184-00	Admin Expense>Computer Hardware	5,620,00	0.00	5,620,00	5,260.00
Subtotal [1G.38]	Office Supplies - Total Patient Days	23,815.00		23,815.00	35,289.00
Subgroup : [1H1.43]	Telephone and Telegraph - Total Patient Days	9.645.00	0.00	9,645.00	9,358.00
80-231-00 Subtotal [1H1.43]	Admin Expense>Telephone Telephone and Telegraph - Total Patient Days	8,645.00	0.00	9,645.00	9,358.00
Subtotal [1111.43]	receptone and relegiable rotal rotal says				
Subgroup : [1K2]	Other - Total Patient Days				
Marcum 109	Sales & Use Tax	0.00	0.00	0.00	160,00
Subtotal [1K2]	Other - Total Patient Days	0.00	0.00	0.00	100,00
Subgroup : [1K3,10]	Other taxes - Resident Day User Fee - SNF	817,405.00	0.00	817,405.00	824,403.00
80-111-16 Subtotal [1K3,10]	Admin Expense>Medicaid>Bed Tex Other taxes - Resident Day User Fee - SNF	B17,405.00	0.00	817,405.00	824,403,00
Subtotal [185, 10]	Objet taxes - resident buy does 1 oo on	//			
Total [15]	Expenditures Other than Salaries	1,989,542.00	21,518.00	2,011,050.00	1,958,692.00
Group : [16]	Expenditures Other than Salaries (cont'd) - Admin. and General				
Subgroup : [L4.43]	Employee Travel - Total Patient Days	9.906.00	0.00	9,905,00	3,294.00
80-236-00	Admin Expense>Travel Employee Travel - Total Patient Days	8,806.00	0.00	9,995.00	3,294.00
Subtotal [L4.43]	Elliployee Haves - Total Faster Days				
Subgroup : [L5.36]	Education - Patient Days				
60-204-00	Nursing Expense>Training & Education	25,134,00	0.00	26,134,00	18,479.00
Marcum 108	Education	0,00	0.00	0,00	52,00 18,531.00
Subtotal [L5.38]	Education - Patient Days	26,134.00	00,00	26,134.00	10,531.00
Cut 1 (184 40)	Advertising Help Wanted - Total Patient Days				
Subgroup : [M1.19] 80-249-00	Advertising help wanted - 1000 Fallent Days Admin Expense>Recruiting	8,341.00	0.00	8,341,00	20,228.00
Subtotal [M1.19]	Advertising Help Wanted - Total Patient Days	8,341.00	0,00	8,341.00	20,228.00
Subgroup : [M3]	Advertising Other - Total Patient Days		0.00	45 500 00	43,880,00
80-250-00	Admin Expense>Marketing & Advertising	15,500.00	0.00	15,500,00 1,788,00	4,003.00
80-250-74	Admin Expense Marketing & Advertising > COVID	1,788.00	0.00	17,288,00	47,883.00
Subtotal [M3]	Advertising Other - Total Patient Days	11,200.00	0.00		
Subgroup : [M7.38]	Postage - Total Patient Days				
80-209-00	Admin Expense>Postage				
Subtotal [M7.38]		2,387.00	0.00	2,387,00	1,805.00
	Postage - Total Patient Days	2,387,00 2,387,00	0.00	7,387,00 2,387,00	1,805.00 1,805.00
	Postage - Total Patient Days				
Subgroup : [M8.38]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days	2,387.00	0.00	2,387,00	
80-235-00	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions	2,387,00			1,805.00
	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days	2,387.00	(953.00)	2,387,00 9,510,00	1,805.00 7,263.00
80-235-00 Subtotal [M8.38] Subgroup : [M8A]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days	2,387,00 10,463.00 10,463.00	(953.00) (953.00)	2,387.00 9,510.00 9,510.00	7,263.00 7,263.00
80-235-00 Subtotal [M8.38] Subgroup : [M8A] Marcum 107	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues	2,387,00 10,463.00 10,483.00	(953.00) (953.00) 400.00	2,387,00 9,510,00 9,510.00 400.00	7,263.00 7,263.00 7,263.00
80-235-00 Subtotal [M8.38] Subgroup : [M8A]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days	2,387,00 10,463.00 10,463.00	(953.00) (953.00)	2,387.00 9,510.00 9,510.00	7,263.00 7,263.00
80-235-00 Subtotal [M8.38] Subgroup: [M8A] Marcum 107 Subtotal [M8A]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days	2,387,00 10,463.00 10,483.00	(953.00) (953.00) 400.00	2,387,00 9,510,00 9,510.00 400.00	7,263.00 7,263.00 7,263.00
80-235-00 Subtotal [M8.38] Subgroup : [M8A] Marcum 107 Subtotal [M8A] Subgroup : [M9.39]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days	2,387,00 10,463.00 10,483.00	(953.00) (953.00) 400.00	2,367,09 9,510.00 9,510.00 400.00 400.00	7,263.00 7,263.00 7,263.00 660.00 660.00
80-235-00 Subtotal [M8.38] Subgroup : [M8A] Marcum 107 Subtotal [M8A] Subgroup : [M9.39] Marcum 106	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days	2,387,00 10,463.00 10,463.00 0.00	(953,00) (953,00) (953,00) 400,00	2,367,00 9,510,00 9,510,00 400.00	7,263.00 7,263.00 7,263.00 660.00
80-235-00 Subtotal [M8.38] Subgroup : [M8A] Marcum 107 Subtotal [M8A] Subgroup : [M9.39]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Ergenses Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days	2,387,00 10,463.00 10,463.00 0.00	(953.00) (953.00) (953.00) 400.00 400.00	2,367,09 9,510.00 9,510.00 400.00 400.00	7,263.00 7,263.00 7,263.00 660.00 660.00
80-235-00 Subtrotal [M8.J8] Subgroup: [M8A] Marcum 107 Subtotal [M8A] Subgroup: [M9.39] Marcum 108 Subtotal [M9.39] Subgroup: [M11.07]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days	2,387,00 10,463.00 10,483.00 0.00 0.00	400.00 400.00 400.00 553.00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00	1,805.00 7,263.00 7,263.00 660.00 650.00 266.00
80-235-00 Subtrout [M8.J8] Subgroup : [M8A] Marcum 107 Subtotal [M8A] Subgroup : [M9.39] Marcum 108 Subtotal [M9.39] Subgroup : [M11.07] 60-230-00	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 0.00	(953,00) (953,00) (953,00) 400,00 400,00 553,00 553,00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 63,347,00	7,263.00 7,263.00 7,263.00 660.00 660.00
80-235-00 Subtroup: [M8A] Marcum 107 Subtotal [M8A] Subgroup: [M9.39] Marcum 106 Subtotal [M9.39] Subgroup: [M11.07] 80-230-00 80-240-00	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense Polata Processing Admin Expense Polata Processing	2,387,00 10,463.00 10,483.00 0.00 0.00	400.00 400.00 400.00 553.00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00	1,805.00 7,263.00 7,263.00 660.00 660.00 266.00 2108,422.00 1,758.00 309,294.00
80-235-00 Subtrout [M8.J8] Subgroup : [M8A] Marcum 107 Subtotal [M8A] Subgroup : [M9.39] Marcum 108 Subtotal [M9.39] Subgroup : [M11.07] 60-230-00	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing	2,387,00 10,463,00 10,463,00 0.00 0.00 0.00 0.00 0.00 63,247,00 40,005,00 29,455,00 24,157,00	0,00 (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,758,00) (14,755,00) 0,00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 553.00 23,247,00 23,247,00 284,700.00 24,157,00	1,805.00 7,263.00 7,263.00 660.00 660.00 266.00 108,422.00 17,758.00 309,294.00 18,838.00
80-235-00 Subtroup: [M8A] Marcum 107 Subtrotal [M8A] Subgroup: [M9,39] Marcum 106 Subtrotal [M9.39] Subtrotal [M9.39] Subgroup: [M11.07] 00-230-00 80-240-00 80-240-00	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense > Professional Frees Admin Expense > Professional Fees Admin Expense > Professional Fees Admin Expense > Contracted Service	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 0.00 63,247,00 40,005.00 29,455.00 24,157.00 18,750.00	0,00 (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,758,00) (14,755,00) 0,00 0,00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 63,347,00 22,247,00 24,157,00 18,750,00	1,805.00 7,263.00 7,263.00 660.00 660.00 266.00 266.00 108,422.00 17,758.00 309,294.00 18,838.00 94.00
80-235-00 Subtroup: [M8A] Marcum 107 Subtroup: [M8A] Subgroup: [M9.39] Marcum 108 Subtrotal [M9.39] Subgroup: [M11.07] 00-230-00 80-240-00 80-240-02 80-241-01 80-700-00 80-700-00	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing Admin Expense>Data Processing Admin Expense>Pofessional Fees Admin Expense>Tofessional Fees Admin Expense>Tofessional Fees Admin Expense>Contracted Service Admin Expense>Contracted Service>Add Back	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 63,247.00 40,005.00 29,455.00 24,157.00 18,750.00 12,000.00	0,00 (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,756,00) (14,755,00) 0,00 0,00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 553.00 23,247,00 24,170,00 18,750.00 12,000,00	1,805.00 7,263.00 7,263.00 660.00 660.00 266.00 27,263.00 28,200 108,422.00 19,838.00 94.00 12,000.00 12,000.00
80-235-00 Subtroutal [M8.J8] Subgroup: [M8A] Marcum 107 Subtotal [M8A] Subgroup: [M9.39] Marcum 108 Subtotal [M9.39] Subgroup: [M11.07] 00-230-00 80-240-00 80-241-01 80-700-00	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense > Professional Frees Admin Expense > Professional Fees Admin Expense > Professional Fees Admin Expense > Contracted Service	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 0.00 63,247,00 40,005.00 29,455.00 24,157.00 18,750.00	0,00 (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,758,00) (14,755,00) 0,00 0,00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 63,347,00 22,247,00 24,157,00 18,750,00	1,805.00 7,263.00 7,263.00 660.00 660.00 266.00 266.00 108,422.00 17,758.00 309,294.00 18,838.00 94.00
80-235-00 Subtroup: [M8A] Marcum 107 Subtrotal [M8A] Subgroup: [M9,39] Marcum 106 Subtrotal [M9.39] Subgroup: [M11.07] 80-240-00 80-240-00 80-240-02 80-241-01 80-700-00 80-700-02 Subtrotal [M11.07]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing Admin Expense>Professional Fees>Add Back Admin Expense>Contracted Service Admin Expense>Contracted Service Admin Expense>Contracted Service Admin Expense>Contracted Service Admin Expense>Contracted Service>Add Back Services Provided by Contract - Total Patient Days	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 63,247.00 40,005.00 29,455.00 24,157.00 18,750.00 12,000.00	0,00 (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,756,00) (14,755,00) 0,00 0,00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 553.00 23,247,00 24,170,00 18,750.00 12,000,00	1,805.00 7,263.00 7,263.00 660.00 660.00 266.00 27,263.00 108,422.00 17,758.00 18,838.00 12,000.00 451,406.00
80-235-00 Subtroup: [M8A] Marcum 107 Subtroup: [M9.39] Marcum 108 Subtroup: [M9.39] Marcum 108 Subtroup: [M11.07] 00-230-00 80-240-00 80-240-02 80-241-01 80-700-00 80-700-02 Subtroup: [M11.07] Subtroup: [M12.31]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Eypense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Potessional Fees Add Back Admin Expense>Potessional Fees Add Back Admin Expense>Contracted Service Admin Expense>Contracted Service Add Back Services Provided by Contract - Total Patient Days Admin Expense>Contracted Service Add Back Services Provided by Contract - Total Patient Days Administrative Management Service> - Direct Assignment	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 63,247.00 40,005.00 29,455.00 24,157.00 18,750.00 12,000.00	0,00 (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,758,00) (14,755,00) 0,00 0,00 0,00 (31,513,00)	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 23,247,00 24,157,00 12,000.00 426,201.00 1,143.155.09	1,805.00 7,263.00 7,263.00 660.00 660.00 266.00 27,263.00 28,00 108,422.00 17,758.00 19,838.00 94.00 12,000.00 451,406.00
80-235-00 Subtroup: [M8A] Marcum 107 Subtrotal [M8A] Subgroup: [M9,39] Marcum 106 Subtrotal [M9.39] Subgroup: [M11.07] 80-240-00 80-240-00 80-240-02 80-241-01 80-700-00 80-700-02 Subtrotal [M11.07]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing Admin Expense>Professional Fees>Add Back Admin Expense>Contracted Service Admin Expense>Contracted Service Admin Expense>Contracted Service Admin Expense>Contracted Service Admin Expense>Contracted Service>Add Back Services Provided by Contract - Total Patient Days	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 63,247.00 40,005.00 29,455.00 24,157.00 18,750.00 12,000.00 457,714.00	0,00 (953,00) (953,00) 400,00 400,00 553,00 553,00 (15,756,00) (14,755,00) (14,755,00) 0,00 0,00 0,00 0,00 0,00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 553.00 28,700 28,700.00 24,157,00 12,000 426,201.00	1,805.00 7,263.00 7,263.00 660.00 660.00 266.00 27,263.00 108,422.00 17,758.00 18,838.00 12,000.00 451,406.00
80-235-00 Subtotal [M8.J8] Subgroup: [M8A] Marcum 107 Subtotal [M8A] Subgroup: [M9.39] Marcum 108 Subtotal [M9.39] Subgroup: [M11.07] 00-230-00 80-240-02 80-241-01 80-700-02 Subtotal [M11.07] Subgroup: [M12.31] 80-279-00 Subtotal [M12.31]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Gommerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing Admin Expense>Professional Fees Add Back Admin Expense>Foresional Fees Add Back Admin Expense>Contracted Service Administrative Management Services - Direct Assignment Administrative Management Services - Direct Assignment	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 0.00 63,347.00 40,005.00 299,455.00 24,157.00 18,750.00 12,000.00 457,714.00 856,030.00	0,00 (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,758,00) (14,755,00) 0,00 0,00 0,00 (31,513,00)	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 23,247,00 24,157,00 12,000.00 426,201.00 1,143.155.09	1,805.00 7,263.00 7,263.00 660.00 660.00 266.00 27,263.00 28,00 108,422.00 17,758.00 19,838.00 94.00 12,000.00 451,406.00
80-235-00 Subtroup: [M8A] Marcum 107 Subtrotal [M8A] Subgroup: [M9,39] Marcum 106 Subtrotal [M9,39] Subgroup: [M11.07] 00-230-00 80-240-00 80-240-00 80-240-00 80-700-00 Subtrotal [M11.07] Subgroup: [M12.31] 80-279-00 Subtotal [M12.31] Subgroup: [M13.39]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Potal Processing Admin Expense>Professional Fees Admin Expense>Professional Fees Admin Expense>Contracted Service - Add Back Admin Expense>Contracted Service - Add Back Services Provided by Contract - Total Patient Days Admin Expense>Contracted Service - Add Back Services Provided by Contract - Total Patient Days Administrative Management Services - Direct Assignment Administrative Management Services - Direct Assignment Other - Total Patient Days	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 63,247.00 40,005.00 29,455.00 24,157.00 12,000.00 457,714.00 856,030.00 856,030.00	0,00 (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,758,00) (14,755,00) (0,00 0,00 0,00 0,00 207,128,00)	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 23,247,00 24,157,00 12,700.00 12,000.00 426,201.00 1,143,158.00	1,805.00 7,263.00 7,263.00 7,263.00 660.00 660.00 266.00 265.00 108,422.00 1,758.00 309,294.00 19,838.00 94.00 12,000.00 451,406.00 1,383,662.00
80-235-00 Subtroul [M8.J8] Subgroup: [M8A] Marcum 107 Subtotal [M8A] Subgroup: [M9.39] Marcum 108 Subtotal [M9.39] Subgroup: [M11.07] 00-230-00 80-240-02 80-240-02 80-241-01 80-700-00 80-700-02 Subtotal [M11.07] Subgroup: [M12.31] 80-279-00 Subtotal [M12.31] Subgroup: [M13.39] Subgroup: [M13.39]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing Admin Expense>Professional Fees Admin Expense>Contracted Service Admin Expense>Contracted Service > Direct Assignment Admin Expense>Management Services - Direct Assignment Admin Expense>Management Services - Direct Assignment Admin Expense>Ferse Management Services - Direct Assignment Other - Total Patient Days Admin Expense>Financing Costs	2,387,00 10,463,00 10,463,00 0,00 0,00 0,00 0,00 63,347,00 40,005,00 299,455,00 244,157,00 18,750,00 12,000,00 457,714,00 856,030,00 856,030,00 5,018,00	0,00 (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,756,00) (14,755,00) (14,755,00) 0,00 0,00 0,00 (31,513,00) 207,128,00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 553.00 28,700,00 24,157,00 12,000,00 428,201.00 12,000 12,000 12,000 5,1143,158.00 1,143,158.00	1,805.00 7,263.00 7,263.00 660.00 660.00 266.00 27,263.00 28,00 108,422.00 17,758.00 19,838.00 94.00 12,000.00 451,406.00
80-235-00 Subtroup: [M8A] Marcum 107 Subtroup: [M8A] Subgroup: [M9.39] Marcum 108 Subtroud [M9.39] Subtroud [M9.39] Subgroup: [M11.07] 00-230-00 80-240-00 80-240-02 80-241-01 80-700-02 Subtroud [M11.07] Subgroup: [M12.31] 80-279-00 Subtroud [M12.31] Subgroup: [M13.31] Subgroup: [M13.39] 80-153-00 80-202-00	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing Admin Expense>Professional Fees>Add Back Admin Expense>Professional Fees>Add Back Admin Expense>Contracted Service Admin Expense>Contracted Service Admin Expense>Contracted Service Admin Expense>Contracted Services - Direct Assignment Admin Expense>Management Services - Direct Assignment Admin Expense>Management Fee! Administrative Management Services - Direct Assignment Other - Total Patient Days Admin Expense>Hanning Costs Admin Expense>Fainning Costs	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 0.00 63,247.00 40,005.00 24,157.00 18,750.00 12,000.00 457,714.00 856,030.00 856,030.00 5,018.00 5,018.00 5,018.00	0,00 (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,758,00) (14,755,00) (0,00 0,00 0,00 0,00 207,128,00)	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 23,247,00 24,157,00 12,700.00 12,000.00 426,201.00 1,143,158.00	1,805.00 7,263.00 7,263.00 660.00 680.00 266.00 27,263.00 108,422.00 1,759.00 309,294.00 19,839.00 94.00 12,000.00 451,406.00 1,383,562.00 1,383,562.00
80-235-00 Subtroup: [M8A] Marcum 107 Subtrotal [M8A] Subgroup: [M9.39] Marcum 106 Subtrotal [M9.39] Subgroup: [M11.07] 00-240-00 80-240-00 80-240-02 80-241-01 80-700-02 Subtrotal [M11.07] Subgroup: [M12.31] 80-279-00 Subtrotal [M12.31] Subgroup: [M13.31] Subgroup: [M13.38] 80-153-00 80-022-00 80-022-00 80-022-00	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Gommerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing Admin Expense>Professional Fees Admin Expense>Professional Fees Admin Expense>Contracted Service - Direct Assignment Admin Expense>Management Services - Direct Assignment Admin Expense>Management Services - Direct Assignment Other - Total Patient Days Admin Expense>Financing Costs	2,387,00 10,463,00 10,463,00 0,00 0,00 0,00 0,00 63,347,00 40,005,00 299,455,00 244,157,00 18,750,00 12,000,00 457,714,00 856,030,00 856,030,00 5,018,00	0,00 (953,00) (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,758,00) (14,755,00) 0,00 0,00 0,00 (31,513,00) 207,128,00 287,128,00 0,00 0,00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 22,477,00 24,157,00 12,000,00 428,201,00 1,143,158.00 1,143,158.00 5,018.00 560.00	1,805.00 7,263.00 7,263.00 660.00 660.00 266.00 266.00 108,422.00 1,759.00 309,294.00 19,838.00 12,000.00 451,406.00 1,383,662.00 4,495.00 268.00 1,003.00 18.00 11,003.00 11,003.00 11,003.00 11,003.00 11,003.00
80-235-00 Subtroup: [M8A] Marcum 107 Subtroup: [M8A] Subgroup: [M9.39] Marcum 108 Subtroud [M9.39] Subtroud [M9.39] Subgroup: [M11.07] 00-230-00 80-240-00 80-240-02 80-241-01 80-700-02 Subtroud [M11.07] Subgroup: [M12.31] 80-279-00 Subtroud [M12.31] Subgroup: [M13.31] Subgroup: [M13.39] 80-153-00 80-202-00	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing Admin Expense>Professional Fees>Add Back Admin Expense>Professional Fees>Add Back Admin Expense>Contracted Service Admin Expense>Contracted Service Admin Expense>Contracted Service Admin Expense>Contracted Services - Direct Assignment Admin Expense>Management Services - Direct Assignment Admin Expense>Management Fee! Administrative Management Services - Direct Assignment Other - Total Patient Days Admin Expense>Hanning Costs Admin Expense>Fainning Costs	2,387,00 10,463,00 10,463,00 0,00 0,00 0,00 0,00 0,00 63,247,00 40,005,00 299,455,00 244,157,00 18,750,00 12,000,00 457,714,00 856,030,00 5,018,00 5,018,00 5,018,00 5,018,00 1,077,00 8,175,00 0,00	0,00 (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,758,00) (14,755,00) (14,755,00) (20,00 0,00 0,00 287,128,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	2,367,00 9,510.00 9,510.00 400.00 400.00 400.00 553.00 553.00 23,247,00 28,700,00 24,157,00 18,750,00 12,000,00 428,201.09 5,018,00 5,018,00 5,018,00 5,018,00 5,018,00 6,175,00 1,077,00 8,175,00 0,00	1,805.00 7,263.00 7,263.00 7,263.00 660.00 660.00 266.00 27,263.00 28,00 28,00 108,422.00 1,759.00 309,294.00 19,839.00 94.00 12,000.00 4,51,406.00 1,383,662.00 1,383,662.00 1,003.00 1,003.00 1,003.00 1,003.00 1,003.00 2,807.00 2,807.00 2,807.00 2,807.00
80-235-00 Subtroup: [M8A] Marcum 107 Subtroup [M8A] Marcum 108 Subgroup: [M9.39] Marcum 108 Subtroud [M9.39] Subgroup: [M11.07] 00-230-00 80-240-02 80-241-01 80-700-02 Subtroud [M11.07] Subgroup: [M12.31] 80-279-00 Subtroud [M12.31] Subgroup: [M12.31] 80-279-00 Subtroud [M12.31]	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing Admin Expense>Professional Fees Admin Expense>Professional Fees Admin Expense>Contracted Service Admin Expense>Contracted Service>Add Back Admin Expense>Contracted Service>Add Back Services Provided by Contract - Total Patient Days Administrative Management Services - Direct Assignment Admin Expense>Financing Costs Admin Expense>Fines & Penalties	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 63,347.00 40,005.00 299,455.00 241,57.00 12,000.00 457,741.00 856,030.00 \$50.00 1,077.00 8,175.00 0.00 27,254.00	0,00 (953,00) (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,756,00) (14,755,00) 0,00 0,00 0,00 0,00 (31,513,00) 207,128,00 287,128,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 553.00 22,447,00 23,247,00 24,157,00 12,000.00 428,201.00 1,143,158.06 5,018.00 560.00 1,077.00 8,175.00 0,00 27,410.00 27,410.00	1,805.00 7,263.00 7,263.00 660.00 680.00 266.00 266.00 108,422.00 1,759.00 209.294.00 19,838.00 4,00 12,000.00 451,406.00 1,883,662.00 4,495.00 268.00 1,003.00 1,003.00 2,807.00 2,007.00 2,017.00 20,412.00
80-235-00 Subtroup: [M8A] Marcum 107 Subtroup: [M8A] Marcum 107 Subtroup: [M9,39] Marcum 108 Subtroup: [M11.07] 00-230-00 80-240-00 80-240-02 80-241-01 80-700-00 80-700-02 Subtrotal [M11.07] Subgroup: [M12.31] 80-279-00 Subtrotal [M12.31] Subgroup: [M13.39] 80-153-00 80-242-00 80-243-00 80-244-00 80-244-00 80-244-00 80-244-00 80-245-00	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing Admin Expense>Professional Fees>Add Back Admin Expense>Professional Fees>Add Back Admin Expense>Contracted Services Admin Expense>Contracted Services Admin Expense>Contracted Services - Direct Assignment Admin Expense>Management Services - Direct Assignment Admin Expense>Management Fee Administrative Management Services - Direct Assignment Other - Total Patient Days Admin Expense>Management Fee Admin Expense>Fanaining Costs Admin Expense>Fanaining Costs Admin Expense>Fanaining Costs Admin Expense>Fanaining Costs Admin Expense>Fanaining Rems	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 0.00 63,247.00 40,005.00 29,455.00 24,157.00 12,000.00 457,714.00 856,030.00 856,030.00 500.00 1,077.00 8,175.00 0.00 27,254.00 64,00	0,00 (953,00) (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,758,00) (14,755,00) 0,00 0,00 0,00 (31,513,00) 207,128,00 287,128,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 23,247,00 24,157,00 12,000,00 426,201,00 1,143,158.00 1,143,158.00 1,077,00 6,175,00 0,00 27,410,00 560.00 1,77,00 6,175,00 6,175,00 6,175,00	1,805.00 7,263.00 7,263.00 660.00 660.00 2660.00 108,422.00 1,758.00 19,638.00 94.00 12,000.00 451,406.00 1,883,662.00 4,495.00 268.00 1,003.00 1,000.00 2,807.00 2,807.00 20,412.00 399.00
80-235-00 Subtotal [M8.J8] Subgroup: [M8A] Marcum 107 Subtotal [M8A] Subgroup: [M9.39] Marcum 108 Subtotal [M9.39] Subgroup: [M11.07] 00-230-00 80-240-00 80-240-00 80-240-00 80-240-01 Subtotal [M11.07] Subgroup: [M12.31] 80-279-00 Subtotal [M12.31] Subgroup: [M13.39] 80-153-00 80-022-00 80-024-00 80-024-00 80-024-00 80-024-00 80-024-00 80-024-00	Postage - Total Patient Days Dues and Membership Fees - Total Patient Days Admin Expense>Dues & Subscriptions Dues and Membership Fees - Total Patient Days Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Chamber Dues Dues to Chamber of Commerce - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Subscriptions - Patient Days Services Provided by Contract - Total Patient Days Admin Expense>Data Processing Admin Expense>Professional Fees Admin Expense>Professional Fees Admin Expense>Contracted Service Admin Expense>Contracted Service>Add Back Admin Expense>Contracted Service>Add Back Services Provided by Contract - Total Patient Days Administrative Management Services - Direct Assignment Admin Expense>Financing Costs Admin Expense>Fines & Penalties	2,387,00 10,463.00 10,463.00 0.00 0.00 0.00 63,347.00 40,005.00 299,455.00 241,57.00 12,000.00 457,741.00 856,030.00 \$50.00 1,077.00 8,175.00 0.00 27,254.00	0,00 (953,00) (953,00) (953,00) 400,00 400,00 553,00 553,00 (16,756,00) (14,755,00) 0,00 0,00 0,00 0,00 (31,513,00) 207,128,00 287,128,00 0,00 0,00 0,00 0,00 0,00 0,00 0,00	2,367,00 9,510.00 9,510.00 400.00 400.00 553.00 553.00 553.00 22,447,00 23,247,00 24,157,00 12,000.00 428,201.00 1,143,158.06 5,018.00 560.00 1,077.00 8,175.00 0,00 27,410.00 27,410.00	1,805.00 7,263.00 7,263.00 660.00 680.00 266.00 266.00 108,422.00 1,759.00 209.294.00 19,838.00 4,00 12,000.00 451,406.00 1,883,662.00 4,495.00 268.00 1,003.00 1,003.00 2,807.00 2,007.00 2,017.00 20,412.00

80-252-00 80-255-00 Subtotal [M13,39]	Admin Expense>Startup Costs Admin Expense>Startup Costs>Agency Other - Total Patlent Days	66,108.00 0,00 117,189,00	0,00 0,00 155,00	66,108,00 0,00 117,345,00	10,291,00 (1,00) 45,648,00
Total [15]	Expenditures Other than Salaries (cont'd) - Admin, and General	1,505,452.00	255,771.00	1,761,223.00	1,980,646.00
Group : [18] Subgroup : [2A1.03] 70-177-00 70-178-00 Subtotal [2A1.03]	Dietary Basis for Allocation of Costs Raw Food - Meals Dietary Expense-Supplements Dietary Expense-Food Raw Food - Meals	21,103,00 403,085,00 424,188.00	0,00 0,00 0,00	21,103,00 403,085,00 424,186.00	15,074,00 457,367,00 472,441,00
Subgroup : [2A2.03] 70-183-00 70-184-00 70-191-00 Subtotal [2A2.03]	Non-Food Supplies - Meals Dietary Expense-Supplies Dietary Expense-Minor Equip Dietary Expense-Enteral Feeding Supplies Non-Food Supplies - Meals	42,545,00 435,00 3,399,00 48,379,00	0,00 0,00 0,00 0,00	42,545.00 435.00 5,399.00 46,379.00	45,613,00 2,153,00 2,173,00 49,939,00
Subgroup : [2B.03] 70-700-00 Subtotal [2B.03]	Purchased Services - Meals Dietary Expense>Contracted Service Purchased Services - Meals	134,338,00 134,338.00	0.00	134,338.00 134,338.00	154,320,00 154,320.00
Subgroup : [2C] 70-207-00 70-208-00 Subtotal [2C]	Other Dietary Expense>Repairs & Maint Dietary Expense>Equip-Rental Other	1,529,00 5,103,00 7,632,00	0,00 0.00 0,00	1,529.00 6,103.00 7,632.00	0.00 0.00 0.00
Total [18]	Dietary Basis for Allocation of Costs	612,537.00	0,00	612,537.00	676,700.00
Group : [19] Subgroup : [38,05] 73-700-00 Subtotal [38,05]	Laundry-Basis for Allocation of Costs Purchased Services - Total Patient Days Laundry Expense>Contracted Service Purchased Services - Total Patient Days	278,355,00 278,355.00	0.00	278,355,00 278,355.00	217,654,00 217,854,00
Subgroup : [3C] 73-183-00 73-184-00 Subtotal [3C]	Other Laundry Expense>Supplies Laundry Expense>Minor Equip Other	16,714.00 0,00 16,714.00	0.00	16,714,00 0,00 16,714.00	15,102.00 2,815.00 17,917.00
Total [19]	Laundry-Basis for Allocation of Costs	295,069.00	0,00	295,069,00	235,571.00
Group : [20] Subgroup : [4A1.02] 72-183-00 72-183-74 72-184-00 Subtotal [4A1.02]	Housekeeping and Resident Care Basis for Allocation of Costs In-House Care Supplies - Squ Housekeeping Expense>Supplies - COVID Housekeeping Expense>Supplies - COVID Housekeeping Expense>Mousekeeping Expense>Mouse Equip & Supplies In-House Care Supplies - Sqft	27,339,00 75,00 1,276,00 28,690,00	0,00 0,00 0,00 0,00	27,339.00 75.00 1,276.00 28,690.00	25,207,00 0,00 0,00 25,207,00
Subgroup : [48.02] 72-700-00 Subtotal [48.02]	Purchased Services - Sqft Housekeeping Expense>Contracted Service Purchased Services - Sqft	444,627,00 444,627.00	0.00	444,627.00 444,627.00	347,712.00 347,712.00
Subgroup : [SA2.22] 62-102-00 62-104-00 62-105-00 62-111-00 62-145-00 62-145-02 62-145-74 Subtotal [SA2.22]	Purchased from - SNF Only Pharmacy Expenses/Middeara A Pharmacy Expenses/Private Pharmacy Expenses/Private Pharmacy Expenses/Mo Pharmacy Expenses/Mo Pharmacy Expenses/Ra-Vaccines	51,781,00 (331,00) 42,082,00 4,286,00 6,052,00 18,114,00 0,00	0,00 0,00 0,00 0,00 0,00 0,00 0,00	51,781.00 (331,00) 42,092.00 4,289.00 6,052.00 18,114.00 0,00	72,910,00 41,00 48,821,00 10,727,00 9,248,00 8,198,00 4,860,00
Subgroup : [58.12] 62-222-00 Subtotal [58.12]	Medicine Cabinet Drugs - Patient Days Pharmacy Expense>OTC Medicine Cabinet Drugs - Patient Days	4,764,00 4,764,00	0.00	4,764.00 4,764.00	3,213.00 3,213.00
Subgroup: [5C.10] 60-183-00 60-183-07 60-183-74 60-183-76 60-184-00 60-185-00 60-205-00 Subtotal [5C.10]	Medical and Therapeutic Supplies - SNF Nursing Expense Supplies-Oksposable Nursing Expense Supplies-Bariatric Nursing Expense Supplies-COVID Nursing Expense Supplies-COVID Nursing Expense Supplies-PD Nursing Expense Supplies-PD Nursing Expense Supplies-Non Disposable Nursing Expense Incondinence Supplies Nursing Expense Incondinence Supplies Nursing Expense Sanitation a Incineration Medical and Therapeutic Supplies - SNF	10,352,00 297,00 28,160,00 116,603,00 28,506,00 833,00 585,00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	10,352.00 29,160.00 116,603.00 28,506.00 933.00 585.00	11,812,00 264,00 45,522,00 108,098,00 22,357,00 880,00 540,00
Subgroup : [5D.10] 60-213-00 Subtotal [5D.10]	Ambulance/Limousine - SNF Nursing Expense>Transportation Ambulance/Limousine - SNF	2,990,00 2,990,00	0.00	2,990.00 2,990.00	2,271.00
Subgroup : [5E2.22] 57-000-00 Subtotal [5E2.22]	Oxygen - Other - SNF Oxygen Expense Oxygen - Other - SNF	1,182.00 1,182.00	0.00	1,182,00 1,182,00	1,937,00 1,937,00
Subgroup ; [5F.22] 59-000-00 Subtotal [5F.22]	X-Rays and related radiological - SNF Radiology Expense X-Rays and related radiological - SNF	5,259.00 5,259.00	0.00	5,259.00 5,259.00	4,561,00 4,661,00
Subgroup : [5H,22] 58-000-00 58-000-74 Subtotal [5H.22]	Laboratory - SNF Only Lab Expense Lab Expense > COVID Laboratory - SNF Only	11,797,00 0.00 11,797,00	0.00 0.00	11,787.00 0,00 11,797.00	8,051,00 1,443,00 9,494.00
Subgroup ; [5],12] 71-000-00 71-178-00 71-183-00 71-183-74 71-700-00 80-210-00 Subtotal [5],12]	Recreation - Patient Days Activity Expense > Food Activity Expense > Food Activity Expense > Supplies Activity Expense > Supplies > COVID Activity Expense > Contracted Service Admin Expense > Internet Recreation - Patient Days	0.00 523.00 5.292.00 0.00 3.370.00 2.455.00	0.00 0.00 0.00 0.00 0.00 0.00	0,00 523,00 5,292,00 0,00 3,370,00 2,455,00 11,640,00	50.00 337.00 2,933.00 15.00 2,025.00 2,512.00 7,872.00

Subgroup : [5J.10]	Other - SNF				0.000.00
55-000-00	Nursing Rental Expense	20,180,00	0.00 0.00	20,180,00 544,00	9,380,00 0,00
60-207-00	Nursing Expense>Repairs & Maint Nursing Expense>Clinical Services	544,00 9,796.0D	0.00	9,796.00	6.010.00
60-212-00 60-230-00	Nursing Expense>Data Processing	69,846.00	0.00	69,846,00	98,413,00
68-183-00	Therapy Expense>Supplies	1,545.00	0.00	1,545.00	1,294,00
Subtotal [5J,10]	Other - SNF	101,911.00	0,00	101,911.00	115,097,00
Subgroup : [5L]	Cable TV - Patient Days Admin Expense>Cable TV	26,949.00	0.00	26,949.00	32,745,00
80-232-00 Subtotal [5L]	Cable TV - Patient Days	26,949.00	0,00	26,949.00	32,745,00
Suptoral [St.]	Came IV-I audit Days				
Total [20]	Housekeeping and Resident Care Basis for Allocation of Costs	948,142.00	0.00	948,142.00	894,588.00
Group : [22]	Maintenance and Property				
Subgroup : [6A.02]	Repairs and Maintenance - Sqft	41,841.00	0.00	41,841.00	142,712,00
75-207-00	Maintenance Expense>Repairs & Maint Repairs and Maintenance - Sqft	41,841.00	0.00	41,841.00	142,712.00
Subtotal [6A.02]	Repairs and manifestance - Squ				
Subgroup : [6B.02]	Heat - Square Footage				
76-227-00	Utility Expense>Gas	43,689,00	0.00	43,689.00	42,287,00
Subtotal [6B,02]	Heat - Square Footage	43,689,00	0.00	43,689.00	42,287,00
	II dan Barrar Barrar France				
Subgroup : [6C,02]	Light & Power - Square Footage Utility Expense>Electric	349,926,00	0.00	349,926.00	275,593,00
76-228-00 Subtotal [6C.02]	Light & Power - Square Footage	349,926.00	0.00	349,926.00	275,593.00
Danteim [agree]	Light a verse, vegania in an	:	7		
Subgroup : [6D.02]	Water - Square Footage				
76-229-00	Utility Expense>Water/Sewer	104,031.00	0.00	104,031.00 104,031.00	65,583,00 65,583.00
Subtotal [6D.02]	Water - Square Footage	104,031.00	0.00	104,031.00	03,384.00
Puberoup : ISE1	Equipment Lassa				
Subgroup : [6E] 80-208-00	Equipment Lease Admin Expense>Equip-Rental	5,241.00	0,00	5,241.00	4,730.00
Subtotal [6E]	Equipment Lease	5,241,00	0,00	5,241.00	4,730,00
Subgroup : [6F.2]	Other - Square Footage		0.07	62.00	257.00
75-182-74	Maintenance Expense>Supplies>COVID	65.00 22,038.00	0.00	65,00 22,038.00	257,00 52,583,00
75-183-00	Maintenance Expense Supplies	11,387,00	0.00	11.387.00	251.00
75-184-00 75-205-00	Maintenance Expense>Minor Equip Maintenance Expense>Sanitation & Incineration	39,030,00	0,00	39,030,00	29,759.00
75-217-00	Maintenance Expense>Extermination	6,102,00	0.00	6,102,00	4,557,00
75-218-00	Maintenance Expense>Snow Removal	9,315,00	0.00	9,315,00	10,587.00
75-219-00	Maintenance Expense>Landscaping	29,514,00	0.00	29,514.00	34,626.00
75-219-83	Maintenance Expense>Landscaping>supplies	111,00	0.00	111.00	3,238.00
75-220-00	Maintenance Expense>Fire Drill	922,00	0.00	922.00 1,384.00	1,523,00
75-230-00 75-700-00	Maintenance Expense>Data Processing Maintenance Expense>Contracted Service	1,384.00 40,141,00	0.00	40,141.00	25,669.00
75-700-00	Utility Expense>Contracted Service	20,829.00	0.00	20,629.00	0,00
Subtotal [6F.2]	Other - Square Footage	180,648,00	0.00	180,648,00	163,051.00
Subgroup : [7C.12]	Non-movable Equipment - Sqft				
			2 450 00	2 100 00	564.00
Marcum 104	Depreciation Expense>Non Movable	0.00	3,160.00	3,160,00	564.00 564.00
Marcum 104 Subtotal [7C.12]	Depreciation Expense>Non Movable Non-movable Equipment - Sqft	0.00	3,160.00 3,160.00	3,160.00 3,160.00	564.00 564.00
Subtotel [7C.12]	Non-movable Equipment - Sqft				
		0.00 51,305.00	3,160.00	3,160.00 35,264.00	564.00 22,618.00
Subtotel [7C.12] Subgroup : [7D.10]	Non-movable Equipment - Sqft Muvable Equipment - Sqft	0,00	3,160.00	3,160.00	564,00
Subtotal [7C.12] Subgroup : [7D.10] 92-000-00 Subtotal [7D.10]	Non-movable Equipment - Sqft Muvable Equipment - Sqft Depreciation Expense Movable Equipment - Sqft	0.00 51,305.00	3,160.00	3,160.00 35,264.00	564.00 22,618.00
Subtotal [7C.12] Subgroup : [7D.10] 92-000-00 Subtotal [7D.10] Subgroup : [8A]	Non-movable Equipment - Sqft Muvable Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft	51,305.00 51,305.00	(16,041.00) (16,041.00)	3,160.00 35,264.00 35,264.00	22,618.00 22,618.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Financing Coets	51,305.00 51,305.00 7,848.00	3,160.00 (16,041.00) (16,041.00)	3,160.00 35,264.00 35,264.00 7,849.00	564.00 22,618.00
Subtotal [7C.12] Subgroup : [7D.10] 92-000-00 Subtotal [7D.10] Subgroup : [8A]	Non-movable Equipment - Sqft Muvable Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft	51,305.00 51,305.00	(16,041.00) (16,041.00)	3,160.00 35,264.00 35,264.00	22,618.00 22,618.00 7,408.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Financing Coets	51,305.00 51,305.00 51,305.00 7,849.00 7,849.00	3,160.00 (16,041.00) (16,041.00) 0.00	35,264.00 35,264.00 35,264.00 7,849.00	22,618.00 22,618.00 7,408.00 7,408.00
Subtotal [7C.12] Subgroup : [7D.10] 92-000-00 Subtotal [7D.10] Subgroup : [8A] 93-265-00 Subtotal [8A]	Non-movable Equipment - Sqft Movatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amotization Expense - Sqft Corganization Expense - Sqft Leasehold improvements - Sqft Depreciation Expenses - Sqft	7,849.00 7,849.00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00	7,849.00 7,849.00 7,849.00	7,408.00 7,408.00 5,005.00
Subtotal [7C.12] Subgroup : [7D.10] 92-000-00 Subtotal [7D.10] Subgroup : [8A] 93-265-00 Subtotal [8A] Subgroup : [8C]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amorization Expense - Sqft Organization Expense - Sqft Leasehold improvements - Sqft	51,305.00 51,305.00 51,305.00 7,849.00 7,849.00	3,160.00 (16,041.00) (16,041.00) 0.00	35,264.00 35,264.00 35,264.00 7,849.00	22,618.00 22,618.00 7,408.00 7,408.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amorization Expense - Sqft Organization Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense>Leasehold Improvements Leasehold Improvements - Sqft	7,849.00 7,849.00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00	7,849.00 7,849.00 7,849.00	7,408.00 7,408.00 5,005.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 92-255-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense- Leasehold Improvements Leasehold Improvements - Sqft Rental Payments - Sqft Rental Payments - Sqft	7,849.00 0.00 0.00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00	7,849.00 7,849.00 7,849.00	7,408.00 7,408.00 5,005.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amorization Expense - Sqft Organization Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense>Leasehold Improvements Leasehold Improvements - Sqft	7,849.00 7,849.00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00 12,881.00	7,849.00 7,849.00 7,849.00 7,849.00 12,881.00	7,408.00 7,408.00 7,408.00 7,005.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 92-255-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amorization Expense - Sqft Commission Expense - Sqft Leasehold improvements - Sqft Depreciation Expense>Leasehold improvements Leasehold ymprovements - Sqft Rental Payments - Sqft Property Expense>Rent	0,00 \$1,305,00 \$1,305,00 7,849,00 7,848,00 0,00 0,00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00 12,881.00	7,849.00 7,849.00 7,849.00 7,849.00 12,881.00	7,408.00 7,408.00 7,408.00 7,609.00 6,009.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-255-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [9.43]	Non-movable Equipment - Sqft Movable Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amotization Expense - Sqft Amotization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense - Sqft Leasehold improvements - Sqft Rental Payments - Sqft	0,00 51,305.00 51,305.00 7,849.00 7,849.00 0.00 0.00 1,198,696.00 1,188,696.00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00	7,160,00 35,264,00 35,264,00 7,849,00 7,849,00 12,881,00 12,881,00 1,198,696,00	22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 962,291.00 962,291.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amorization Expense - Sqft Amorization Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense>Leasehold Improvements Leasehold Improvements - Sqft Rental Payments - Sqft Property Expense>Rent Rental Payments - Sqft Real estate taxes paid by lessor - Sqft Property Expense>RET axes	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 1,198.696.00 1,198.696.00 444,336.00	22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 9339,218.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-255-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [9.43]	Non-movable Equipment - Sqft Movable Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amotization Expense - Sqft Amotization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense - Sqft Leasehold improvements - Sqft Rental Payments - Sqft	0,00 51,305.00 51,305.00 7,849.00 7,849.00 0.00 0.00 1,198,696.00 1,188,696.00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00	7,160,00 35,264,00 35,264,00 7,849,00 7,849,00 12,881,00 12,881,00 1,198,696,00	22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 962,291.00 962,291.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00 Subtotal [10B]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense-Leasehold improvements Leasehold improvements - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Real estate taxes paid by lessor - Sqft Property Expense-RE Taxes Real estate taxes paid by lessor - Sqft Real estate taxes paid by lessor - Sqft	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 1,198.696.00 1,198.696.00 444,336.00	22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 9339,218.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amorization Expense - Sqft Amorization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense>Leasehold improvements Leasehold improvements - Sqft Property Expense>Rent Rental Payments - Sqft Real estate taxes paid by lessor - Sqft Property Expense>RE Taxes Real estate taxes paid by lessor - Sqft Personal property taxes - Sqft	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 1,198,696.00 1,198,696.00 444,336.00 444,336.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 962,291.00 339,219.00 339,219.00
Subtotal [7C.12] Subgroup : [7D.10] 92-000-00 Subtotal [7D.10] Subgroup : [8A] 93-265-00 Subtotal [8A] Subgroup : [8C] Marcum 102 Subtotal [8C] Subgroup : [9.43] 91-121-00 Subtotal [9.43] Subgroup : [10B] 91-161-00 Subtotal [10B] Subgroup : [10B]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense-Leasehold improvements Leasehold improvements - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Real estate taxes paid by lessor - Sqft Property Expense-RE Taxes Real estate taxes paid by lessor - Sqft Real estate taxes paid by lessor - Sqft	0,00 \$1,305.00 \$1,305.00 7,849.00 7,849.00 0,00 0,00 1,198,696.00 1,188,696.00 444,336.00 444,336.00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 11,188,696.00 1,198,696.00 444,336.00	564.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 962,291.00 339,218.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-255-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [9.43] Subgroup: [10B] 91-161-00 Subtotal [10B] Subtotal [10B] Subtotal [10B] Subtotal [10B] Subtotal [10C]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amotization Expense - Sqft Amotization Expense - Sqft Leasehold improvements - Sqft Depreciation Expenses - Sqft Leasehold improvements - Sqft Rental Payments - Sqft Rental Payments - Sqft Rental Payments - Sqft Rental Payments - Sqft Real estate taxes paid by lessor - Sqft Property Expense-Ret Taxes Real estate taxes paid by lessor - Sqft Property Expense-Personal Property Taxes Personal property taxes - Sqft Property Expense-Personal Property Taxes Personal property taxes - Sqft	0,00 51,305.00 51,305.00 7,849.00 7,849.00 0,00 0,00 1,198,696.00 1,198,696.00 444,336.00 444,336.00 27,683.00 27,683.00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00	1,160,00 35,264,00 35,264,00 7,849,00 7,849,00 12,881,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 962,291.00 339,219.00 29,526.00 29,526.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00 Subtotal [10B] Subgroup: [10C] 91-125-00	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense-Leasehold improvements Leasehold improvements - Sqft Rental Payments - Sqft Real estate taxes paid by lessor - Sqft Property Expense-Ref Taxes Real estate Laxes paid by lessor - Sqft Personal property taxes - Sqft Property Expense-Personal Property Taxes	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,188,696,00 1,188,696,00 444,336,00 444,336,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 1,198,696.00 1,198,696.00 444,336.00 444,336.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 962,291.00 339,219.00 339,219.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00 Subtotal [10B] Subgroup: [10C] 91-125-00 Subtotal [10C]	Non-movable Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amorization Expense - Sqft Amorization Expense - Sqft Amorization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense>Leasehold improvements Leasehold improvements - Sqft Rental Payments - Sqft Rental Payments - Sqft Rental Payments - Sqft Real estate taxes paid by lessor - Sqft Property Expense>Real Real estate taxes paid by lessor - Sqft Personal property taxes - Sqft Personal property taxes - Sqft Maintenance and Property Maintenance and Property	0,00 51,305.00 51,305.00 7,849.00 7,849.00 0,00 0,00 1,198,696.00 1,198,696.00 444,336.00 444,336.00 27,683.00 27,683.00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00	1,160,00 35,264,00 35,264,00 7,849,00 7,849,00 12,881,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 962,291.00 339,219.00 29,526.00 29,526.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [9.43] 91-161-00 Subtotal [10B] Subgroup: [10B] 91-161-00 Subtotal [10B] Subgroup: [10C] 91-125-00 Subtotal [10C] Total [22] Group: [27]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amotization Expense - Sqft Amotization Expense - Sqft Leasehold improvements - Sqft Depreciation Expenses - Sqft Leasehold improvements - Sqft Rental Payments - Sqft Rental Payments - Sqft Rental Payments - Sqft Rental Payments - Sqft Real estate taxes paid by lessor - Sqft Property Expense-Ret Taxes Real estate taxes paid by lessor - Sqft Property Expense-Personal Property Taxes Personal property taxes - Sqft Property Expense-Personal Property Taxes Personal property taxes - Sqft	0,00 51,305.00 51,305.00 7,849.00 7,849.00 0,00 0,00 1,198,696.00 1,198,696.00 444,336.00 444,336.00 27,683.00 27,683.00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 1,198.696.00 1,198.696.00 444,336.00 444,336.00 27,683.00 2,465,245.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 952,291.00 339,219.00 339,219.00 29,526.00 29,526.00 2,061,587.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00 Subtotal [10B] Subgroup: [10C] 91-125-00 Subtotal [10C]	Non-movable Equipment - Sqft Movatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense-Leasehold improvements Leasehold improvements - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Personal property taxes - Sqft Personal property taxes - Sqft Maintenance and Property Interest and Insurance	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 2,455,245,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00 0.00	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 11,198,696.00 1,198,696.00 444,336.00 444,336.00 27,683.00 2,465,245.00 87,368.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 962,291.00 339,219.00 29,526.00 29,526.00 2,061,587.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00 Subtotal [10B] Subgroup: [10C] 91-125-00 Subtotal [10C] Total [22] Group: [27] Subgroup: [12D.43]	Non-movable Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amorization Expense - Sqft Amorization Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense-Leasehold Improvements Leasehold Improvements - Sqft Rental Payments - Sqft Rental Payments - Sqft Rental Payments - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Presonal property taxes - Sqft Personal property taxes - Sqft Property Expense-Personal Property Taxes Personal property taxes - Sqft Maintenance and Property Interest and insurance Other Interest Expense - Total Patient Days	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 2,455,245,00	3,160.00 (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 1,198.696.00 1,198.696.00 444,336.00 444,336.00 27,683.00 2,465,245.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 952,291.00 339,219.00 339,219.00 29,526.00 29,526.00 2,061,587.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00 Subtotal [10B] Subgroup: [10C] 91-125-00 Subtotal [10C] Total [2] Group: [27] Subgroup: [12D.43] 94-000-00 Subtotal [12D.43]	Non-movable Equipment - Sqft Muvable Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amotization Expense - Sqft Amotization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense- Sqft Leasehold improvements - Sqft Depreciation Expense- Sqft Rental Payments - Sqft Property Expense>Rent Rental Payments - Sqft Real estate taxes paid by lessor - Sqft Property Expense>Re Taxes Real estate taxes paid by lessor - Sqft Property Expense>Personal Property Taxes Personal property taxes - Sqft Property Expense>Personal Property Taxes Personal property taxes - Sqft Maintenance and Property Interest and Insurance Other Interest Expense - Total Patlent Days Interest Expense Other Interest Expense - Total Patlent Days	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 2,455,245,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00 0.00	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 11,198,696.00 1,198,696.00 444,336.00 444,336.00 27,683.00 2,465,245.00 87,368.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 962,291.00 339,219.00 29,526.00 29,526.00 2,061,587.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [9.43] 91-161-00 Subtotal [10B] Subgroup: [10B] 91-161-00 Subtotal [10C] Total [22] Group: [27] Subgroup: [12D.43] 94-000-00 Subtotal [12D.43] Subgroup: [14A.45]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense-Leasehold improvements Leasehold improvements - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Personal property taxes - Sqft Personal property taxes - Sqft Maintenance and Property Interest and Insurance Other Interest Expense - Total Patient Days Interest Expense Insurance on Property Total Expenses-Sqft	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 27,683,00 27,683,00 27,683,00 67,368,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,681.00 12,681.00 0.00 0.00 0.00 0.00 0.00	2,160.00 35,264.00 7,849.00 7,849.00 12,881.00 1,198,696.00 1,198,696.00 444,336.00 444,336.00 27,683.00 27,683.00 2,455,245.00 87,368.00 67,368.00	\$64.00 22,618.00 7,408.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 339,218.00 339,218.00 29,526.00 29,526.00 2,061,587.00 55,976.00 55,976.00
Substotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Substotal [8A] Subgroup: [8C] Marcum 102 Substotal [8C] Subgroup: [9.43] 91-121-00 Substotal [8.43] Subgroup: [10B] 91-161-00 Substotal [10B] Subgroup: [10C] 91-125-00 Substotal [10C] Total [22] Group: [27] Subgroup: [12D.43] 94-000-00 Substotal [12D.43] Subgroup: [14A.45] 91-165-00	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amorization Expense - Sqft Amorization Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense - Sqft Rental Payments - Sqft Rental Payments - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Real estate taxes paid by lessor - Sqft Property Expense-RE Taxes Real estate taxes paid by lessor - Sqft Personal property taxes - Sqft Personal property taxes - Sqft Property Expense-Personal Property Taxes Personal property taxes - Sqft Maintenance and Property Interest Expense - Total Patient Days Interest Expense Other Interest Expense - Total Patient Days Insurance on Property Total Expenses- Sqft Property Expense-Insurance - Property Insurance on Property Total Expenses- Sqft Property Expense-Insurance - Property	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 2,455,245,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00 0.00	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 11,198,696.00 1,198,696.00 444,336.00 444,336.00 27,683.00 2,465,245.00 87,368.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 962,291.00 339,219.00 29,526.00 29,526.00 2,061,587.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [9.43] 91-161-00 Subtotal [10B] Subgroup: [10B] 91-161-00 Subtotal [10C] Total [22] Group: [27] Subgroup: [12D.43] 94-000-00 Subtotal [12D.43] Subgroup: [14A.45]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense-Leasehold improvements Leasehold improvements - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Personal property taxes - Sqft Personal property taxes - Sqft Maintenance and Property Interest and Insurance Other Interest Expense - Total Patient Days Interest Expense Insurance on Property Total Expenses-Sqft	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 27,683,00 45,893,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 12,881.00 1,198.696.00 444,336.00 444,336.00 27,683.00 27,683.00 2,465,245.00 67,368.00 45,893.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 962,291.00 339,219.00 29,526.00 29,526.00 2,061,587.00 55,976.00 39,351.00
Substotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Substotal [8A] Subgroup: [8C] Marcum 102 Substotal [8C] Subgroup: [9.43] 91-121-00 Substotal [8.43] Subgroup: [10B] 91-161-00 Substotal [10B] Subgroup: [10C] 91-125-00 Substotal [10C] Total [22] Group: [27] Subgroup: [12D.43] 94-000-00 Substotal [12D.43] Subgroup: [14A.45] 91-165-00	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amorization Expense - Sqft Amorization Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense - Sqft Rental Payments - Sqft Rental Payments - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Real estate taxes paid by lessor - Sqft Property Expense-RE Taxes Real estate taxes paid by lessor - Sqft Personal property taxes - Sqft Personal property taxes - Sqft Property Expense-Personal Property Taxes Personal property taxes - Sqft Maintenance and Property Interest Expense - Total Patient Days Interest Expense Other Interest Expense - Total Patient Days Insurance on Property Total Expenses- Sqft Property Expense-Insurance - Property Insurance on Property Total Expenses- Sqft Property Expense-Insurance - Property	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 27,683,00 47,368,00 87,368,00 45,893,00 45,893,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 1,198,696.00 1,198,696.00 444,336.00 27,683.00 27,683.00 2,465,245.80 67,368.00 67,368.00 45,893.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,281.00 962,281.00 29,526.00 29,526.00 29,526.00 29,526.00 30,351.00 39,351.00 39,351.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [9.43] 91-161-00 Subtotal [10B] Subgroup: [10B] 91-161-00 Subtotal [10C] Total [22] Group: [27] Subgroup: [12D.43] 94-000-00 Subtotal [12D.43] Subgroup: [14A.45] 91-165-00 Subtotal [14A.45] 91-165-00 Subtotal [14A.45] 91-165-00 Subtotal [14A.45] Subgroup: [14B] 80-167-00	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense-Leasehold improvements Leasehold improvements - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Personal property taxes - Sqft Personal property taxes - Sqft Maintenance and Property Interest and insurance Other Interest Expense - Total Patient Days Insurance on Property Total Expenses- Sqft Property Expense-Property Insurance on Property Total Expenses- Sqft Property Expenses-Insurance - Property Insurance of Automobiles - Total Patient Days Insurance of Automobiles - Total Patient Days Insurance of Automobiles - Total Patient Days Admin Expense-Insurance - Auto	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 1,188,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 27,683,00 45,893,00 45,893,00 45,893,00 3,335,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 12,881.00 1,198,696.00 444,336.00 444,336.00 27,683.00 27,683.00 27,683.00 67,368.00 67,368.00 45,893.00 45,893.00 3,335.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 339,218.00 339,218.00 29,526.00 29,526.00 2,061,587.00 55,976.00 55,976.00 39,351.00 39,351.00 39,351.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [9.43] Subgroup: [10B] 91-161-00 Subtotal [10B] Subgroup: [10C] 91-125-00 Subtotal [10C] Total [22] Group: [27] Subgroup: [12D.43] 94-000-00 Subtotal [12D.43] Subgroup: [14A.45] 91-165-00 Subtotal [14A.45] Subgroup: [14A.45] Subgroup: [14A.45] Subgroup: [14A.45] Subgroup: [14A.45] Subgroup: [14A.45]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amotization Expense - Sqft Amotization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense - Sqft Leasehold improvements - Sqft Depreciation Expense - Sqft Rental Payments - Sqft Property Expense>Rent Rental Payments - Sqft Property Expense>Rel Taxes Real estate taxes paid by lessor - Sqft Property Expense>Rel Taxes Real estate taxes paid by lessor - Sqft Property Expense>Personal Property Taxes Personal property taxes - Sqft Property Expense>Personal Property Taxes Personal property taxes - Sqft Maintenance and Property Interest Expense Other Interest Expense - Total Patient Days Insurance on Property Total Expenses-Sqft Property Expense>Insurance - Property Insurance on Property Total Expenses-Sqft Insurance on Property Total Expenses-Sqft Insurance of Automobiles - Total Patient Days Insurance on Automobiles - Total Patient Days	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 27,683,00 47,368,00 87,368,00 45,893,00 45,893,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 1,198,696.00 1,198,696.00 444,336.00 27,683.00 27,683.00 2,465,245.80 67,368.00 67,368.00 45,893.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,281.00 962,281.00 29,526.00 29,526.00 29,526.00 29,526.00 30,351.00 39,351.00 39,351.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00 Subtotal [10B] Subgroup: [10C] 91-125-00 Subtotal [10C] Total [22] Group: [27] Subgroup: [42D.43] 94-000-00 Subtotal [12D.43] Subgroup: [14A.45] 91-165-00 Subtotal [14A.45] Subgroup: [14B] 80-167-00 Subtotal [14B]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense-Leasehold improvements Leasehold improvements - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Property Expense-Personal Property Taxes Real estate taxes paid by lessor - Sqft Personal property taxes - Sqft Maintenance and Property Interest and Insurance Other Interest Expense - Total Patient Days Insurance on Property Total Expenses- Sqft Property Expense-Sqft Property Expense-Sqft Property Expense - Total Patient Days Insurance on Property Total Expenses- Sqft Property Expense-Insurance - Property Insurance of Automobiles - Total Patient Days Admin Expense-Insurance - Auto Insurance of Automobiles - Total Patient Days	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 1,188,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 27,683,00 45,893,00 45,893,00 45,893,00 3,335,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 12,881.00 1,198,696.00 444,336.00 444,336.00 27,683.00 27,683.00 27,683.00 67,368.00 67,368.00 45,893.00 45,893.00 3,335.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 339,218.00 339,218.00 29,526.00 29,526.00 2,061,587.00 55,976.00 55,976.00 39,351.00 39,351.00 39,351.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00 Subtotal [10B] Subgroup: [10C] 91-125-00 Subtotal [10C] Total [22] Group: [27] Subgroup: [12D.43] 94-000-00 Subtotal [14A.45] 91-165-00 Subtotal [14A.45] Subgroup: [14A.45]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Property Expense-Rent Taxes Real estate taxes paid by lessor - Sqft Property Expense-Personal Property Taxes Personal property taxes - Sqft Property Expense-Personal Property Taxes Personal property taxes - Sqft Maintenance and Property Interest Expense - Total Patient Days Interest Expense Other Interest Expense - Total Patient Days Insurance on Property Total Expenses- Sqft Property Expense-Insurance - Property Insurance on Property Total Expenses- Sqft Insurance of Automobiles - Total Patient Days Admin Expense-Insurance - Auto Insurance of Automobiles - Total Patient Days Other - Total Patient Days Other - Total Patient Days	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 27,683,00 87,368,00 87,368,00 45,893,00 45,893,00 3,335,00 3,335,00 3,335,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 12,881.00 1,198,696.00 444,336.00 444,336.00 27,683.00 27,683.00 27,683.00 67,368.00 67,368.00 45,893.00 45,893.00 3,335.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 339,218.00 339,218.00 29,526.00 29,526.00 2,061,587.00 55,976.00 55,976.00 39,351.00 39,351.00 39,351.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00 Subtotal [10B] Subgroup: [10C] 91-125-00 Subtotal [10C] Total [22] Group: [27] Subgroup: [42D.43] 94-000-00 Subtotal [12D.43] Subgroup: [14A.45] 91-165-00 Subtotal [14A.45] Subgroup: [14B] 80-167-00 Subtotal [14B]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense-Leasehold improvements Leasehold improvements - Sqft Rental Payments - Sqft Rental Payments - Sqft Rental Payments - Sqft Real estate taxes paid by lessor - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Property Expense-Re Taxes Real estate taxes paid by lessor - Sqft Property Expense-Personal Property Taxes Personal property taxes - Sqft Personal property taxes - Sqft Maintenance and Property Interest and insurance Other Interest Expense - Total Patient Days Insurance on Property Total Expenses-Sqft Property Expense-Insurance - Property Insurance on Property Total Expenses-Sqft Insurance on Property Total Expenses-Sqft Insurance of Automobiles - Total Patient Days Admin Expense-Insurance - Auto Insurance of Automobiles - Total Patient Days Admin Expense-Insurance - Foreiral Liability & Other	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 1,188,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 27,683,00 45,893,00 45,893,00 45,893,00 3,335,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 12,881.00 1,198,696.00 1,198,696.00 27,683.00 27,683.00 27,683.00 67,368.00 87,368.00 45,893.00 3,335.00 3,335.00 3,335.00 110,718.00 12,204.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 339,218.00 339,218.00 29,526.00 29,526.00 29,526.00 39,351.00 39,351.00 39,351.00 2,688.00 2,688.00 127,136.00 13,478.00 13,478.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00 Subtotal [10B] Subgroup: [10C] 91-125-00 Subtotal [10C] Total [22] Group: [27] Subgroup: [12D.43] 94-000-00 Subtotal [14A.45] 91-165-00 Subtotal [14A.45] Subgroup: [14B] 80-167-00 Subtotal [14B] Subgroup: [14C] Subgroup: [14B] 80-167-00 Subtotal [14B] Subgroup: [14C] Subgroup: [14C]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Property Expense-Rent Taxes Real estate taxes paid by lessor - Sqft Property Expense-Personal Property Taxes Personal property taxes - Sqft Property Expense-Personal Property Taxes Personal property taxes - Sqft Maintenance and Property Interest Expense - Total Patient Days Interest Expense Other Interest Expense - Total Patient Days Insurance on Property Total Expenses- Sqft Property Expense-Insurance - Property Insurance on Property Total Expenses- Sqft Insurance of Automobiles - Total Patient Days Admin Expense-Insurance - Auto Insurance of Automobiles - Total Patient Days Other - Total Patient Days Other - Total Patient Days	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 27,683,00 27,683,00 27,683,00 27,683,00 444,336,00 45,893,00 45,893,00 3,335,00 3,335,00 140,716,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 12,881.00 1,198,696.00 1,198,696.00 444,336.00 27,683.00 27,683.00 27,683.00 67,368.00 45,893.00 45,893.00 3,335.00 3,335.00 3,335.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 962,291.00 29,526.00 29,526.00 2,061,597.00 55,976.00 39,351.00 39,351.00 2,688.00 2,688.00 127,136.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-161-00 Subtotal [10B] Subgroup: [10C] 91-125-00 Subtotal [10C] Total [22] Group: [27] Subgroup: [12D.43] 94-000-00 Subtotal [14D.43] Subgroup: [14A.45] 91-165-00 Subtotal [14A.45] 91-165-00 Subtotal [14A.45] Subgroup: [14B] 80-167-00 Subtotal [14B] Subgroup: [14C3] 80-163-00 Subtotal [14C3]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold improvements - Sqft Depreciation Expense- Sqft Leasehold improvements - Sqft Depreciation Expense-Leasehold improvements Leasehold improvements - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Personal Property Taxes Real estate taxes paid by lessor - Sqft Personal property taxes - Sqft Personal property taxes - Sqft Maintenance and Property Interest and Insurance Other Interest Expense - Total Patient Days Insurance on Property Total Expenses- Sqft Property Expenses-Insurance - Property Insurance of Automobiles - Total Patient Days Admin Expenses-Insurance - Auto Insurance of Automobiles - Total Patient Days Other - Total Patient Days Admin Expense-Insurance - Eptl Other - Total Patient Days	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 27,683,00 45,893,00 45,893,00 45,893,00 3,335,00 3,335,00 140,716,00 13,204,00 153,922,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,681.00 12,681.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	2,160.00 35,264.00 7,849.00 7,849.00 12,881.00 12,881.00 1,198,696.00 1,198,696.00 27,683.00 27,683.00 27,683.00 27,683.00 444,336.00 45,893.00 45,893.00 3,335.00 3,335.00 1,001,1001 1,001,1001 1,001,1001 1,001,1001 1,001,1001 1,001,1001 1,001,1001 1,001,1001 1,001,1001 1,001,1001 1,001,1001 1,001,00	\$64.00 22,618.00 7,408.00 7,408.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 339,219.00 339,219.00 29,526.00 29,526.00 29,526.00 39,351.00 39,351.00 39,351.00 2,688.00 2,688.00 127,136.00 13,478.00 140,614.00
Subtotal [7C.12] Subgroup: [7D.10] 92-000-00 Subtotal [7D.10] Subgroup: [8A] 93-265-00 Subtotal [8A] Subgroup: [8C] Marcum 102 Subtotal [8C] Subgroup: [9.43] 91-121-00 Subtotal [8.43] Subgroup: [10B] 91-151-00 Subtotal [10B] Subgroup: [10C] 91-125-00 Subtotal [10C] Total [22] Group: [27] Subgroup: [12D.43] 94-000-00 Subtotal [14D.43] Subgroup: [14A.45] 91-165-00 Subtotal [14A.45] 91-165-00 Subtotal [14A.45] Subgroup: [14B] Subgroup: [14B] Subgroup: [14B] Subgroup: [14B] Subgroup: [14C] Subgroup: [14C] Subgroup: [14C] Subgroup: [14C] Subgroup: [14C]	Non-movable Equipment - Sqft Muvatile Equipment - Sqft Depreciation Expense Movable Equipment - Sqft Organization Expense - Sqft Amortization Expense - Sqft Amortization Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense - Sqft Leasehold Improvements - Sqft Depreciation Expense-Leasehold Improvements Leasehold Improvements - Sqft Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Rental Payments - Sqft Property Expense-Rent Real estate taxes paid by lessor - Sqft Personal property taxes - Sqft Personal property taxes - Sqft Personal property taxes - Sqft Maintenance and Property Interest Expense Other Interest Expense - Total Patient Days Insurance on Property Total Expenses- Sqft Property Expense-Spft Insurance on Property Total Expenses- Sqft Property Expense-Insurance - Property Insurance of Automobiles - Total Patient Days Admin Expense-Insurance - Auto Insurance of Automobiles - Total Patient Days Other - Total Patient Days Admin Expense-Insurance - General Liability & Other Admin Expense-Insurance - EPLI	0,00 51,305,00 51,305,00 7,849,00 7,849,00 0,00 0,00 1,198,696,00 1,198,696,00 444,336,00 444,336,00 27,683,00 27,683,00 27,683,00 45,893,00 45,893,00 45,893,00 3,335,00 3,335,00 140,718,00 13,204,00	3,160.00 (16,041.00) (16,041.00) (16,041.00) 0.00 0.00 12,881.00 12,881.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	2,160.00 35,264.00 35,264.00 7,849.00 7,849.00 12,881.00 12,881.00 1,198,696.00 1,198,696.00 27,683.00 27,683.00 27,683.00 67,368.00 87,368.00 45,893.00 3,335.00 3,335.00 3,335.00 110,718.00 12,204.00	\$64.00 22,618.00 22,618.00 7,408.00 7,408.00 7,408.00 6,005.00 6,005.00 962,291.00 339,218.00 339,218.00 29,526.00 29,526.00 29,526.00 39,351.00 39,351.00 39,351.00 2,688.00 2,688.00 127,136.00 13,478.00 13,478.00

Group : [30] Subgroup : [11A.10]	Statement of Revenue Middicald RB - SNF Only				
40-111-00	Room & Board Revenue>Medicaid	(8,225,195,00)	0.00	(8,225,195,00)	(8,566,044,00)
40-111-09	Room & Board Revenue>Medicald>Sales Adjustments	(8,086,998,00)	0.00	(8,086,998.00)	(8,566,044.00)
Subtotal [I1A.10]	Medicald RB - SNF Only	(8,086,980,00)	0.00	(0,000,000,00)	[0,000,044,00]
Subgroup : [l1A.13]	Medicald RB - RCH- Only				
40-111-12	Room & Board Revenue>Medicaid>ALF-Sales Adjustments	14,704 00	0.00	14,704,00 (2.844,084.00)	(2,778,200,00)
40-111-77 Subtotal [I1A,13]	Room & Board Revenue>Medicaid>ALF Medicaid RB - RCH- Only	(2,844,084,00) (2,829,380.00)	0.00	(2,829,380.00)	(2,778,200,00)
annomi (114,10)	medicate re-reservoiry				÷
Subgroup : [I3A.10]	Medicare RB - SNF Only		0,00	(2 (28 520 00)	(1,964,828.00)
40-102-00 40-102-09	Room & Board Revenue>Medicare A Room & Board Revenue>Medicare A>Sales Adjustments	(2,428,539,00) (14,397,00)	0.00	(2,428,539,00) (14,397.00)	0.00
40-102-09	Room & Board Revenue>Medicare A>Sequester	39,743.00	0.00	39,743,00	14,362.00
Subtotal [I3A.10]	Medicare RB - SNF Only	(2,403,193,00)	0.00	(2,403,193.00)	(1,550,466,00)
Subgroup : [14A,10] 40-104-00	Private RB - SNF Only Room & Board Revenue Private	(1,433,401,00)	0.00	(1,433,401.00)	(1,603,461,00)
40-104-00	Room & Board Revenue>Private>Sales Adjustments	(256,253.00)	0,00	(256,253,00)	0,00
40-105-00	Room & Board Revenue>Commercial HMO	(88,641,00)	0,00	(88,641.00)	(32,046,00)
40-105-09	Room & Board Revenue>Commercial HMO>Sales Adjustments	18,320.00	0.00	18,320,00	0,00 (574,328,00)
40-106-00	Room & Board Revenue>Medicare HMO Room & Board Revenue>Medicare HMO>Sales Adjustments	(709,271 00) (37,731.00)	0.00	(709,271.00) (37,731,00)	0.00
40-106-09 40-106-14	Room & Board Revenue>Medicare HMO>Sequester	3,626.00	0,00	3,626,00	100,00
40-109-00	Room & Board Revenue>Hospice	(200,894_00)	0.00	(200,894,00)	(90,671,00)
40-109-09	Room & Board Revenue>Hospice>Sales Adjustments	35,585.00	0.00	(2,668,660,00)	(2,300,404.00)
Subtotal [I4A,10]	Private RB - SNF Only	(2,668,660.00)	0,00	(*,560,000,00]	[2,200,404,00]
Subgroup : [14A.13]	Private RB - RCH- Only				
40-104-12	Room & Board Revenue>Private>ALF-Sales Adjustments	(24,568.00)	0.00	(24,568,00)	0.00
40-104-77	Room & Board Revenue>Private>ALF	(307,901.00)	0.00	(307,901,00)	(274,625,00)
Subtotal [14A.13]	Private RB - RCH- Only	(332,469.00)	0.00	(332,468,00)	(224,020,00)
Subgroup : [II1A,10]	Prescription Drugs Medicare - SNF Only				
41-102-00	Pharmacy Rev>Medicare A	(40,723.00)	0.00	(40,723,00)	(56,625,00)
41-102-01	Pharmacy Rev>Medicare A>C/A	40,723,00	0,00	40,723,00	56,625,00
Subtotal [II1A-10]	Prescription Drugs Medicare - SNF Only	0.00	0.00	0.00	0.00
Subgroup : [II3A.07]	PT Medicare - SNF Only				
42-102-00	PT Revenue>Medicare A	(141,485.00)	0.00	(141,485,00)	(135,751.00)
42-102-01	PT Revenue>Medicare A>C/A	141,485,00	0.00	141,485,00	136,751,00 (101,110,00)
42-103-00 42-103-01	PT Revenue>Part B PT Revenue>Part B>C/A	(175,149,00) 36,225,00	0.00	(175,149,00)	22,050.00
Subtotal [II3A.07]	PT Medicare - SNF Only	(138,924,00)	0,00	(138,924,00)	(79,060.00)
Gostona (neran)		- The same and the			
Subgroup : [li3C,07]	PT Other - SNF Only	4870 000	0.00	(876,00)	0.00
42-105-00	PT Revenue>Commercial HMO PT Revenue>Commercial HMO>C/A	(876,00) 876,00	0.00	876.00	0.00
42-105-01 42-106-00	PT Revenue>Medicare HMO	(83,993.00)	0.00	(83,893.00)	(41,542,00)
42-106-01	PT Revenue>Medicare HMC>C/A	83,993.00	0.00	83,893.00	41,542,00
42-111-00	PT Revenue>Medicaid	(21,932.00)	0.00	(21,832.00)	(42,167,00)
42-111-01	PT Revenue>Medicaid>C/A	21,932,00	0.00	21,932.00	42,167,00
Subtotal [II3C,07]	PT Other - SNF Only	0,00	0,00	- 0,00	
Subgroup : [II4A.08]	ST Medicare - SNF Only				
44-102-00	ST Revenue>Medicare A	(38,630.00)	0.00	(38,630.00)	(24,729,00) 24,729,00
44-102-01	ST Revenue-Medicare A>C/A	38,630.00 (42,727.00)	0.00	38,630,00 (42,727,00)	(27,712,00)
44-103-00 44-103-01	ST Revenue>Part B ST Revenue>Part B>C/A	300.00	0.00	300,00	0.00
Subtotal [II4A,08]	ST Medicare - SNF Only	(42,427.00)	0.00	(42,427.00)	(27,712,00)
Subgroup ; [II4C.08]	ST Other - SNF Only	(14,195.00)	0.00	(14,195.00)	(3,990.00)
44-106-00 44-106-01	ST Revenue>Medicare HMO ST Revenue>Medicare HMO>C/A	24,770.00	0.00	24,770,00	7,740,00
44-111-00	ST Revenue>Medicald	(8,831,00)	0.00	(8,831.00)	(5,467.00)
44-111-01	ST Revenue>Medicaid>C/A	8,831.00	0.00	0,631,00	5,467.00 3,750.00
Subtotal [II4C.08]	ST Other - SNF Only	10,575,00	0.00	10,575,00	3,730.00
Subgroup : [II5A.09]	OT Medicare - SNF Only				
43-102-00	OT Revenue>Medicare A	(147,714,00)	0.00	(147,714,00)	(149,530.00)
43-102-01	OT Revenue>Medicara A>C/A	147,714.00 (263,770,00)	0.00	147,714,00 (263,770,00)	149,530,00 (136,606,00)
43-103-00 43-103-01	OT Revenue>Part 8 OT Revenue>Part 8>C/A	7,050,00	0.00	7,050.00	1,950.00
Subtotal [li5A.09]	OT Medicare - SNF Only	(256,720.00)	0.00	(256,720.00)	(134,656.00)
Subgroup : [II5C,09]	OT Other - SNF Only	(978,00)	0.00	(978,00)	0.00
43-105-00 43-105-01	OT Revenue>Commercial HMO OT Revenue>Commercial HMO>C/A	978.00	0.00	978,00	0.00
43-106-00	OT Revenue>Medicare HMO	(142,612.00)	0.00	(142,612,00)	(61,178.00)
43-106-01	OT Revenue>Medicare HMO	142,612.00	0.00	142,612 00	61,178,00
43-111-00	OT Revenue>Medicaid	(51,453.00)	0.00	(51,453,00) 51,453,00	(55,095.00) 55,134.00
43-111-01 Subtotal [II5C.09]	OT Revenue>Medicaid>C/A OT Other - SNF Only	51,453.00	0.00	0.00	39.00
Subtotal [II5C.09]	Of Other - SNF Only	5,60			
Subgroup : [II6A.10]	Other Medicare - SNF Only			10 100 0C	(4.404.00)
45-102-00	Radiology Rev>Medicare A	(3,436,00) 3,436,00	0.00	(3,436,00) 3,436,00	(1,461.00) 1,461.00
45-102-01 46-102-00	Radiology Rev>Medicare A>C/A Lab Rev>Medicare A	3,436,00 (10,819,00)	0.00	(10,819.00)	(5,692:00)
46-102-00 46-102-01	Lab Rev>Medicare A>C/A	10,818,00	0.00	10,819,00	5,692,00
47-103-00	Other Ancillary Rev>Part B	(12,670,00)	0.00	(12,670,00)	(17,682.00)
47-103-14	Other Ancillary Rev>Part B>Sequester	4,611.00 40,00	0.00	4,611,00 40,00	967,00 (80,00)
48-102-00 48-103-00	Vaccine Rev>Medicare A Vaccine Rev>Part B	40,00 (7,492,00)	0.00	(7,492.00)	(14,420,00)
48-103-00 48-103-74	Vaccine Rev>Part B>COVID Vaccine	760.00	0.00	760,00	(6,160,00)
52-102-00	Revenue Adjustments>Medicare A	3,709,00	0.00	3,709.00	1.00
52-103-00	Revenue Adjustments>Part B	7,406,00	0.00	7,406,00	(1,155,00) (211.00)
52-103-74 Subtotal [II6A.10]	Revenue Adjustments>Part B>COVID Other Medicare - SNF Only	(3,636,00)	0.00	(3,636.00)	(38,740,00)
ភពភាពនៅ (១៩៥-16)	Coles incoloree - Siti Only	folosopal		1-1	- House - months
	Other Medicare - RCH Only				
Subgroup : [II6A.12]	Other medicare - RCH Olly				

47-103-77	Other Ancillary Rev>Part B>ALF	(10,590,00)	0,00	(10,590,00)	(6,690,00)
Subtotal [II6A.12]	Other Medicare - RCH Only	(10,590,00)	0,00	(10,590.00)	(00,020,0)
Subgroup : [II6B,10]	Other Non Medicare - SNF Only				
47-104-00	Other Ancillary Rev>Private	0.00	0.00	0,00	(766,00)
47-106-24	Other Ancillary Rev>Medicare HMO>Capitated Payments	(244,600,00) (860,00)	0,00 0,00	(244,600,00) (860,00)	(163,560.00) 0,00
51-103-01 51-105-13	Other Rev>Part B>Medicare Cost Report Other Rev>HMO>Incentive Payments	(11,225,00)	0,00	(11,225,00)	0.00
51-111-00	Other Rev>Medicaid	(68,145,00)	0,00	(68,145,00)	(61,390.00)
51-145-00	Other Revenue>Pharmacy Rebates	(9,358,00)	0,00	(9,358,00)	0.00
51-818-00	Other Rev>Medical Records	(57,00) 209,00	0,00	(57,00) 209.00	0,00 10,734,00
52-106-00	Revenue Adjustments>Medicare HMO	(21,599,00)	0.00	(21,599,00)	0.00
52-111-00 Subtotal [II6B.10]	Revenue Adjustments>Medicaid Other Non Medicare - SNF Only	(355,635.00)	0.00	(355,635,00)	(219,982.00)
ouptour [non-ro]	,			4	
Subgroup : [II6B.12]	Other Non Medicare - RCH Only			347,00	0,00
52-104-77	Revenue Adjustments>Private>ALF	347,00 5,341,00	0,00	5,341,00	(6,621,00)
52-111-77 Subtotal [II6B,12]	Revenue Adjustments>Medicaid>ALF Other Non Medicare - RCH Only	5,688,00	0,00	5,688.00	(6,621,00)
aubibiai (iiob, izi	Sale to the second of the seco				
Subgroup : [IV5.22]	Interest Income - SNF Only			(51,00)	(176.00)
51-160-00	Other Rev>Interest	(51.D0) (51.00)	0,00	(51.00)	(176.00)
Subtotal [IV5.22]	Interest Income - SNF Only	(31100)	0,00		
Subgroup : [IV8.10]	Other - SNF ONly				
51-100-00	Other Rev>Miscellaneous	0.00	0.00	0,00	(1.00)
Marcum 110	Other Revenue>Prior Year Adjustment(s)	0.00	(38,729.00)	(35,729.00)	(1,00)
Subtotal [IV8.10]	Other - SNF ONly	0,00	(30,723,00)	(palexima)	(1,00)
Total [30]	Statement of Revenue	(17,112,420.00)	(38,729,00)	(17,151,149.00)	(16,379,588.00)
tomi [co]					
Group : [31]	Balance Sheet - Assets				
Subgroup : [A1]	Cash	(139,418,00)	0,00	(139,418,00)	(1,159.00)
10-001-02 10-010-29	Cash>Clearing>Payroll Cash>Operating>Groton	11,033.00	0,00	11,033,00	B,223.00
10-010-29	Cash>Petty Cash>Groton	6,613,00	0,00	6,613,00	8,829.00
10-015-00	Cash>Petty Cash Box PNA	0.00	0.00	0,00	979.00
10-020-29	Cash>Payroll>Groton	10,546,00	0,00	10,546,00 62,083,00	10,201,00 69,305.00
10-060-29	Cash>Resident Trust>Groton	62,083,00 5,000,00	0.00	5,000,00	5,000,00
10-061-25	Cash>Care Cost>Groton RHC Cash>Care Cost>Groton	5,000.00	0.00	5,000,00	5,000.00
Subtotal [A1]	Cash	(29,143.00)	0,00	(39,143.00)	167,378.00
Subgroup : [A2]	Resident Accounts Receivable	192,736,00	0.00	192,736,00	39.00
11-100-00 11-102-00	Accounts Receivable>Miscellaneous Accounts Receivable>Medicare A	124,876.00	0.00	124,976,00	251,394,00
11-103-00	Accounts Receivable>Part B	103,069.00	0.00	103,069,00	77,308,00
11-103-77	Accounts Receivable>Part B>ALF	870.00	0.00	870.00	(1,411,00) 230,952.00
11-104-00	Accounts Receivable>Private	217,179,00 74,154.00	0.00 0.00	217,179,00 74,154,00	5,952.00
11-104-77	Accounts Receivable>Private>ALF Accounts Receivable>Commercial HMO	71,142.00	0.00	71,142,00	115,469,00
11-105-00 11-106-00	Accounts Receivable>Medicare HMO	180,818.00	0.00	180,818,00	189,571.00
11-109-00	Accounts Receivable>Hospice	38,587.00	0.00	38,687.00	59,752.00
11-111-00	Accounts Receivable>Medicaid	843,459,00	0.00	843,459.00	1,571,950.00 191,088.00
11-111-77	Accounts Receivable> Medicaid>ALF	158,767.00 65,394.00	0.00 0.00	158,767.00 65,394.00	(22,245.00)
11-112-00 11-112-77	Accounts Receivable>Income Accounts Receivable>Income>ALF	22,451,00	0.00	22,451.00	19,812.00
11-120-00	Accounts Receivable>Allow for Doubtful Accts	(205,987.00)	0.00	(205,987,00)	(166,003,00)
11-122-00	Accounts Receivable>Medicare Colns Write Off	26,222,00	0.00	26,222.00	(24,775.00) 2,498,962.00
Subtotal [A2]	Resident Accounts Receivable	1,913,937.00	0.00	1,913,937.00	4,498,982,00
Subgroup : [A5]	Prepaid Expenses				
12-000-00	Prepaid Expenses	15,994,00	0.00	15,994.00	27,747,00
12-124-00	Prepaid Expenses>Insurance	1,827.00	0.00	1,827.00	5,289.00 3.098.00
12-153-00	Prepaid Expenses>Financing Costs	1,920,00 93,329.00	0.00 0.00	1,920,00 93,329.00	175,674.00
12-161-00	Prepaid Expenses>RE Taxes	46,072.00	0,00	46,072.00	123,606.00
12-162-00 12-162-01	Prepaid Expenses>Insurance - General Liability & Other Prepaid Expenses>Insurance - General Liability & Other>Contra	(48,564,00)	0,00	(48,564.00)	(98,756.00)
12-163-00	Prepaid Expenses>Insurance - EPLI	10,641.00	0,00	10,641,00	12,237,00
12-165-00	Prepaid Expenses>Insurance - Property	24,849.00	0,00	24,849.00	21,043.00 2.188.00
12-167-00	Prepaid Expenses>Insurance - Auto	2,294.00 72,154.00	0.00 0.00	2,294.00 72,154.00	0.00
12-881-00	Prepaid Expenses>Workers Comp Prepaid Expenses>Workers Comp>Contra	(35,966.00)	0.00		0.00
12-881-01 Subtotal [A5]			0.00	(35,965.00)	
		184,550,00	0.00	184,550.00	272,126.00
	Prepaid Expenses				
Subgroup : [A8]	Prepald Expenses Other Current Assets	184,550,00	0.00	184,550.00	272,126.00
Subgroup : [A8] 13-128-00	Prepaid Expenses Other Current Assets Due From>Vendor Security Deposits	184,550.00 54,000.00	0.00	184,550,00 54,000.00	
Subgroup : [A8]	Prepald Expenses Other Current Assets	184,550,00	0.00	184,550.00	272,126.00 54,000.00
Subgroup : [A8] 13-128-00 Subtotal [A8]	Prepaid Expenses Other Current Assets Due From>Vendor Socurity Deposits Other Current Assets	184,550.00 54,000.00	0.00	54,000.00 54,000.00	272,126.00 54,000.00 54,000.00
Subgroup : [A8] 13-128-00	Prepaid Expenses Other Current Assets Due From>Vendor Security Deposits	\$4,000.00 \$4,000.00 \$4,000.00	0.00 0.00 0.00	54,000.00 54,000.00 54,000.00	272,126.00 54,000.00 54,000.00
Subgroup : [A8] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00 Marcum 101	Prepaid Expenses Other Current Assets Due From>Vendor Socurity Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements	54,000.00 54,000.00 54,000.00 587,624.00 0.00	0.00 0.00 0.00 (12.851,00)	54,000.00 54,000.00 54,000.00 587,624.00 (12,881.00)	272,126.00 54,000.00 54,000.00 229,552.00 (6,005.00)
Subgroup : [A8] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00	Prepaid Expenses Other Current Assets Due From>Vendor Socurity Deposits Other Current Assets Leasehold Improvements Fixed Assets>-Leasehold Improvements	\$4,000.00 \$4,000.00 \$4,000.00	0.00 0.00 0.00	54,000.00 54,000.00 54,000.00	272,126.00 54,000.00 54,000.00
Subgroup : [A6] 13-128-00 Subtotal [A6] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4]	Prepaid Expenses Other Current Assets Due From>Vendor Socurity Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements Leasehold Improvements	54,000.00 54,000.00 54,000.00 587,624.00 0.00	0.00 0.00 0.00 (12.851,00)	54,000.00 54,000.00 54,000.00 587,624.00 (12,881.00)	272,126.00 54,000.00 54,000.00 229,552.00 (6,005.00)
Subgroup : [A8] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5]	Prepaid Expenses Other Current Assets Due From>Vendor Socurity Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements	54,000.00 54,000.00 54,000.00 587,624.00 0.00	0.00 0.00 0.00 (12.851.00) (12.851.00)	54,000.00 54,000.00 54,000.00 587,624.00 (12,581.00) 574,741.00 35,494.00	272,126.00 54,000.00 54,000.00 229,552.00 (6,005.00) 223,547.00
Subgroup : [AB] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5] 14-132-00 Marcum 103	Prepaid Expenses Other Current Assets Due From>Vendor Socurity Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements Leasehold Improvements Non-Movable Equipment Fixed Assets>Fumiture, Fixtures and Equipment Accum Depreciation>Non-Movable	\$4,000.00 \$4,000.00 \$4,000.00 \$97,624.00 0.00 \$87,624.00 35,494.00 0.00	0.00 0.00 0.00 (12.851.00) (12.881.00)	54,000.00 54,000.00 54,000.00 587,624.00 (12,681.00) 574,743.00 35,494.00 (3,160.00)	272,126.00 54,000.00 54,000.00 229,552.00 (6,005.00) 223,547,00 15,792.00 (664.00)
Subgroup : [A8] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5] 14-132-00	Prepaid Expenses Other Current Assets Due From>Vendor Security Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements Leasehold Improvements Non-Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment	54,000.00 54,000.00 54,000.00 587,624.00 0.00 587,524.00 35,494,00	0.00 0.00 0.00 (12.851.00) (12.851.00)	54,000.00 54,000.00 54,000.00 587,624.00 (12,581.00) 574,741.00 35,494.00	272,126.00 54,000.00 54,000.00 229,552.00 (6,005.00) 223,547.00
Subgroup : [A8] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5] 14-132-00 Marcum 103 Subtotal [B5]	Prepaid Expenses Other Current Assets Due From>Vendor Socurity Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements Leasehold Improvements Non-Movable Equipment Fixed Asseta>Furniture, Fixtures and Equipment Accum Depreciation>Non Movable Non-Movable Equipment	\$4,000.00 \$4,000.00 \$4,000.00 \$97,624.00 0.00 \$87,624.00 35,494.00 0.00	0.00 0.00 0.00 (12.851.00) (12.881.00)	54,000.00 54,000.00 54,000.00 587,624.00 (12,681.00) 574,743.00 35,494.00 (3,160.00)	272,126.00 54,000.00 54,000.00 229,552.00 (6,005.00) 223,547,00 15,792.00 (564.00)
Subgroup : [A8] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5] 14-132-00 Marcum 103 Subtotal [B5] Subgroup : [B6]	Prepaid Expenses Other Current Assets Due From>Vendor Security Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements Leasehold Improvements Non-Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Accum Depreciation>Non-Movable Non-Movable Equipment Movable Equipment	\$4,000.00 \$4,000.00 \$4,000.00 \$97,624.00 0.00 \$87,624.00 35,494.00 0.00	0.00 0.00 0.00 (12.851.00) (12.881.00)	54,000.00 54,000.00 54,000.00 587,624.00 (12,581.00) 574,741.00 35,494.00 (3,160.00) 32,334.00	272,126.00 54,000.00 54,000.00 229,552.00 (5,005.00) 223,547.00 15,792.00 (564.00) 15,228.00
Subgroup : [A8] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5] 14-132-00 Marcum 103 Subtotal [B5]	Prepaid Expenses Other Current Assets Due From>Vendor Security Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements Leasehold Improvements Non-Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Accum Depreciation>Non-Movable Non-Movable Equipment Movable Equipment Fixed Assets>Computer Hardware Accum DepreNiscellaneous	\$4,000.00 \$4,000.00 \$4,000.00 \$57,624.00 0.00 \$57,624.00 0.00 35,494.00 0.00 35,494.00	0.00 0.00 0.00 (12.851.00) (12.881.00) (3.160.00) (3,160.00)	54,000,00 54,000,00 54,000,00 587,624,00 (12,851,00) 574,743,00 (3,160,00) 22,334,00 113,312,00 (64,451,00)	272,126.00 54,000.00 54,000.00 229,552.00 (6,005.00) 223,547,00 15,792.00 (564.00) 15,228.00
Subgroup : [A8] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5] 14-132-00 Marcum 103 Subtotal [B5] Subgroup : [B6] 14-134-00	Prepaid Expenses Other Current Assets Due From>Vendor Security Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements Leasehold Improvements Non-Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Accum Depreciation>Non Movable Non-Movable Equipment Movable Equipment Fixed Assets>Computer Hardware	\$4,000.00 \$4,000.00 \$4,000.00 \$57,624.00 0.00 \$87,524.00 0.00 35,494.00 0.00 31,494.00	0.00 0.00 0.00 (12.851.00) (12.851.00) (12.851.00) (3.160.00) (3.160.00)	54,000.00 54,000.00 54,000.00 587,624.00 (12,581.00) 574,741.00 35,494.00 (3,160.00) 32,334.00	272,126.00 54,000.00 54,000.00 229,552.00 (5,005.00) 223,547.00 15,792.00 (564.00) 15,228.00
Subgroup : [AB] 13-128-00 Subtotal [AB] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5] 14-132-00 Marcum 103 Subtotal [B5] Subgroup : [B6] 14-134-00 15-100-00 Subtotal [B6]	Prepaid Expenses Other Current Assets Due From>Vendor Socurity Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements Leasehold Improvements Non-Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Accum Depreciation>Non Movable Non-Movable Equipment Movable Equipment Movable Equipment Fixed Assets>Computer Hardware Accum Depre>Miscellaneous Movable Equipment	\$4,000.00 \$4,000.00 \$4,000.00 \$57,624.00 0.00 \$57,624.00 0.00 35,494.00 0.00 35,494.00	0.00 0.00 0.00 (12.851.00) (12.881.00) (3.160.00) (3,160.00)	54,000,00 54,000,00 54,000,00 587,624,00 (12,851,00) 574,743,00 (3,160,00) 22,334,00 113,312,00 (64,451,00)	272,126.00 54,000.00 54,000.00 229,552.00 (6,005.00) 223,547,00 15,792.00 (564.00) 15,228.00
Subgroup : [AB] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5] 14-132-00 Marcum 103 Subtotal [B5] Subgroup : [B6] 14-134-00 15-100-00 Subtotal [B6] Subgroup : [B9]	Prepaid Expenses Other Current Assets Due From>Vendor Security Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements Leasehold Improvements Non-Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Accum Depreciation>Non Movable Non-Movable Equipment Movable Equipment Fixed Assets>Computer Hardware Accum Depre-Miscellaneous Movable Equipment Other Fixed Assets	\$4,000.00 \$4,000.00 \$4,000.00 \$57,624.00 0.00 \$57,624.00 0.00 35,494.00 0.00 35,494.00	0.00 0.00 0.00 (12.851.00) (12.881.00) (3.160.00) (3,160.00)	54,000,00 54,000,00 54,000,00 587,624,00 (12,851,00) 574,743,00 (3,160,00) 22,334,00 113,312,00 (64,451,00)	272,126.00 54,000.00 54,000.00 229,552.00 {6,005.00} 223,547.00 15,792.00 (564.00) 15,228.00 113,312.00 (22,618.00) 90,694.00 26,264.00
Subgroup : [A8] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5] 14-132-00 Marcum 103 Subtotal [B5] Subgroup : [B6] 14-134-00 15-100-00 Subtotal [B6] Subgroup : [B9] 14-136-00	Prepaid Expenses Other Current Assets Due From>Vendor Socurity Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements Leasehold Improvements Non-Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Accum Depreciation>Non Movable Non-Movable Equipment Movable Equipment Movable Equipment Fixed Assets>Computer Hardware Accum Depre>Miscellaneous Movable Equipment	\$4,000.00 \$4,000.00 \$4,000.00 \$57,624.00 0.00 \$57,624.00 35,494.00 35,494.00 113,312.00 (80,492.00) 32,820.00	0,00 0,00 0,00 (12.851,00) (12.831,00) (3,150,00) (3,150,00) 15,041,00 15,041,00	54,000.00 54,000.00 54,000.00 587,624.00 (12,881.00) 574,743.00 35,494.00 (3,160.00) 22,334.00 (64,451.00) 48,861.00	272,126.00 54,000.00 54,000.00 229,552.00 (6,005.00) 223,547.00 15,792.00 (564.00) 15,228.00 113,312.00 (22,618.00) 90,894.00
Subgroup : [A8] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5] 14-132-00 Marcum 103 Subtotal [B5] Subgroup : [B6] 14-134-00 15-100-00 Subtotal [B6] Subgroup : [B9] 14-136-00 Subtotal [B9]	Other Current Assets Due From>Vendor Security Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements Leasehold Improvements Non-Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Accum Depreciation>Non Movable Non-Movable Equipment Movable Equipment Movable Equipment Fixed Assets>Computer Hardware Accum Depreciation>Movable Movable Equipment Other Fixed Assets Fixed Assets>CIP Other Fixed Assets	\$4,000.00 \$4,000.00 \$4,000.00 \$57,624.00 0.00 \$57,624.00 35,494.00 0.00 35,494.00 113,312.00 (80,492.00) 32,820.00	0.00 0.00 0.00 (12.851.00) (12.851.00) (12.851.00) (3.160.00) (3.160.00) 0.00 16,041.00 18,041.00	54,000.00 54,000.00 54,000.00 54,000.00 587,624.00 (12,551.00) 574,741.00 35,494.00 (3,160.00) 32,334.00 113,312.00 (64,451.00) 48,861.00	272,126.00 54,000.00 54,000.00 229,552.00 {6,005.00} 223,547.00 15,792.00 (564.00) 15,228.00 113,312.00 (22,618.00) 90,694.00 26,264.00
Subgroup : [AB] 13-128-00 Subtotal [AB] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5] 14-132-00 Marcum 103 Subtotal [B5] Subgroup : [B6] 14-134-00 15-100-00 Subtotal [B6] Subgroup : [B9] 14-134-00 Subtotal [B9] Subgroup : [B9]	Other Current Assets Due From>Vendor Security Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciations-Leasehold Improvements Leasehold Improvements Non-Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Accum Depreciations-Leasehold Improvements Non-Movable Equipment Fixed Assets>Computer Hardware Accum Depreciations-Non Movable Non-Movable Equipment Fixed Assets>Computer Hardware Accum Depreshikecillaneous Movable Equipment Other Fixed Assets Fixed Assets>CIP Other Fixed Assets Organization Expense	184,550.00 54,000.00 54,000.00 587,624.00 0.00 587,624.00 0.00 35,494.00 0.00 315,494.00 (80,492.00) 32,820.00 5,565.00 5,565.00	0.00 0.00 0.00 0.00 (12.851.00) (12.881.00) 0.00 (3.160.00) 0.00 16,941.00 15,941.00 0.00	184,550.00 54,000.00 54,000.00 587,624.00 (12,851.00) 574,743.00 35,494.00 (3,160.00) 32,334.00 113,312.00 (64,451.00) 48,861.00 5,565.00	272,126.00 54,000.00 54,000.00 229,552.00 (6,005.00) 223,547,00 15,792.00 (564.00) 15,228.00 113,312.00 (22,618.00) 90,694.00 26,264.00
Subgroup : [A8] 13-128-00 Subtotal [A8] Subgroup : [B4] 14-131-00 Marcum 101 Subtotal [B4] Subgroup : [B5] 14-132-00 Marcum 103 Subtotal [B5] Subgroup : [B6] 14-134-00 15-100-00 Subtotal [B6] Subgroup : [B9] 14-136-00 Subtotal [B9]	Other Current Assets Due From>Vendor Security Deposits Other Current Assets Leasehold Improvements Fixed Assets>Leasehold Improvements Accum Depreciation>Leasehold Improvements Leasehold Improvements Non-Movable Equipment Fixed Assets>Furniture, Fixtures and Equipment Accum Depreciation>Non Movable Non-Movable Equipment Movable Equipment Movable Equipment Fixed Assets>Computer Hardware Accum Depreciation>Movable Movable Equipment Other Fixed Assets Fixed Assets>CIP Other Fixed Assets	\$4,000.00 \$4,000.00 \$4,000.00 \$57,624.00 0.00 \$57,624.00 35,494.00 0.00 35,494.00 113,312.00 (80,492.00) 32,820.00	0.00 0.00 0.00 (12.851.00) (12.851.00) (12.851.00) (3.160.00) (3.160.00) 0.00 16,041.00 18,041.00	54,000.00 54,000.00 54,000.00 54,000.00 587,624.00 (12,551.00) 574,741.00 35,494.00 (3,160.00) 32,334.00 113,312.00 (64,451.00) 48,861.00	272,126.00 54,000.00 54,000.00 229,552.00 {6,005.00} 223,547.00 15,792.00 (564.00) 15,228.00 113,312.00 (22,618.00) 90,694.00 26,264.00

Subtotal [D3]	Organization Expense	6,349.00	0.00	5,349,00	14,196.00
Subgroup : [D6] 27-901-50	Loans to Related Parties Due To/(From)>Interfacility>CT4 and NJ14	2,299,743.00	0,30	2,289,743.00	90,768.00
27-901-57	Due To/(From)>Interfacility>CT4 and WI2	9,358.00	0,00	9,358,00	0,00
27-901-59	Due To/(From)>Interfacility>CT4 and MD5	20,00 45,278,00	0,00 (301,336,00)	20,00 (256,058.00)	(196,00) 3,423,00
27-902-11 Subtotal [D6]	Due To/(From)>Interfacility>CT4 and CT3 Loans to Related Partles	2,354,399.00	(301,336.00)	2,053,063.00	93,995.00
Subgroup : [D7]	Other Assets		200		(169,785,00)
17-283-91	Other Assets Escrow>Property Tax Other Assets	(437,823,00) (437,823,00)	0.00	(437,823.00) (437,823.00)	(169,786.00)
Subtotal [D7]	Other Assets			- Manufacture	
Total [31]	Balance Sheet - Assets	4,697,772.00	(301,336.00)	4,396,436,00	3,226,606,00
Group : [33] Subgroup : [A1]	Liabilities Accounts Payable				
20-000-00	Accounts Payable	(580,977.00)	0.00	(580,977.00)	(799,383,00)
Subtotal [A1]	Accounts Payable	(580,977,00)	0.00	(580,977.00)	(790,383.00)
Subgroup : [A4]	Accrued Payroll			2.00	(444 407 00)
23-000-00	Accrued Wages & Related	0,00	0.00	0_00 (121,715_00)	(111,497,00) (100,932,00)
23-157-00 23-157-10	Accrued Wages & Related>Benefit Time Accrued Wages & Related>Benefit Time>Old Owner	(121,715,00) 0.00	0.00	0.00	(7,068,00)
23-137-10 Subtotal [A4]	Accrued Payroll	(121,715.00)	0,00	(121,715,00)	(219,497.00)
	Accrued Payroll Taxes Payable				
Subgroup : [A6] 23-156-00	Accrued Wages & Related>PR Taxes	(9,311.00)	0.00	(9,311,00)	(6,179.00)
Subtotal [A6]	Accrued Payroll Taxes Payable	(5,311.00)	0,00	[9,311,00]	(6,179.00)
Subgroup : [A12]	Other Current Liabilities				
21-148-00	Other Current Payables>401K	(7,383.00)	0,00	(7,383.00)	(2,457.00)
21-149-00	Other Current Payables>Misc, PR Deduction	148.00 (62,083,00)	0.00	148.00 (62,083.00)	148.00 (69,305.00)
21-350-00 24-000-00	Other Current Payables>Resident Funds Accrued Expenses	(155,803.00)	0,00	(155,903.00)	(118,216,00)
24-111-16	Accrued Expenses Medicaid>Bed Tax	(184,666.00)	0.00	(194,666,0D)	0.00
24-279-00	Accrued Expenses>Management Fee	(105,510,00)	0.00_	(105,510,00)	(442,225,00)
Subtotal [A12]	Other Current Liabilities	(525,397.00)	0,00	(525,397.00)	(632,058,00)
Subgroup : [B3]	Loans from Owenrs or Related Parties	(117,775,00)	0,00	(117,775,00)	(81,524,00)
13-127-00	Due From>Old Owner Due From>Old Owner>AP Items	(46,368,00)	0.00	(46,368,00)	135,192.00
13-127-10 27-800-57	Due To/(From)>Interfacility>NJ14	(154,184,00)	0,00	(164,184.00)	(67,080,00)
27-901-48	Due To/(From)>Interfacility>WV/DE 5 and CT4	(120,00)	0,00	(120,00)	(120,00)
27-901-49	Due To/(From)>Interfacility>CT4	(915,111,00)	13,002.00	(902,109,00) (6,134,00)	(868,948.00) (6,134.00)
27-901-51	Due To/(From)>Interfacility>CT4 and GA	(6,134,DD) (2,608,DD)	0.00	(2,608,00)	(750.00)
27-901-52 27-901-53	Due To/(From)>Interfacility>CT4 and PA4 Due To/(From)>Interfacility>CT4 and NJ4	(1,715 00)	0,00	(1,716,00)	(3,622,00)
27-801-55	Due To/(From)>Interfacility>CT4 and NJ2	(2,188.00)	0.00	(2,188.00)	(1,380,00)
27-901-61	Due To/(From)>Interfacility>CT4 and Barn Hill	(403,00)	0,00	(403.00)	0,00 (47.00)
27-801-85	Due To/(From)>Interfacility>Orange Park and CT4	(47.00) (738,00)	0,00	(47,00) (738,00)	0.00
27-902-37 27-902-65	Due To/(From)>Interfacility>CT4 and IL3 Due To/(From)>Interfacility>HMH10 and CT4	(1,168.00)	0.00	(1,158.00)	0.00
27-902-65 Subtotal [B3]	Loans from Owenrs or Related Parties	(1,258,570.00)	13,002,00	(1,245,558.00)	(894,413.00)
Subgroup : [B4]	Other Long Term Liabilities				
27-000-40	Due To/(From)>Amex Groton	(12,565.00)	0,00	(12,565,00)	(7,583.00)
27-000-80	Due To/(From)>Vendor	10,232,00	0.00	10,232.00	15,031.00
27-100-61	Due Tol(From)>Facility CC>Voorhees	0,00 (3,786 00)	0,00	0,00 (3,786.00)	(25,00) (3,786.00)
27-102-00 27-102-14	Due To/(From)>Medicare A Due To/(From)>Medicare A>Sequester	(3,786 00)	0.00	(1,961,00)	(4,691,00)
27-102-14	Due To/(From)>Commercial HMO	(33,143.00)	0.00	(33,143,00)	(19,590.00)
27-109-00	Due To/(From)>Hospice	(118.00)	0,00	(119,00)	0 00
27-111-00	Due Tol(From)>Medicaid	(117,325.00)	0.00	(117,325,00) (15,908,00)	0.00
27-146-00 Subtotal [B4]	Due To/(From)>Social Security Other Long Term Liabilities	(15,986.00)	0.00	(174,573,00)	(20,644,00)
aubiotal [64]	-				(2,572,174.00)
Total [33]	Liabilities	(2,670,543,00)	13,002.00	(2,657,541,00)	(2,572,174,00)
Group : [35]	Equity Cumulated Earnings				
Subgroup : [85] 30-000-00	Cumulated Earnings Retained Earnings	(851,551.00)	0.00	(851,551,00)	(57,805,00)
31-404-87	Partners' Equity>Robert Hoch>Draws	24,018.00	0,00	24,018.00	24,018.00
Subtotal [B5]	Cumulated Earnings	(827,533.00)	0.00	(827,533,00)	(33,787.00)
Total [35]	Equity	(827,533.00)	0.00	(827,533.00)	(33,787,00)
		0.00	0,00	0.00	0.00
	Sum of Account Groups	0.00	0,00	0.00	2,50

Complete Care Management Client: Engagement: Medicaid - Complete Care at Groton Regency, LLC Period Ending: 9/30/2023 A.01 - TB Trial Balance: H.01 - Combined Journal Entries Report Workpaper: Credit Description W/P Ref Debit Account Reclassifying Journal Entries K.02 Reclassifying Journal Entries JE # 1 To reclass leasehold and non-movable equipment to correct lines of the cost report 15-100-00 Accum Depn>Miscellaneous 16.041.00 12,881.00 Depreciation Expense>Leasehold Improvements Marcum 102 3.160.00 Marcum 104 Depreciation Expense>Non Movable 16,041.00 92-000-00 Depreciation Expense 12,881.00 Accum Depreciation>Leasehold Improvements Marcum 101 3,160.00 Marcum 103 Accum Depreciation>Non Movable 32.082.00 32,082.00 Total Reclassifying Journal Entries JE # 2 D.01a To reclass dentist fees to correct lines of cost report 8,720.00 Marcum 105 Dentist 61-750-00 Nursing Admin Expense>Medical Director 8,720.00 8,720.00 8,720.00 Total E.02 Reclassifying Journal Entries JE # 3 To reclass expenses not relating to dues into correct lines of the cost report. 553,00 Marcum 106 Subscriptions 400,00 Marcum 107 Chamber Dues 953,00 80-235-00 Admin Expense>Dues & Subscriptions Education Marcum 108 Sales & Use Tax Marcum 109 953,00 953,00 Reclassifying Journal Entries JE#4 D.01 Tab I To reclass true up credits into revenue 10,101.00 Nursing Expense>Contracted Service>LPN 60-700-19 60-700-20 Nursing Expense>Contracted Service>CNA 490.00 Nursing Expense>Contracted Service>LPN Overtime 697.00 60-700-22 3,721.00 Nursing Expense>Contracted Service>CNA Overtime 60-700-23 68-700-00 Therapy Expense>Contracted Service 23,720.00 Other Revenue>Prior Year Adjustment(s) 38,729.00 Marcum 110 38,729.00 38,729.00 Total 02 80-240-00 Reclassifying Journal Entries JE # 5 To reclass Legal and Bank fees out of Professional Fees 16,602.00 80-238-00 Admin Expense>Legal Fees 156.00 80-244-00 Admin Expense>Bank Fees 16,758.00 80-240-00 Admin Expense>Professional Fees 16,758.00 16,758.00 Total Reclassifying Journal Entries JE # 6 02 80-240-02 To reclass Accounting and Consulting Fees out of Professional Fees 60-263-00 Nursing Expense>Consulting Fees 12.012.00 2,743.00 80-239-00 Admin Expense>Accounting Fees 14,755.00 80-240-02 Admin Expense>Professional Fees>Add Back 14,755.00 Total 14.755.00 H.02 Reclassifying Journal Entries JE # 7 To perform CT04 client AJE 15.684.00 27-901-49 Due To/(From)>Interfacility>CT4 61-817-80 Nursing Admin Expense>MDS / RNAC>Wages 33,150.00 510.00 Nursing Admin Expense>MDS / RNAC>Wages 61-817-80 2 077.00 85-156-61 Employee Benefits Expense>PR Taxes>Fica Employee Benefits Expense>PR Taxes>SUI 11.00 85-156-62 85.00 Employee Benefits Expense>PR Taxes>FUI 85-156-63 2,172,00 27-901-49 Due To/(From)>Interfacility>CT4 Due To/(From)>Interfacility>CT4 510.00 27-901-49

27-902-11	Due To/(From)>Interfacility>CT4 and CT3			14,208.00
61-811-80	Nursing Admin Expense>Director (DON)>Wages			15,684.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages			18,943.00
Total		_	51,517,00	51,517.00
Reclassifying Jour To perform CT03 cli		H.02		
80-279-00	Admin Expense>Management Fee		287,128.00	
27-902-11	Due To/(From)>Interfacility>CT4 and CT3	_		287,128.00
Total		_	287,128.00	287,128.00
	Total Reclassifying Journal Entries		450,642,00	450,642.00
	Total All Journal Entries	_	450,642.00	450,642.00



Workpaper Index:

400_2

Prepared By:

Reviewed By:

Workpaper Date: Run Date:

2/14/2024

Complete Care at Groton Regency, LLC

Provider Name: Provider Number: Period Ended:

2461

9/30/23

Name of Workpaper:

VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: