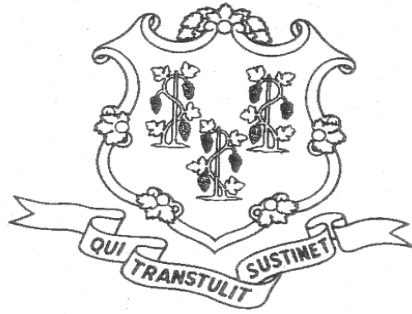


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Senior Life	
Address (No. & Street, City, State, Zip Code) 4200 Park Ave, Bridgeport, CT 06604	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 923-C	(Specify)	(Specify)	Medicare Provider 07-5353
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Medicaid Provider Numbers:	CCNH / RHNS 9233	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Jewish Home for the Elderly of Fairfield County, Inc. d/b	License No. 923-C	Report for Year Ended 9/30/2023	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Senior Life [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. {a}

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

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

{a} - Subject to desk audit reiew

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Senior Life	Period Covered:		From 10/1/2022	To 9/30/2023
Address of Facility 4200 Park Ave, Bridgeport, CT 06604				
Report Prepared By Marcum LLP	Phone Number 203-781-9600		Date 2/2/2024	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-561-4000		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Moza		Address (No. & Street, City, State, Zip) 4200 Park Ave, Bridgeport, CT 06604		
License Numbers:	CCNH / RHNS 923-C	(Specify)	(Specify)	Medicare Provider No. 07-5353
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Andrew Banoff		Nursing Home Administrator's License No.:	001719	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility Jewish Home for the Elderly of Fairfield County	License No. 923-C	Report for Year Ended 9/30/2023	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Senior Life	Business Address 4200 Park Ave, Bridgeport, CT 06604		State(s) in Which Incorporated Connecticut	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See attached listing of Board of Directors				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

Jewish Senior Services® – The Jewish Home
Board of Directors
2023

Jon August (**Chairperson**)

Andrew H. Banoff

Jim Bennett

Edward Burger

Moira Colangelo

Cindy Epstein (**Women's Auxiliary**)

Michael Fleischer

Janet Freedman

Ed Friedland

Roy Friedman (**Honorary Director for Life**)

Roslyn Goldstein (**Honorary Director for Life**)

Eric Hendlin

Jennifer Kanfer

Eric Katz

Mark A. Lapine (**Honorary Director for Life**)

Marc Levey

Neil Lippman (**Men's Club**)

Gerald Luterman (**Treasurer**)

Nancy Magida (**Secretary**)

Michael Marcus

Emil Meshberg (**Vice Chairperson**)

Brian Miles

Jerry Minsky

Renee Noren

Alan Phillips

Jeff Radler

Amy Rich

Hal Rosnick (**Honorary Director for Life**)

Philip Schaefer

Dr. Scott Serels

William Sims (**Honorary Director for Life**)

Art Spinner

Mandy Stanton

Milton Sutin (**Honorary Director for Life**)

Kenneth I. Wirfel

Martin F. Wolf (**Honorary Director for Life**)

Mike Wolfson

**General Information and Questionnaire
Related Parties***

Name of Facility Jewish Home for the Elderly of Fairfield County, Inc. d	License No. 923-C	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Marty Wolf	Cohen & Wolf, P.C.	<input checked="" type="radio"/>	<input type="radio"/>		Legal Service	15 / 1e	21,546	21,546
		<input checked="" type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

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

Mozaic Senior Life
Page 4 Related Party
FYE 9/30/2023

<u>Name</u>	<u>Address</u>	<u>Description</u>	<u>Total Expense</u>	ALLOCATED <u>Amount</u>	<u>Allocation Stat</u>	<u>%</u>
Marty Wolf	Cohen & Wolf, P.C.	Legal service	32,480	21,546	Accum Cost	66.3373%

A.022

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Jewish Home for the Elderly of Fairfield County	License No. 923-C	Report for Year Ended 9/30/2023	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
The facility utilizes an allocation template and allocates costs for non-reimbursable programs out on the allocation template using appropriate methodologies, accumulated cost, or direct assignment. The non-reimbursable costs are not included in the cost report. Please see cover letter included with the cost report.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
See page 4 and page 4 attachment.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

Mozaic Senior Life							
ALLOCATION SECTION							
Cost Year 2023					TOTAL		
		INPUT			ALLOCATED AMOUNTS		
ACCOUNT		Total	ALLOCATION		Skilled Nursing	A/L	
NUMBER	ACCOUNT NAME	AMOUNT	BASIS		Facility	Unit	TOTAL
30 I1A.10	Medicaid R&B SNF Only	(24,550,033)	Nursing home		(24,550,033)	-	(24,550,033)
30 I3A.10	Medicare R&B - SNF Only	(6,024,107)	Nursing home		(6,024,107)	-	(6,024,107)
30 I4A.10	Private pay R&B - SNF Only	(17,118,538)	Nursing home		(17,118,538)	-	(17,118,538)
30 II3A.10	PT Medicare PT Treatments	(287,320)	Nursing home		(287,320)	-	(287,320)
30 II3C.10	PT Other - PT Treatments	290,780	Nursing home		290,780	-	290,780
30 II4A.10	ST Medicare - ST Treatments	(60,191)	Nursing home		(60,191)	-	(60,191)
30 II4C.10	ST Other - ST Treatments	(72,951)	Nursing home		(72,951)	-	(72,951)
30 II5A.10	OT Medicare - OT Treatments	(156,821)	Nursing home		(156,821)	-	(156,821)
30 II5C.10	OT - OT Treatments	(204,526)	Nursing home		(204,526)	-	(204,526)
30 II6A.10	Other Medicare - Patient Days	(9,360)	Nursing home		(9,360)	-	(9,360)
30 II6B.10	Other - Patient Days	(6,997)	Nursing home		(6,997)	-	(6,997)
30 II6B.22	Other - Patient Days	(8,805)	Nursing home		(8,805)	-	(8,805)
30 IV8.22	Other - Non Reimbursable	(17,329,162)	A/L		-	(17,329,162)	(17,329,162)
30 IV8.10	Other - Patient Days	(4,225,059)	Nursing home		(4,225,059)	-	(4,225,059)
	Total Revenue	(69,763,090.00)			(52,433,928)	(17,329,162)	(69,763,090)

Mozaic Senior Life							
ALLOCATION SECTION							
Cost Year 2023					TOTAL		
		INPUT			ALLOCATED AMOUNTS		
ACCOUNT		Total	ALLOCATION		Skilled Nursing	A/L	
NUMBER	ACCOUNT NAME	AMOUNT	BASIS		Facility	Unit	TOTAL
10-A 2.16	Administrators	801,156	Nursing Home		801,156	-	801,156
10-A 3.16	Assistant Administrator	313,559	Patient days		283,599	29,960	313,559
10-A 4.10	Other Admin - SNF Only	123,709	Nursing Home		123,709	-	123,709
10-A 4.19	Other Admin - All Programs	2,016,863	Accum Costs		1,337,932	678,931	2,016,863
10-A 4.34	Other Admin - SNF & A/L	148,213	Patient days		134,052	14,161	148,213
10-A 5C.3	Dietary Workers	2,215,842	Meals		1,816,425	399,417	2,215,842
10-A 6B.2	Other Housekeeping Workers	1,175,029	Sqft		827,900	347,129	1,175,029
10-A 7B.33	Other Maintenance Workers	297,173	Sqft		209,382	87,791	297,173
10-A 8B.5	Other Laundry Workers	294,564	Laundry		268,950	25,614	294,564
10-A 10.19	Protective Services	173,605	Sqft		122,318	51,287	173,605
10-A 11A	Head Accountant	254,254	Accum Costs		168,665	85,589	254,254
10-A 11B	Other Accountants	400,490	Accum Costs		265,674	134,816	400,490
10-A 12A.10	Director of Nurses/Assistant Director	200,662	Nursing Home		200,662	-	200,662
10-A 12B1.10	RNs - Direct Care	2,729,091	Nursing Home		2,729,091	-	2,729,091
10-A 12B2.10	RNs - Administrative	925,488	Nursing Home		925,488	-	925,488
10-A 12C1.10	LPNs - Direct Care	3,750,465	Nursing Home		3,750,465	-	3,750,465
10-A 12D.10	Aides and Attendants	6,825,800	Nursing Home		6,825,800	-	6,825,800
10-A 12E	Physical Therapists	1,096,590	Nursing Home		1,096,590	-	1,096,590
10-A 12F	Speech Therapists	229,840	Nursing Home		229,840	-	229,840
10-A 12G	Occupational Therapists	714,934	Nursing Home		714,934	-	714,934
10-A 12H.10	Recreation Workers	545,272	Nursing Home		545,272	-	545,272
10-A 12M.33	Social Workers/Case Management - Direct	292,328	Nursing Home		292,328	-	292,328
10-A 12N.22	Marketing- Non-Reimb	132,390	A/L		-	132,390	132,390
10-A 12N.25	Marketing- Accum Costs	33,098	Accum Costs		21,956	11,142	33,098
10-A 12O.25	Other - Accum Costs	197,443	Accum Costs		130,978	66,465	197,443
10-A 12O.10	Other - SNF	696,941	Nursing Home		696,941	-	696,941
10-A 12O.22	Other - Non Reimbursible	7,886,760	A/L		-	7,886,760	7,886,760
13-B 2.22	Dentist	25,821	Nursing Home		25,821	-	25,821
13-B 3.03	Pharmacist	21,814	Nursing Home		21,814	-	21,814
13-B 4	Podiatrist	700	Nursing Home		700	-	700
13-B 5A.07	PT - Resident Care - PT	44,845	PT Treat		44,845	-	44,845
13-B 8A.10	Medical Director - Direct	18,000	Nursing Home		18,000	-	18,000
13-B 8E	Other - SNF	16,942	Nursing Home		16,942	-	16,942
13-B 12.10	Other - SNF only	9,277	Nursing Home		9,277	-	9,277
13-B 12.22	Other - Non Reimbursible	1,763,330	A/L		-	1,763,330	1,763,330
13-B 11A1	RN's - Direct Care	128,366	Direct		128,366	-	128,366
13-B 11B1	LPN's - Direct Care	1,023,865	Direct		1,023,865	-	1,023,865
13-B 11C	Aides	611,603	Direct		611,603	-	611,603
15 1A1.15	Workmen's Compensation - Salary%	1,291,211	Payroll		918,456	372,755	1,291,211

Mozaic Senior Life							
ALLOCATION SECTION							
Cost Year 2023					TOTAL		
		INPUT			ALLOCATED AMOUNTS		
ACCOUNT		Total	ALLOCATION		Skilled Nursing	A/L	
NUMBER	ACCOUNT NAME	AMOUNT	BASIS		Facility	Unit	TOTAL
15 1A2.15	Disability Insurance - Salary %	95,736	Payroll		68,098	27,638	95,736
15 1A3.15	Unemployment Insurance - Nursing Home	36,447	Payroll		25,925	10,522	36,447
15 1A4.15	Social Security (FICA) - Salary %	2,318,263	Payroll		1,649,013	669,250	2,318,263
15 1A5.15	Health Insurance - Salary %	2,895,427	Payroll		2,059,558	835,869	2,895,427
15 1A6.15	Life Insurance - Salary %	132,074	Payroll		93,946	38,128	132,074
15 1A7.15	Pensions - Salary %	1,239,796	Payroll		881,884	357,912	1,239,796
15 1A9.10	Other - Salary %	7,190	Payroll		5,114	2,076	7,190
15 1C.42	Bad Debts	188,713	Nursing Home		188,713	-	188,713
15 1D.42	Accounting and Auditing	117,651	Accum Costs		78,046	39,605	117,651
15 1E.10	Legal - Expenses	222,590	Accum Costs		147,660	74,930	222,590
15 1G.22	Office Supplies - Non Reimbursible	35,382	A/L		-	35,382	35,382
15 1G.10	Office Supplies - SNF Only	15,161	Nursing Home		15,161	-	15,161
15 1G.15	Office Supplies - Accum Costs	130,329	Accum Costs		86,457	43,872	130,329
15 1H1.42	Telephone and Telegraph - Accum Costs	57,925	Accum Costs		38,426	19,499	57,925
15 1H2.30	Cellular Phones and Beepers - Accum Costs	137,994	Accum Costs		91,541	46,453	137,994
15 1K3.03	Resident Day User Fee	1,478,298	Nursing Home		1,478,298	-	1,478,298
16 3	Gifts to Staff and Residents	113,230	Accum Costs		75,114	38,116	113,230
16 4.10	Employee Travel -SNF Only	44,861	Nursing Home		44,861	-	44,861
16 4.15	Employee Travel - Non Reimbursible	92,761	A/L		-	92,761	92,761
16 4.42	Employee Travel - Accum Costs	14,502	Accum Costs		9,620	4,882	14,502
16 5.10	Education Expense - Accum Costs	71,747	Accum Costs		47,595	24,152	71,747
16 5.22	Education Expense - Non Reimbursible	4,869	A/L		-	4,869	4,869
16 6.10	Automobile Expense - SNF Only	21,788	Nursing Home		21,788	-	21,788
16 M1.15	Advertising Help Wanted - Accum Costs	5,186	Accum Costs		3,440	1,746	5,186
16 M3.22	Advertising Other - Non Reimbursible	76,481	A/L		-	76,481	76,481
16 M3.42	Advertising Other	277,323	Accum Costs		183,969	93,354	277,323
16 M4.10	Fund Raising - SNF	2,620	Nursing Home		2,620	-	2,620
16 M4.22	Fund Raising - Non Reimb	3,206	A/L		-	3,206	3,206
16 M6.03	Barber & Beauty - SNF	57,026	Nursing Home		57,026	-	57,026
16 M7.10	Postage	39,939	Accum Costs		26,494	13,445	39,939
16 M7.42	Postage - Non Reimbursible	1,008	A/L		-	1,008	1,008
16 M8.10	Dues and Membership Fees to Professional Associations - Accum Cost	38,462	Accum Costs		25,515	12,947	38,462
16 M8.22	Dues and Membership Fees to Professional Associations - Non Reimb	7,754	A/L		-	7,754	7,754
16 M9.10	Subscriptions - Accum Costs	150,140	Accum Costs		99,599	50,541	150,140
16 M9.22	Subscriptions - Non Reimb	27,279	A/L		-	27,279	27,279
16 M11.10	Services Provided by Contract - Accum Costs	270,671	Accum Costs		179,556	91,115	270,671
16 M11.22	Administrative Management Services - Patient days	1,346,722	A/L		-	1,346,722	1,346,722
16 M13.10	Other - SNF	50	Nursing Home		50	-	50
16 M13.25	Other - Accum Costs	1,509,366	Accum Costs		1,001,273	508,093	1,509,366
16 M13.22	Other - Non Reimbursible	3,558,673	A/L		-	3,558,673	3,558,673

Mozaic Senior Life							
ALLOCATION SECTION							
Cost Year 2023					TOTAL		
		INPUT			ALLOCATED AMOUNTS		
ACCOUNT		Total	ALLOCATION		Skilled Nursing	A/L	
NUMBER	ACCOUNT NAME	AMOUNT	BASIS		Facility	Unit	TOTAL
18 2A1.03	Raw Food - Meals	93,979	Meals		77,039	16,940	93,979
18 2A1.22	Raw Food - Non Reimb	18,925	A/L		-	18,925	18,925
18 2A2.03	Non Food Supplies	18,602	Meals		15,249	3,353	18,602
18 2B.03	Purchased Service - Meals	2,957,047	Meals		2,424,024	533,023	2,957,047
18 2C.03	Other - Meals	151,800	Meals		124,437	27,363	151,800
19 3A1.10	Bed, Linens, Etc.	14,027	Laundry		12,807	1,220	14,027
19 3A4.10	Repair and/or purchased linens	15,379	Laundry		14,042	1,337	15,379
19 3B.10	Purchased Services - Pounds of Laundry	87,620	Laundry		80,001	7,619	87,620
19 3C.05	Other - Pounds of Laundry	24,634	Laundry		22,492	2,142	24,634
20 4A1.02	In-House Care Supplies - Sqft	41,274	Sqft		29,081	12,193	41,274
20 4A1.22	In-House Care Supplies - Non Reimb	8,892	A/L		-	8,892	8,892
20 4B.02	Purchased Services - Sqft	87,619	Sqft		61,734	25,885	87,619
20 4C	Other	24,634	Sqft		17,357	7,277	24,634
20 5A.03	Purchased From - Pharmacy - SNF Only	311,876	Nursing Home		311,876	-	311,876
20 5B.10	Medicine Cabinet Drugs - SNF Only	5,821	Nursing Home		5,821	-	5,821
20 5C.10	Medical and Therapeutic Supplies - SNF only	738,100	Nursing Home		738,100	-	738,100
20 5C.22	Medical and Therapeutic Supplies - Non Reimb	83,047	A/L		-	83,047	83,047
20 5D.03	Ambulance/Limousine - SNF Only	6,258	Nursing Home		6,258	-	6,258
20 5E2.10	Oxygen - Other - SNF Only	49,174	Nursing Home		49,174	-	49,174
20 5F.22	X-Rays and related radiological - SNF Only	43,930	Nursing Home		43,930	-	43,930
20 5G	Dental - SNF Only	9,059	Nursing Home		9,059	-	9,059
20 5H.10	Laboratory - SNF	125,098	Nursing Home		125,098	-	125,098
20 5I.10	Recreation - SNF	177,277	Nursing Home		177,277	-	177,277
20 5I.22	Recreation - Non Reimb	31,794	A/L		-	31,794	31,794
20 5L.03	Other - SNF	97,640	Nursing Home		97,640	-	97,640
20 5L.10	Other - Sqft	71,196	Sqft		50,163	21,033	71,196

Mozaic Senior Life							
ALLOCATION SECTION							
Cost Year 2023					TOTAL		
		INPUT			ALLOCATED AMOUNTS		
ACCOUNT		Total	ALLOCATION		Skilled Nursing	A/L	
NUMBER	ACCOUNT NAME	AMOUNT	BASIS		Facility	Unit	TOTAL
20 5L.22	Other - Non Reimbursible	12,282	A/L		-	12,282	12,282
22 6A.02	Repairs and Maintenance - Sqft	419,951	Sqft		295,888	124,063	419,951
22 6B.33	Heat - Sqft	234,041	Sqft		164,900	69,141	234,041
22 6C.33	Light & Power - Sqft	746,124	Sqft		525,703	220,421	746,124
22 6D.33	Water	38,999	Sqft		27,478	11,521	38,999
22 6E.33	Equipment Lease - Sqft	96,436	Sqft		67,947	28,489	96,436
22 6F.02	Other - Sqft	550,583	Sqft		387,929	162,654	550,583
22 7B.10	Building & Building Improvements - Sqft	3,337,292	Sqft		2,351,383	985,909	3,337,292
22 7C.10	Non-movable Equipment - Sqft	131,587	Sqft		92,713	38,874	131,587
22 7D.10	Movable Equipment - Sqft	208,935	Sqft		147,211	61,724	208,935
22 8B.22	Mortgage Expense - Non Reim	20,000	A/L		-	20,000	20,000
22 8B.33	Mortgage Expense - Sqft	46,201	Sqft		32,552	13,649	46,201
22 9.33	Rental Payments - Non Reimb	-	A/L		-	3	3
22 10B	Real estate taxes paid by lessor - Sqft	50,000	Sqft		35,229	14,771	50,000
26 12A1	First Mortgage	2,115,300	Sqft		1,490,394	624,906	2,115,300
27 14A.10	Insurance on Property - Sqft	103,546	Sqft		72,956	30,590	103,546
27 14A.22	Insurance on Property - Non Reimb	16,000	A/L		-	16,000	16,000
27 14B	Insurance of Automobiles	17,832	Sqft		12,564	5,268	17,832
27 14C1	Umbrella	448,463	Sqft		315,977	132,486	448,463
27 14C3.10	Other - SNF	11,866	Nursing Home		11,866	-	11,866
27 14C3.22	Other - Non Reimbursible	1,838	A/L		-	1,838	1,838
27 14C3.42	Other - Accum Costs	34,203	Accum Costs		22,689	11,514	34,203
	*	70,208,154			46,574,196	23,633,961	70,208,154
					(5,859,732)	6,304,799	445,064
	Reconciliation to Cost Report	445,064.00			46,574,196	23,633,961	
	Cost Report Total	(445,064.00)			46,574,196	23,633,961	
		-	Immaterial		-	-	

General Information and Questionnaire
Other Lines of Business

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfi	923-C	9/30/2023	6	37
Square footage of entire facility.				
	317,000	**	**Represents square footage entire campus	
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		Yes		
<i>If yes, please complete the following:</i>				
1,636 - Overhead	Square footage of therapy space.			
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
	Square footage of kitchen			
	Number of meals served per week			
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
	<i>If yes, please state where costs are reported.</i>			
No	Are drivers for the program included in the facility's payroll?			
	<i>If yes, please complete the following:</i>			
		Amount Reported		
		Annual Report page and line		
	Please state the salary amounts of specific cooks and/or dietary aides			
	Please state where the cooks and/or dietary aides are reported in the Annual Report			
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		Yes		
<i>If yes, please complete the following:</i>				
0	Square footage of apartments			
0	Square footage of independent living			
29,063	Square footage of assisted living			
	Please identify the services provided:			
	Costs and revenues related to the ass			

General Information and Questionnaire
Other Lines of Business (Continued)

Name of Facility Jewish Home for the	License No. 923-C	Report for Year Ended 9/30/2023	Page 7	of 37
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Child Day Care

Does the Facility provide Child Day Care? Yes

If yes, please complete the following:

7,047	Square footage of child day care space.
0	Average number of daily participants.
0	Number of meals per day provided to child day care.
Nature of services provided: See self- disallowance filed with cost report.	

Adult Day Care

Does the Facility provide Adult Day Care? Yes

If yes, please complete the following:

7,417	Square footage of adult day care space.
0	Please state where it is located in relation to the facility.
0	Average number of daily participants.
0	Number of meals per day provided to adult day care.
Nature of services provided: Costs and revenues related to the adult day care business are not included within the annual report of	

Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page	of			
Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Seni			923-C		9/30/2023				8	37			
	Total All Levels	Total CCNH / RHNS Level	Total	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	280	280			280	280							
B. On last day of THIS report period	280	280							280	280			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	272	272			272	272							
B. As of midnight of THIS report period	274	274							274	274			
3. Total Number of Days Care Provided During Period													
A. Medicare	6,155	6,155			4,924	4,924			1,231	1,231			
B. Medicaid (Conn.)	66,868	66,868			50,040	50,040			16,828	16,828			
C. Medicaid (other states)													
D. Private Pay	22,761	22,761			16,281	16,281			6,480	6,480			
E. State SSI for RCH													
F. Other (Specify)	4,287	4,287			3,537	3,537			750	750			
G. Total Care Days During Period (3A thru F)	100,071	100,071			74,782	74,782			25,289	25,289			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	90	90			67	67			23	23			
B. Other Bed Reserve Days	47	47			33	33			14	14			
5. Total Resident Days (3G + 4A + 4B)	100,208	100,208			74,882	74,882			25,326	25,326			

Below represents the total amount of days for the full 294 beds (including 14 non-Medicaid certified beds) in the facility. Consistent with the disallowances on page 28 and 29 which removed the percentage of net allowable expense for the Medicaid days related to the 14 non-Medicaid beds, the days were removed from page 8. Additionally, these 14 beds were removed from the certified bed capacity and the number of residents on both page 8 and page 9. See cover letter for further explanation.

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Senior Life	923-C	9/30/2023	8a	37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)
1. Certified Bed Capacity				
A. On last day of PREVIOUS report period	294	294		
B. On last day of THIS report period	294	294		
2. Number of Residents				
A. As of midnight of PREVIOUS report period	285	285		
B. As of midnight of THIS report period	285	285		
3. Total Number of Days Care Provided During Period				
A. Medicare	8,508	8,508		
B. Medicaid (Conn.)	67,042	67,042		
C. Medicaid (other states)	0	0		
D. Private Pay	23,351	23,351		
E. State SSI for RCH				
F. Other (Specify)	5,761	5,761		
G. Total Care Days During Period (3A thru F)	104,662	104,662		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds				
A. Medicaid Bed Reserve Days	94	94		
B. Other Bed Reserve Days	61	61		
5. Total Resident Days (3G + 4A + 4B)	104,817	104,817		

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility Jewish Home for the Elderly of Fairfield County, In	License No. 923-C	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR
No. of Residents	16	178		80				
Per Diem Rate								
a. One bed rm.	Various	369.55		667.00				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	10,917	10,917			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	40,434	40,434			
D. Total Physical Therapy Treatments	51,351	51,351			

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	811	811			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	3,792	3,792			
D. Total Speech Therapy Treatments	4,603	4,603			

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	5,930	5,930			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	33,205	33,205			
D. Total Occupational Therapy Treatments	39,135	39,135			

Report of Expenditures - Salaries & Wages

Name of Facility		License No.		Report for Year Ended		Page		of	
Jewish Home for the Elderly of Fairfield County, Inc. d/b/a M		923-C		9/30/2023		10		37	
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No									
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
A. Salaries and Wages*									
1. Operators/Owners (Complete also Sec. I of Schedule A1)									
2. Administrator(s) (Complete also Sec. III of Schedule A1)	801,156	(160,231)	2,080						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	283,599		1,881						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	1,595,693		49,016						
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor									
c. Dietary Workers	1,816,425		97,060						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers	827,900		44,596						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance									
b. Other Maintenance Workers	209,382		8,840						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	268,950		15,610						
9. Barber and Beautician Services									
10. Protective Services	122,318		6,132						
11. Accounting Services									
a. Head Accountant	168,665		1,380						
b. Other Accountants	265,674		7,612						
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	200,662		3,698						
b. RN									
1. Direct Care	2,729,091		58,350						
2. Administrative**	925,488		19,591						
c. LPN									
1. Direct Care	3,750,465		101,935						
2. Administrative**									
d. Aides and Attendants	6,825,800		306,120						
e. Physical Therapists	1,096,590		27,341						
f. Speech Therapists	229,840		4,440						
g. Occupational Therapists	714,934	(714,934)	15,516						
h. Recreation Workers	545,272		22,848						
i. Physicians									
1. Medical Director									
2. Utilization Review									
3. Resident Care***									
4. Other (Specify)									
j. Dentists									
k. Pharmacists									
l. Podiatrists									
m. Social Workers/Case Management	292,328		9,144						
n. Marketing	21,956	(21,956)	419						
o. Other (Specify)									
See Attached Schedule	827,919	(530,870)	28,949						
<i>A-13. Total Salary Expenditures</i>	24,520,107	(1,427,991)	832,558						

* 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)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
	-								
Childcare services	\$ 415,470	\$ (326,441)	19,444						
Pastoral services	115,721		3,161						
Outpatient therapy	165,750	(165,750)	3,356						
Education	130,978		2,988						
Unallowable (Non-Medicaid) beds disallowance - Salaries and wages		(38,679)							
Total	\$ 827,919	\$ (530,870)	28,949	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
	-								
Pastoral care	\$ 6,780		259						
Medicare office visits	2,497	(2,497)	No hours						
Unallowable (Non-Medicaid) beds disallowance - Professional fees		(3,027)							
Total	\$ 9,277	\$ (5,524)	259	\$ -	\$ -	-	\$ -	\$ -	-

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

Name of Facility				License No.		Report for Year Ended			Page	of
Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Se				923-C		9/30/2023			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Se				923-C	9/30/2023			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
Section III - Administrators***										
Andrew Banoff	801,156			Auto allowance included in salary	Administrator / CEO / BOD	2,080	A2			
Section IV - Assistant Administrators										
Larry Condon	283,599			Non-discriminatory	Asst. Administrator	1,881	A3			

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended						Page	of
Jewish Home for the Elderly of Fairfield County, Inc	923-C	9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)									
1. Dietitian									
2. Dentist	25,821	(25,821)	132						
3. Pharmacist	21,814		287						
4. Podiatrist	700	(700)	Disallowed						
5. Physical Therapy									
a. Resident Care	44,845	(44,845)	1,001						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	18,000		180						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify)									
Psychiatric	16,942	(16,942)	450						
9. Speech Therapist									
a. Resident Care									
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	128,366		1,906						
2. Administrative***									
b. LPN									
1. Direct Care	1,023,865		18,380						
2. Administrative***									
c. Aides	611,603		19,770						
d. Other									
12. Other (Specify)									
See Attached Schedule	9,277	(5,524)	259						
B-13 Total Fees Paid in Lieu of Salaries	1,901,233	(93,832)	42,365						

* 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
Jewish Home for the Elderly of Fairfield County, Inc. d/		923-C	9/30/2023		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Carla Monteiro, D.M.D., 1825 Barnum Ave, Suite 303, Stratford, CT 06614	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Partners Pharmacy, 6 Thompson Rd, East Windsor CT 06088	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Northeast Medical Group, 55 Holly Hill Ln, Greenwich, CT 06830	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Sacred Heart University, 5150 Park Ave, Fairfield, CT 06825	Inpatient physical therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Summit Healthcare LLC, 24 Silver Ridge Common, Weston, CT 06883	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Joseph Fickes, M.D., 51 Merwins Ln, Fairfield, CT 06824	Psychiatric	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Father Churchhill Penn, Saint Charles Parish, 391 Ogden St, Bridgeport, CT 06608	Pastoral care	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. Jeffrey Kerner, 95 Intrevale Rd, Stamford, CT 06905	Medicare office visits	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Jewish Home for the Elderly of Fairfield County	923-C	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
I. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 872,417	918,456	(46,039)					
2. Disability Insurance	\$ 68,098	68,098						
3. Unemployment Insurance	\$ 24,626	25,925	(1,299)					
4. Social Security (F.I.C.A.)	\$ 1,566,357	1,649,013	(82,656)					
5. Health Insurance	\$ 2,059,558	2,059,558						
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 93,946	93,946						
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 881,884	881,884						
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$ (4,203)	5,114	(9,317)					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	188,713	(188,713)					
d. Accounting and Auditing	\$ 78,046	78,046						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 13,518	147,660	(134,142)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 101,618	101,618						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 38,426	38,426						
2. Cellular Phones	\$ 3,800	91,541	(87,741)					
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$							
k. Other Taxes (<i>Not related to property - See Page 22</i>)								
1. Income*	\$							
2. Other (<i>Specify</i>) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 1,478,298	1,478,298						
Subtotal	\$ 7,276,389	7,826,296	(549,907)					

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Tuition reimbursement	\$ 5,114					
Unallowable (Non-Medicaid) beds disallowance - Benefits		(9,317)				
Total	\$ 5,114	\$ (9,317)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Taxes

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

General Information and Questionnaire
Accounting Basis

Name of Facility Jewish Home for the Elderly of Fai	License No. 923-C	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1 Annual FS audit, Medicaid and Medicare cost reporting, 990 prep, benefit plan audits	\$ 78,046
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 78,046

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See attached 2 3 4 5	Telephone Number See attached
--	----------------------------------

Address (*No. & Street, City, State, Zip Code*)
 1 See attached
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 See attached	\$ 147,660
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 147,660

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, line 1e

A.022
66.3373%

<u>Law Firm</u>	<u>Address</u>	<u>Phone Number</u>	<u>Total Expense</u>	<u>Description</u>	<u>Allowable</u>	<u>Disallowed</u>	<u>ALLOCATED</u>		
							<u>Amount</u>	<u>Allowable</u>	<u>Disallowed</u>
Wiggin & Dana	One Century Tower, New Haven, CT 06508	203-498-4384	106,386	General legal / collections / Miscellaneous	3,700	102,686	70,574	2,455	68,119
Cohen and Wolf Jackson Lewis	1115 Broad Street, Bridgeport, CT 06604	203-368-0211	32,480	Attention to trademarks	-	32,480	21,546	-	21,546
			3,397	Employee law	3,397	-	2,253	2,253	-
Goldman, Gruder & Woods, LLC	200 Connecticut Avenue, Norwalk, CT 06854	203-899-8900	18,550	Collections		18,550	12,306	-	12,306
Russo & Rizzio Sheriff	10 Sasco Hill Rd, Fairfield, CT 06824	203-254-7579		Parking garage		-	-	-	-
			250	Probate		250	165	-	165
Pullman & Comley	850 Main St, Bridgeport, CT 06601	203-330-2000	18,180	Refinancing		18,180	12,060	-	12,060
Shipman & Goodwin	265 Church Street, New Haven, CT 06510	203-836-2801	12,305	Bond financing		12,305	8,163	-	8,163
Lynch, Trembicki & Boynton	63 Cherry St #1, Milford, CT 06460	203-878-4669	12,500	Employee settlement		12,500	8,292	-	8,292
Updike, Kelly & Spellacy	265 Church St #1001, New Haven, CT 06510	203-786-8300	5,475	Employee relations	5,475		3,632	3,632	-
Reid & Riege Attorneys	234 Church St, New Haven, CT 06510	203-777-8008	3,762	Refinancing		3,762	2,496	-	2,496
Law Offices of Jeffrey Hellman	195 Church St, New Haven, CT 06510	203-691-8762	1,500	Home related issues / collections		1,500	995	-	995
Litchfield Cavo LLP	82 Hopmeadow Street #210, Weatogue, CT 06089	860-413-2800	7,805	Employee matters	7,805	-	5,178	5,178	-
			222,590		20,377	202,213	147,660	13,518	134,142

<u>Accounting Firm</u>	<u>Address</u>	<u>7005-7250</u>	<u>Description</u>	<u>Allowable</u>	<u>Disallowed</u>	<u>ALLOCATED</u>		
						<u>Amount</u>	<u>Allowable</u>	<u>Disallowed</u>
Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511	203-781-9600	Annual FS audit, Medicaid and Medicare cost reporting, 990 prep, benefit plan audits	117,651	-	78,046	78,046	-
				117,651	-	78,046	78,046	-

Mozaic Senior Life
Cell Phone Disallowance
September 30, 2023

<u>Beds</u>	<u>Total</u>
201-300	<u>Allowable</u>
	\$ 3,800
Cell Phone Expense	\$ 91,541 TB Linked
Amount Allowable	3,800
Disallowed Cell Phone Expense	<u><u>\$ 87,741</u></u> Page 15, Line 1h2

Mozaic Senior Life
Benefits Disallowance for Salaries
FYE 9/30/2023

PURPOSE: To disallow costs related to child care services that do not relate to current employees of JSS as an employee benefit.

<u>Page</u>	<u>Line</u>	<u>Description</u>	<u>Salary Disallowed</u>	<u>Benefits Disallow %</u>	<u>Benefits Disallowed</u>
10	A2	20% of Administrator salary	160,231	10.5766%	16,947
10	A12g	OT	714,934	10.5766%	75,616
10	12n	Marketing	21,956	10.5766%	2,322
10	A12o	Outpatient therapy	165,750	10.5766%	17,531
					95,469

Total salaries per page 10	24,520,107	TB link
Total benefits (1a1, 1a3 & 1a4)	2,593,394	TB link
% to total	10.5766%	

	<u>Expense</u>	<u>Disallowance</u>	<u>Pg. / Line</u>
Workmen's Compensation	918,456	33,811	Pg. 15 / line 1a1
Unemployment Insurance	25,925	954	Pg. 15 / line 1a3
Social Security (F.I.C.A.)	1,649,013	60,703	Pg. 15 / line 1a4
	2,593,394	95,468	

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

Name of Facility	License No.	Report for Year Ended				Page	of
Jewish Home for the Elderly of Fairfield County, Inc.	923-C	9/30/2023				16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:		7,276,389	7,826,296	(549,907)			
i. Travel and Entertainment							
1. Resident Travel and Entertainment	\$						
2. Holiday Parties for Staff	\$						
3. Gifts to Staff and Residents	\$ 36,169	75,114	(38,945)				
4. Employee Travel	\$ 54,481	54,481					
5. Education Expenses Related to Seminars and Conventions	\$ 47,595	47,595					
6. Automobile Expense (not purchase or depreciation)	\$ 16,379	21,788	(5,409)				
7. Other (Specify) See Attached Schedule	\$						
m. Other Administrative and General Expenses							
1. Advertising Help Wanted (all such expenses)	\$ 3,440	3,440					
2. Advertising Telephone Directory (all such expenses)***	\$						
3. Advertising Other (Specify)*** See Attached Schedule	\$	183,969	(183,969)				
4. Fund-Raising***	\$	2,620	(2,620)				
5. Medical Records	\$						
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	57,026	(57,026)				
7. Postage	\$ 26,494	26,494					
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 25,515	25,515					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$						
9. Subscriptions	\$ 99,402	99,599	(197)				
10. Contributions*** See Attached Schedule	\$						
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 179,556	179,556					
12. Administrative Management Services**	\$						
13. Other (Specify) See Attached Schedule	\$ 694,343	1,001,323	(306,980)				
C-14 Total Administrative & General Expenditures	\$ 8,459,763	9,604,816	(1,145,053)				

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Marketing expenses (Disallowed)	\$ 183,969	\$ (183,969)				
Total Other Advertising	\$ 183,969	\$ (183,969)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Leading Age	\$ 20,266					
AJAS	4,950					
Pastoral dues	299					
Total Dues	\$ 25,515	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Employee relations - Pre-employment screening	\$ 58,650					
Insurance consulting	33,169					
Lobbying consulting	7,960	(7,960)				
Zoning & surveying	10,037	(10,037)				
Misc. administration	(3,266)	3,266				
Medical insurance consulting	19,901					
Compensation study and consulting	23,791	(23,791)				
Executive job search consulting	35,325					
Human resources consulting	40,149					
Information Technology - Support Expense	210,365					
Finance-Bank/Credit Card Fees	209,934	(209,934)				
Employee relations - Miscellaneous expense	5,539	(5,539)				
License fee	418					
Administration meeting expense	159	(159)				
Information technology - Hardware	5,248					
Information technology - Network expense	25,608					
Inpatient therapy - Software	7,272	(7,272)				
Admissions - Software	2,847					
Employee relations - Software	97,999					
Finance - Software	6,413					
Information technology - Software	155,412					
D&O Insurance	48,343					
Child care center - Misc. expenses (See disallowance schedule)	50	(50)				
Other operating - OH allocation		(15,245)				
Community events		(23,655)				
Medical records		(1,621)				
Unallowable (Non-Medicaid) beds disallowance - A&G		(4,983)				
Total Other Administrative and General	\$ 1,001,323	\$ (306,980)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Jewish Home for the Elderly of Fairfield C	923-C	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 #
Morrison Mgmt. Specialists, Inc. - 400 Northridge Rd. Suite 600, Atlanta, GA 30350	124,437	Management Services - Dietary	Page 18 / Line 2c
Morrison Mgmt. Specialists, Inc. - 400 Northridge Rd. Suite 600, Atlanta, GA 30350	80,001	Management Services - Laundry	Page 19 / Line 3c
Morrison Mgmt. Specialists, Inc. - 400 Northridge Rd. Suite 600, Atlanta, GA 30350	61,734	Management Services - Housekeeping	Page 20 / Line 4c

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

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

Name of Facility	License No.	Report for Year Ended				Page	of
Jewish Home for the Elderly of Fairfield County, Inc. d/	923-C	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 73,782	77,039	(3,257)				
2. Non-Food Supplies	\$ 15,249	15,249					
3. Other (Specify) _____	\$ _____						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 2,319,983	2,424,024	(104,041)				
c. Other (Specify) _____ Management services	\$ 124,437	124,437					
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 2,533,451	2,640,749	(107,298)				
2E. Dietary Questionnaire	Total	CCNH / RHNS		(Specify)		(Specify)	
F. Resident Meals: Total no. of meals served per day:*							
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No					
H. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.			
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						Not reported	
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.			
K. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.			
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						Not reported	
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.			
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.			
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)							

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Jewish Home for the Elderly of Fairfield County, Inc. d/		923-C	9/30/2023				19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
3. Laundry								
a. In-House Processing*		Lbs.						
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	12,807	12,807				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.						
		Amt. \$						
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.						
		Amt. \$						
4. Repair and/or purchase of linens.***		Lbs.						
		Amt. \$	14,042	14,042				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	79,785	80,001	(216)			
c. Other (Specify) Management services		\$	22,492	22,492				
3D. Total Laundry Expenditures (3a + b + c)		\$	129,126	129,342	(216)			
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Jewish Home for the Elderly of Fairfield Count		923-C	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping							
a.	In-House Care							
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Sq. Ft. Serviced by Personnel Amt. \$	29,081	29,081				
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel Amt. \$	61,553	61,734	(181)			
	c. Other (<i>Specify</i>) Management services	\$	17,357	17,357				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	107,991	108,172	(181)			
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from Partners Pharmacy	\$		311,876	(311,876)			
	b. Medicine Cabinet Drugs	\$	5,821	5,821				
	c. Medical and Therapeutic Supplies	\$	738,100	738,100				
	d. Ambulance/Limousine***	\$		6,258	(6,258)			
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$		49,174	(49,174)			
	f. X-rays and Related Radiological Procedures***	\$		43,930	(43,930)			
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$		9,059	(9,059)			
	h. Laboratory***	\$		125,098	(125,098)			
	i. Recreation	\$	171,038	177,277	(6,239)			
	j. Direct Management Services*	\$						
	k. Indirect Management Services*	\$						
	l. Cable TV	\$	7,200	50,163	(42,963)			
	m. Other (Specify)**** See Attached Schedule	\$	21,499	97,640	(76,141)			
	n. Physical Therapy Expense	\$						
	o. Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	943,658	1,614,396	(670,738)			

* 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.

**Mozaic Senior Life
Disallowance Schedule for Cable TV
FY 9/30/2023**

Pg. 20b

	<u>Amount</u>	
Total Cable TV Expense acct #7275-7425	71,196	Pg. 20, line 5L
Sq/ft allocation	70.4578%	
Allocated to SNF	50,163	
Monthly Allowable amount	\$ 600	
Months in Cost Report Year	<u>12</u>	
Total Allowable Cost	\$ 7,200	
 Disallowed Cable TV	 <u><u>\$ 42,963</u></u>	

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

Name of Facility			License No.	Report for Year Ended	Page of					
Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Senior I			923-C	9/30/2023	21	37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
Marsh & McLennan Agency LLC	Avenue, Suite 4E03, Norwalk, CT 06854	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Insurance Consulting	33,169			16	m13
Pereira Engineering LLC		<input type="radio"/>	<input checked="" type="radio"/>	N/A	Zoning & Surveying	10,137			16	m13
Gallagher Benefit Services	2150 Post Rd, Fairfield, CT 06824	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Compensation Study & Consulting	23,791			16	m13
Weston Benefit Cards of Naples, LLC	Suite 200, Naples, FL 34103-3108	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Medical Insurance Consulting	19,901			16	m13
ZurickDavis, Inc.		<input type="radio"/>	<input checked="" type="radio"/>	N/A	Executive Job Search Consulting	35,325			16	m13
Peretz Robinson	84 Senior Place, Fairfield, CT 06825	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Supervision & Consulting	11,954			18	2b
Evan Rogol	73 West Rock Ave, New Haven, CT 06515	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Supervision & Consulting	17,334			18	2b
Harmony Healthcare International	430 Boston St #403, Topsfield, MA 01983	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Medicare Consulting	26,898			20	5L
Canon Financial Services	America, One Canon Park, Melville, NY	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Copier Lease & Maintenance	81,735			Var	Var
MBS Lawn & Tree	65 Riverview Pl, Stratford, CT 06615	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	35,509			22	6f
ADT Commercial/Red Hawk	55 Robinson Blvd, Orange, CT 06477	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Fire Alarm Maintenance	15,165			22	6a
Nick's Carting, Inc.	388 Knowlton St, Bridgeport, CT 06608	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Waste Removal	79,740			22	6f
Bioserv	10 Grammar Avenue, Prospect, CT 06712	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Waste Removal	37,642			22	6f
Facilities Compliance Fire Protection	201 Christian Ln, Berlin, CT 06037	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Fire Alarm Maintenance	28,187			22	6a

* 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).

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

Name of Facility Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Senior Life				License No. 923-C	Report for Year Ended 9/30/2023	Page 21a	of 37			
Name of Individual or Company	Address	Related ** to		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Flagship Networks, Inc.	100 Beard SawmillRd, Suite 340, Shelton, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT support	210,365			16	m13
Morrison Mgmt. Specialists Inc.	400 Northridge Rd. Suite 600, Atlanta, GA 30350	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary services	2,493,787			18	2b/c
Morrison Mgmt. Specialists Inc.	400 Northridge Rd. Suite 600, Atlanta, GA 30350	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry services	102,493			19	Var
Morrison Mgmt. Specialists Inc.	400 Northridge Rd. Suite 600, Atlanta, GA 30350	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Housekeeping services	79,091			20	Var
Hartford Elevator LLC		<input type="radio"/>	<input checked="" type="radio"/>	N/A	Elevator maintenance	51,108			22	6a
		<input type="radio"/>	<input checked="" type="radio"/>	N/A						
		<input type="radio"/>	<input checked="" type="radio"/>	N/A						
		<input type="radio"/>	<input checked="" type="radio"/>	N/A						
		<input type="radio"/>	<input checked="" type="radio"/>	N/A						
		<input type="radio"/>	<input checked="" type="radio"/>	N/A						
		<input type="radio"/>	<input checked="" type="radio"/>	N/A						

* 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
Jewish Home for the Elderly of Fairfield County	923-C	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 295,888	295,888						
b. Heat	\$ 164,900	164,900						
c. Light & Power	\$ 525,703	525,703						
d. Water	\$ 27,478	27,478						
e. Equipment Lease (Provide detail on page 22b)	\$ 67,947	67,947						
f. Other (itemize)	\$ 385,471	387,929	(2,458)					
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 1,467,387	1,469,845	(2,458)					
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 2,721,595	2,351,383	370,212					
c. Non-Movable Equipment	\$ 92,536	92,713	(177)					
d. Movable Equipment	\$ 146,929	147,211	(282)					
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 2,961,060	2,591,307	369,753					
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$	32,552	(32,552)					
c. Leasehold Improvements	\$							
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$	32,552	(32,552)					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$							
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 35,229	35,229						
c. Personal property taxes	\$							
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,996,289	2,659,088	337,201					

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 2

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Jewish Home for the Elderly of Fairfield County, Inc. d/b/a		923-C		9/30/2023			22b	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Paul Miller Nissan, LLC, 930 Kings Highway East, Fairfield, CT 06825	<input type="radio"/>	<input checked="" type="radio"/>	Automobile	See attached detail	See attached detail	2,910	2,910	
Canon Solutions America, One Canon Park, Melville, NY 11747	<input type="radio"/>	<input checked="" type="radio"/>	Copiers (See attached detail)	See attached detail	See attached detail	61,672	61,672	
Pitney Bowes Global, 27 Waterview Dr, Shelton, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Mail machine	03/18/20	63 months	3,365	3,365	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> No
Total ***							67,947	

* 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.

Mozaic Senior Life
Page 22b Leases Breakout
FYE 9/30/2023

				A.022 70.4578%			
<u>Name and Address of Lessor</u>		<u>Description</u>	<u>Date of Lease</u>	<u>Term</u>	<u>Total Expense</u>	<u>ALLOCATED</u> <u>Amount</u>	
Paul Miller Nissan, LLC, 930 Kings Highway East, Fairfield, CT 06825		Automobile	1/22/2020	36 months	946	667	
Paul Miller Nissan, LLC, 930 Kings Highway East, Fairfield, CT 06825		Automobile	1/13/2023	36 months	3,183	2,243	New in FY2023
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	7/1/2017	63 months	9,844	6,936	
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	1/2/2018	60 months	1,920	1,353	
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	7/17/2019	60 months	864	609	
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	7/26/2019	60 months	1,152	812	
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	3/2/2020	60 months	576	406	
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	5/27/2021	60 months	21,576	15,202	
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	10/7/2021	60 months	6,924	4,878	New in FY2023
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	5/2/2022	60 months	960	676	New in FY2023
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	8/30/2022	60 months	15,301	10,781	New in FY2023
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	8/30/2022	60 months	26,335	18,555	New in FY2023
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	1/9/2023	60 months	1,008	710	New in FY2023
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	2/14/2023	60 months	1,024	721	New in FY2023
Canon Solutions America, One Canon Park, Melville, NY 11747		Copiers	8/28/2023	60 months	47	33	New in FY2023
Pitney Bowes Global, 27 Waterview Dr, Shelton, CT 06484		Mail machine	3/18/2020	63 months	4,776	3,365	
					96,436	67,947	



Motor Vehicle Lease Agreement With Arbitration Clause – Connecticut

1. PARTIES

LESSOR

PAUL MILLER NISSAN, L.L.C (203) 367-5050 01/19/2023
NAME OF LESSOR (DEALER) LESSOR TELEPHONE NUMBER LEASE DATE
930 KINGS HWY E FAIRFIELD, CT 06825 02413
STREET ADDRESS CITY, STATE, ZIP CODE NMAC DEALER NUMBER

LESSEE & CO-LESSEE

THE JEWISH HOME FOR THE E N/A JUSTIN M THOMAS
NAME OF LESSEE NAME OF CO-LESSEE NAME OF DRIVER (IF LESSEE IS A BUSINESS)
4200 PARK AVENUE BRIDGEPORT, CT, FAIRFIELD 06604
LESSEE STREET ADDRESS CITY, STATE, COUNTY ZIP CODE
4200 PARK AVENUE BRIDGEPORT, CT, FAIRFIELD 06604
LESSEE MAILING ADDRESS (IF DIFFERENT FROM ABOVE) CITY, STATE, COUNTY ZIP CODE
4200 PARK AVENUE BRIDGEPORT, CT, FAIRFIELD 06604
VEHICLE GARAGING ADDRESS (IF DIFFERENT FROM ABOVE) CITY, STATE, COUNTY ZIP CODE

"You" and "your" refer equally to the Lessee and Co-Lessee (if any) signing this Lease. "We", "us" and "our" refer to the Dealer, or if this Lease is assigned, to Nissan-Infiniti LT LLC ("NILT") and/or any other assignee. "Vehicle" refers to the Motor Vehicle described below, including attachments, equipment, the battery and accessories, including any charging accessories included with the vehicle. You agree to lease this Vehicle from us under the terms in this Lease. You understand that this is a Lease. You do not own this Vehicle, unless and until you exercise your option to purchase this Vehicle.

2. DESCRIPTION OF LEASED PROPERTY

Table with columns: YEAR, MAKE, MODEL, BODY STYLE, VEHICLE IDENTIFICATION NUMBER (VIN). Includes checkboxes for New/Used, Charging Accessories, Primary Use (Commercial/Personal, Family or Household).

3. CONSUMER LEASING ACT DISCLOSURE BOX

Table with columns: Amount Due At Lease Signing or Delivery, Monthly Payments, Other Charges, Total of Payments. Includes a note: 'In addition, you may have to pay excess wear and use and mileage, if any.'

4. ITEMIZATION OF AMOUNT DUE AT LEASE SIGNING OR DELIVERY

Table with columns: Item description, Amount. Includes sub-section 'How The Amount Due at Lease Signing or Delivery Will be Paid' with items I) Net Trade-In Allowance, II) Rebates and Non-Cash Credits, III) Amount To Be Paid in Cash, IV) Total.

5. YOUR MONTHLY PAYMENT IS DETERMINED AS SHOWN BELOW

Table with columns: Item description, Amount. Includes items a) GROSS CAPITALIZED COST, b) CAPITALIZED COST REDUCTION, c) ADJUSTED CAPITALIZED COST, d) RESIDUAL VALUE, e) DEPRECIATION AND ANY AMORTIZED AMOUNTS, f) RENT CHARGE, g) TOTAL OF BASE MONTHLY PAYMENTS, h) THE NUMBER OF PAYMENTS IN YOUR LEASE, i) BASE MONTHLY PAYMENT, j) MONTHLY SALES, USE OR LEASE TAX, k) MONTHLY LUXURY TAX, l) TOTAL MONTHLY PAYMENT.

This is not the Authoritative Copy.

6. IMPORTANT TERMS

EARLY TERMINATION. You may have to pay a substantial charge if you end this Lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the Lease is terminated. The earlier you end the Lease, the greater this charge is likely to be. See Section 14.

EXCESSIVE WEAR AND USE. You may be charged for excessive wear based on our standards for normal use and for mileage in excess of 10000 miles per year at the rate of 25 cents per mile. See Section 20.

If this box is checked, this mileage includes N/A miles over the term of the Lease purchased at 10 cents per mile, which is included in your monthly payment. There will be no refund for unused miles, including any additional miles purchased by you.

PURCHASE OPTION

If this box is checked, you have an option to purchase the Vehicle at the end of the Lease for \$ 21,245.10, and a Purchase Option Fee of \$300. The purchase option price does not include official fees such as those for taxes, tags, licenses and registration.

If this box is checked, you DO NOT have an option to purchase the Vehicle at the end of the lease term.

OTHER IMPORTANT TERMS. This Lease contains additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, insurance, and any security interest, if applicable.

7. ITEMIZATION OF GROSS CAPITALIZED COST

The following items you will pay over the lease term and are in your monthly payment:

a) Agreed upon value of the Vehicle	\$	<u>32,275.00</u>
b) Up-Front Sales Tax, if applicable	+	<u>N/A</u>
c) Title, License and Registration	+	<u>250.00</u>
d) Acquisition Fee	+	<u>695.00</u>
e) Service Contract(s) and/or Maintenance Contract(s) (See Section 10)	+	<u>N/A</u>
f) Credit Life and/or Disability Insurance (See Section 10)	+	<u>N/A</u>
g) Prior Credit or Lease Balance	+	<u>N/A</u>
h) DOCUMENTATION FEE	+	<u>699.00</u>
i) <u>N/A</u>	+	<u>N/A</u>
j) <u>N/A</u>	+	<u>N/A</u>
k) <u>N/A</u>	+	<u>N/A</u>
l) <u>N/A</u>	+	<u>N/A</u>
m) Total Gross Capitalized Cost	=	<u>33,919.00</u>

9. ESTIMATED FEES AND TAXES

The estimated total amount you will pay for official and license fees, registration, title and taxes, including personal property taxes, over the term of your Lease, whether included with your monthly payments or assessed otherwise is \$ 4,059.28. The actual total of fees and taxes may be higher or lower depending on the tax rates in effect or the value of the leased property at the time a fee or tax is assessed.

10. OPTIONAL INSURANCE, COVERAGES, AND WARRANTIES

These products are not required to enter into this Lease and will not be provided unless you sign below. If insurance, coverages and/or warranties are purchased by you, these are shown in a notice given to you on this date. These products may not be available in some states.

a) **Credit Life Insurance** \$ N/A
 PREMIUM _____
 INSURER N/A \$ N/A
 INITIAL COVERAGE AMOUNT N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

b) **Credit Disability Insurance** \$ N/A
 PREMIUM _____
 INSURER N/A \$ N/A
 MONTHLY COVERAGE AMOUNT N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

c) **Service Contract** \$ N/A
 CHARGE _____
 (Covers parts of vehicle up to sooner of N/A months or N/A miles.)
 PROVIDER N/A N/A N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

d) **Maintenance Contract** \$ N/A
 CHARGE _____
 PROVIDER N/A N/A N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

e) N/A \$ N/A
 CHARGE _____
 PROVIDER N/A N/A N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

f) N/A \$ N/A
 CHARGE _____
 PROVIDER N/A N/A N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

g) N/A \$ N/A
 CHARGE _____
 PROVIDER N/A N/A N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

Total Premiums/Charges \$ N/A

8. VEHICLE WARRANTIES

This Vehicle is covered by any warranty, extended warranty, service contract or maintenance contract indicated below:

- Standard New Vehicle Limited Warranty provided by the manufacturer or distributor of this Vehicle.
- Service Contract, a contract for the repairs of certain major mechanical breakdowns of this Vehicle and related expenses.
- Maintenance Contract, a contract for regularly scheduled care and maintenance of this Vehicle.
- Used Vehicle Limited Warranty
- N/A

EXCEPT AS EXPRESSLY PROVIDED UNDER THIS LEASE, WE OFFER NO EXPRESS WARRANTIES WITH RESPECT TO THIS VEHICLE.

11. TRADE-IN VEHICLE

Year N/A Make N/A Model N/A

This is not the Authoritative Copy.

Additional Terms and Conditions

ENDING YOUR LEASE

12. Vehicle Return

When your Lease terminates, whether early or as scheduled, you will return the Vehicle to a Nissan dealer or other location we specify. You will complete a statement of this Vehicle's mileage at termination as required by federal law. If you keep possession of this Vehicle past the end of the lease term, you will continue to pay the monthly payments, but you agree that you have no right to keep this Vehicle unless you enter into a written agreement with us extending the lease term. You will pay us for any damages we suffer because you failed to return this Vehicle to a Nissan dealer or other location we specify or because you failed to return this vehicle at the end of the lease term. We may determine our damages in one of the following two ways at our election and in our sole discretion: a) by charging you the Total Monthly Payment for each month the Vehicle is not returned as required plus any other amounts due under Sections 13 and 25; or b) by charging you for amounts due under the formula provided in Section 14 and any amounts due under Sections 13 and 25.

13. Scheduled Termination

The scheduled term of your Lease is the number of months corresponding to the number of monthly payments identified in Sections 3 and 5. At the end of the lease term, you will return this Vehicle and pay us immediately:

- a) a Disposition Fee equal to the amount disclosed in Section 3 which we will waive if this Lease is not in default and you concurrently enter a new lease or retail contract financed by NMAC; plus
- b) all past-due monthly payments, and other charges under this Lease; plus
- c) any amounts owed as a result of excessive wear and use, as disclosed in Section 20; plus
- d) any Excess Mileage Charge at lease maturity, or an Excess Mileage Charge for the period for which this Lease was in effect pro-rated monthly, as disclosed in Section 6; plus
- e) any taxes related to the termination.

14. Early Termination

- a) **Conditions for YOUR early termination.** You may terminate this Lease before the end of the lease term, effective on the due date of a monthly lease payment, if you return the Vehicle, you are not in default, you have paid at least 12 monthly payments, you give us at least 30 days prior written notice and you pay us the amount disclosed in Section 14.c).
- b) **Conditions for OUR early termination.** We may terminate this Lease before the end of the lease term under Section 26 or if you are in default as described in Section 25.
- c) **Amounts you will owe at Early Termination.** If this Lease is terminated before the end of the lease term, under Section 14.a) or Section 14.b), then you will pay us:
 - I) the amounts disclosed in Section 13; plus
 - II) an Early Termination Charge equal to the difference, if any, between the Adjusted Lease Balance and this Vehicle's Fair Market Wholesale Value of, if we do not terminate this Lease under Section 14.b), an Early Termination Charge equal to the sum of the Base Monthly Payments not yet due, if less; plus

III) if you are in default, the amounts disclosed in Section 25.

- d) For an electric vehicle, if we abandon our interest in the charging accessories, we may exclude the value of the charging accessories from the determination of Fair Market Wholesale Value.

"Adjusted Lease Balance" is a charge in today's dollars ("today" being the date the Lease is terminated) for Base Monthly Payments not yet due and the Residual Value of the Vehicle. Our method of calculating "today's dollars" is the Constant Yield Method, a generally accepted accounting formula.

"Fair Market Wholesale Value" is the wholesale value assigned by us in a commercially reasonable manner in accordance with accepted practices in the automobile industry for valuation of used vehicles, or by a written agreement as to the Vehicle's value signed by you and us. If you disagree with the value we assign to the Vehicle, you may obtain, at your own expense, within 10 days after you return the Vehicle, a professional appraisal of this Vehicle's wholesale value or comparable value made by an independent third party agreeable to both you and us (the "Professional Appraisal"). If a Professional Appraisal is used to value the Vehicle, no amounts disclosed in Section 20 will be due from you.

In the event early termination of this Lease occurs at your election pursuant to Section 14.a), you hereby agree that the Fair Market Wholesale Value is the wholesale value, loan value or comparable value listed for the Vehicle, at the time of the early termination, in one of the following used vehicle valuation guides, at our election: National Automobile Dealers Association (NADA), Kelley or Black Book.

15. Purchase Option

You do not have the option to purchase the Vehicle under this lease at either the end of the lease term or before the end of the lease term, unless Section 6 provides that you have you have an option to purchase the Vehicle at the end of the Lease by the first box being checked. If Section 6 provides you an option to purchase at the end of the lease term, then you also have an option to purchase the vehicle before the end of the lease term and the remaining sentences in this Section 15 apply to your lease. You have the option to purchase this Vehicle from the originating dealer, or other location we specify, in cash for the Purchase Option Price, plus any official fees and taxes, vehicle inspection costs required in connection with the purchase, and a Purchase Option Fee of \$300.00, which fees, taxes and costs are not included in the Purchase Option Price agreed to in Section 6. If you purchase the Vehicle at the end of the lease term, the Purchase Option Price will be the Residual Value shown in Section 5.d). If you purchase the Vehicle before the end of the lease term, the Purchase Option Price will be the Adjusted Lease Balance disclosed in Section 14). In either case, you must also pay other amounts due under this Lease at the time of purchase.

VEHICLE INSURANCE, MAINTENANCE, PAYMENTS AND USE

16. Insurance

You are responsible for the following minimum types and amounts of coverage ("Required Insurance") during the lease term: a) Comprehensive, including fire and theft insurance if this Vehicle is a car, or fire, theft and combined additional coverage if this Vehicle is a truck, with a maximum deductible of \$1,000; b) Collision insurance with a maximum deductible of \$1,000; c) Property damage liability of \$50,000 per occurrence; and d) Bodily injury liability of \$100,000 per person and \$300,000 per occurrence. You may purchase the required insurance from an insurer of your choice, subject to our right to reject that insurer for reasonable cause. Your insurance policy must name us as loss payee on coverages (a) and (b), and provide us with primary coverage as an additional insured on coverages (c) and (d). You will provide us with proof of insurance at our request. Your insurance policy must provide us with at least 30 days notice of any cancellation, reduction or other material change in coverage. You appoint us as your attorney-in-fact to arrange for and procure payment of insurance loss proceeds directly with your insurance carrier(s) and to endorse, present and collect insurance loss proceeds checks.

NO INSURANCE COVERAGE FOR PHYSICAL DAMAGE TO THE LEASED GOODS, OR LOSS OF THE LEASED GOODS, IS PROVIDED UNDER THIS LEASE.

17. Late Charge, Returned Check Charge, Fines, and Fees

If any monthly payment is not received in full by us within 10 days after its due date, you will pay a late charge of 5% of the unpaid portion of the monthly payment due or \$10.00, whichever is less or as allowed by state law, plus any applicable taxes. Payments shall be applied to the most past-due payment first. If any payment (including any electronic funds transfer) you make to us is not honored, or is charged back to us, in addition to any late charge, you will pay us a \$10.00 service charge, or such other charge as allowed by law, plus any applicable taxes. You will pay when due any official fee or fine imposed on this Vehicle, such as a toll charge, parking ticket, traffic or toll violation. Should we have to pay any such fee or fine on your behalf, you will pay us the amount of the fine or fee plus a \$20.00 administrative charge, or such other charge as allowed by law, plus any applicable taxes.

18. Official Fees and Taxes

You will pay when due all official fees and taxes, including registration, title and license fees, and personal property taxes related to this Vehicle or this Lease, which are incurred during the lease term, even if they are assessed after this Lease terminates. Should we have to pay any official fee or tax on your behalf, you will pay us the amount of the official fee or tax, and any interest or penalties assessed. You may also agree to pay personal property taxes in advance of the applicable due date, by mutual settlement of an estimated amount with us.

19. Vehicle Maintenance and Use

You agree to maintain this Vehicle at your own expense. You agree to follow the owner's manual and maintenance schedule and to make all necessary repairs and replacement of parts, which includes maintaining adequate records of vehicle maintenance. Failure to properly maintain this vehicle in accordance with the owner's manual and/or maintenance schedule may result in charges in addition to excessive wear and use charges. This Vehicle may not be used for any illegal purpose or to transport people or goods for hire. Except for occasional and incidental use (not to exceed a total of 3 days in any month) by other licensed,

qualified, insured operators with your permission, you shall retain possession of this Vehicle. Except as allowed in this Section, you will not alter or install any equipment upon this Vehicle and will pay the amount it would cost to restore this Vehicle to its original condition. You may elect to have an airbag on/off switch installed in the Vehicle, at your expense, if you have received prior written approval from the National Highway Transportation Safety Administration ("NHTSA") and you provide us written notice (including a copy of the NHTSA approval and the dealer's written confirmation of the installation) within 30 days after installation. The switch must be installed by an authorized Nissan dealer using Nissan parts. If an airbag on/off switch is installed, you release us from any claims, losses or damages resulting from such installation, improper installation or your use or improper use of the switch. For an electric vehicle, you agree that we own the battery and that you may replace it only with our permission and only with a genuine Nissan battery specified for use with the vehicle. Any such replacement battery will be deemed an accession to the vehicle and our property. We may elect to abandon any interest we have in charging accessories. You agree to indemnify us for any loss, liability or expense arising from the use or condition of this Vehicle. You agree to keep this Vehicle free from liens and encumbrances. If you leased this Vehicle in the 48 contiguous United States, you will not remove this Vehicle from these 48 states without our prior consent. If you leased this Vehicle in Alaska, Hawaii, or Guam, you will not remove this Vehicle from that state or territory without our prior consent. If you remove this Vehicle from your state of residence or the garaging address identified in this Lease such that new registration or licensing will be required, you will notify us immediately in writing and will bear all related expenses. You will provide and complete any document necessary to comply with any applicable federal, state or local law regarding this Vehicle or this Lease.

20. Excessive Wear and Use

You are responsible for all repairs to this Vehicle that are not the result of normal wear and use. At the end of the lease term or at early termination, you will pay us the amount it would cost for the repairs (except in the case when a Professional Appraisal as set forth in Section 14 is used to value the Vehicle). These repairs include, but are not limited to, the costs necessary to:

- a) REPAIR: inoperative mechanical parts including power accessories; dents, scratches, chips or rusted areas on the body; mismatched paint; broken windows or inoperative window mechanisms; broken headlight lenses or sealed beams; dents, cuts, scratches or gouges in the bumper; broken grilles or dents in the grilles; single dents or a series of small dents on other trim parts, including headlight and taillight bezels; or seats, seat belts, head lining, door panels or carpeting that are torn or are damaged beyond ordinary wear and use or are burned.
- b) REPLACE: any windshield damaged with chips, cracks or bull's-eyes; any tire not part of a matching set of 5 tires (or four with an emergency spare), or tires with less than 1/8" of tread remaining at the shallowest point, or tires which are not a matching set of tires of comparable type and quality to the tires furnished with this Vehicle upon commencement of this Lease; missing parts, accessories and adornments, including bumpers, ornamentation, aerials, hubcaps, chrome stripping, rearview mirrors, radio and stereo components, or emergency spare.

You agree that upon notice from us and as allowed by State law, you will make the Vehicle available to us prior to the scheduled termination of this Lease, at a reasonable time and place to be designated by us, so that we may inspect the Vehicle for purposes of determining excessive wear and use. You agree that any assignee of this Lease is not bound by any statements or representations made by any dealer regarding excess wear and use or the vehicle condition upon return. You agree that for the purposes of determining excess wear and use the only

inspection(s) that will be used is(are) the inspection(s) made by the assignee or its designated inspection contractor. If you fail to adhere to manufacturer maintenance and inspection requirements, we may charge you for any resulting excessive wear and use or damages to the vehicle, including, but not limited to, any loss in value attributable to any manufacturer cancellation or reduction of warranties.

ADDITIONAL INFORMATION

21. Notices and Communications

Unless you give prior notice of a change in an address, we may send any notices to one or more of the Lessee's addresses shown on this Lease. Any notice will be deemed sufficiently given to a Co-Lessee if sent to the Lessee's address, unless you give us written notice of a separate address. You will notify us within **30** days of any address change. To the extent permitted by law, you consent that we, our assignees, and our agents may contact you for servicing and collection purposes, at any telephone number or cell phone number you have provided or may provide to us, by any means we select, including an automatic telephone dialing system, text messaging, and/or an artificial or pre-recorded voice. To the extent permitted by law, you consent that we may monitor and we may record telecommunications between us for quality control purposes.

22. Security Deposit (if collected)

We may use the security deposit to offset any amounts that you owe under this Lease. If you perform all of your obligations under this Lease, the security deposit will be returned to you after lease termination. No interest, increase or profits will accrue or be due to you. We have no duty to segregate the security deposit and do not have a fiduciary duty to you in regards to the security deposit.

23. Security Interest

Unless otherwise precluded by applicable law, you give us a security interest in this Vehicle or in proceeds, cancellation refunds or other rights under any contract issued with respect to this Vehicle, this Lease or any addendum to this Lease, including, without limitation, insurance contracts, maintenance contracts, repair contracts and extended warranty or service contracts.

24. Assignment

We may assign our interest in this Lease without prior notice and without your consent. If this Lease is assigned to NILT, Nissan Motor Acceptance Company LLC ("NMAC") acts as servicer. **YOU AGREE THAT YOU HAVE NO RIGHT TO ASSIGN, TRANSFER OR SUBLEASE ANY OF YOUR RIGHTS UNDER THIS LEASE WITHOUT OUR PRIOR WRITTEN CONSENT. YOUR RIGHT TO ASSIGN, TRANSFER OR SUBLEASE MAY BE SUBJECT TO A REASONABLE FEE.**

25. Default and Payments

You will be in default if a) you do not make a payment when due; b) any information on your or a guarantor's credit application is false; c) you do not maintain insurance coverage required by this Lease; d) you do not timely or properly perform any promise under this Lease; e) you or a guarantor become subject to bankruptcy or insolvency proceedings; f) you die; g) you commit any other act constituting default under applicable law. In the event of default, we may terminate this Lease and, after giving any legally required notice: (i) charge you for early termination liability pursuant to Section 14; (ii) repossess this Vehicle as allowed by law; (iii) charge you for our costs of such repossession, storing, transporting and disposing of this Vehicle; (iv) charge you for our costs of collection, any court costs and attorneys' fees to the extent permitted by applicable law; (v) sue you for damages and to recover this Vehicle; (vi) pursue any other legally permitted remedy; and/or (vii) charge you interest at the rate of **6%** per annum or such other rate as may be allowed by applicable law on any termination liability owed under Sections 13 and 14. Unless otherwise required by law, we are not required to give you prior notice of our termination of this Lease pursuant to this section and your resulting early termination liability as determined in Section 14. To the extent permitted by law, you agree that if we accept moneys in sums less than those due, accept payments which are received after their scheduled due dates, or make extensions of due dates of payments under this Lease, doing so will not be a waiver of our right to enforce the lease terms as written as to any amounts due thereafter. We may accept payments with "Payment in Full," similar language or other restrictive endorsements without being bound by such language or waiving any of our rights.

26. Damage, Loss or Potential Loss of This Vehicle

You are responsible for the risk of loss, damage or destruction of this Vehicle during the lease term and until you return this Vehicle to us as required above. If this Vehicle is damaged or destroyed in an accident or other occurrence or confiscated by any governmental authority or is stolen or abandoned or subjected to potential loss, you will immediately notify us and we may terminate this Lease pursuant to the terms of this Lease. If the insurance loss proceeds exceed your early termination obligations, we will agree to refund you only the pro-rated value of the capitalized cost reduction amount you paid at lease inception, if any, up to the amount of the excess insurance proceeds. This pro-rated amount is calculated by the ratio of the number of full calendar months remaining in the lease after the date of the total loss to the total number of months in the lease times the eligible capitalized cost reduction. The eligible capitalized cost reduction amount will consist of actual cash paid by you, exclusive of manufacturer or dealer incentives, positive equity from a trade-in vehicle, or any other credits from other sources applied to reduce your capitalized cost. If this Vehicle is stolen (and not recovered) or destroyed, we will accept insurance loss proceeds in full satisfaction of your early termination liability if you are in compliance with the following: 1) your insurance obligations under this Lease are satisfied; 2) your policy covers the casualty and you have paid the deductible required by the policy; and 3) your Lease is not in default. If the insurance loss proceeds exceed your early termination obligations, then the excess will not be refunded to you. Any capitalized cost reduction made by you will not be refunded in the event of a total loss. If the Vehicle is a total loss, there is no Purchase Option, and you have no right to retain the Vehicle for salvage. If you owe any past due payments or other amounts under this Lease, we may use your security deposit to offset such amounts. All damages which do not result in a total loss of the Vehicle must be repaired. We may require proof of satisfactory repairs before agreeing to or endorsing the payment of insurance proceeds to you. This may include requiring an inspection of the vehicle. Repairs which involve severing the Vehicle into two or more parts are not permitted. Only Genuine Nissan parts may be used to repair the Vehicle. Repairing the Vehicle with used parts may void the manufacturer's warranty or any additional warranties, service contracts or

maintenance contracts covering the Vehicle. If used parts are installed to repair the Vehicle, the used parts must be Genuine Nissan Remanufactured parts, be of the same model year or newer than the parts being replaced and, if applicable, the mileage of the used part must be the same or less than the mileage of the Vehicle prior to its damage. Used parts must not have been previously damaged or defective. Used body panels cannot replace damaged body panels.

27. Indemnity

You agree to indemnify us from, and to pay on our behalf, any claim, loss or liability (including damages, costs, expenses and legal fees) which arises from or is related to the use, maintenance or operation of the Vehicle. This Section will survive termination of this Lease and/or repossession of the Vehicle. Any insurance we provide is secondary to the Required Insurance.

28. Notices Regarding Assignments

If this Lease and the Vehicle are assigned by the Dealer to NILT, the Dealer and Lessee are hereby notified that NILT's rights (but not its obligations) in the sale of the Vehicle, if the Vehicle is subsequently purchased from NILT, will be assigned to NISC immediately prior to the purchase of the Vehicle. If the Lessee is purchasing the Vehicle, the Lease and the Vehicle are sold to a dealer, who will then sell the Vehicle to the Lessee.

29. ARBITRATION CLAUSE –IMPORTANT –PLEASE REVIEW –AFFECTS YOUR LEGAL RIGHTS

1. EITHER YOU OR WE MAY CHOOSE TO HAVE ANY DISPUTE, EXCEPT AS STATED BELOW, BETWEEN US DECIDED BY ARBITRATION AND NOT IN COURT OR BY JURY TRIAL.
2. IF A DISPUTE IS ARBITRATED, YOU WILL GIVE UP YOUR RIGHT TO PARTICIPATE AS A CLASS REPRESENTATIVE OR CLASS MEMBER ON ANY CLASS CLAIM YOU MAY HAVE AGAINST US INCLUDING CLASS ARBITRATION OR ANY CONSOLIDATION OF INDIVIDUAL ARBITRATIONS.
3. DISCOVERY AND RIGHTS TO APPEAL IN ARBITRATION ARE GENERALLY MORE LIMITED THAN BY A LAWSUIT AND OTHER RIGHTS THAT YOU AND WE WOULD HAVE IN COURT MAY NOT BE AVAILABLE IN ARBITRATION.

Except as otherwise stated below, any claim or dispute, whether in contract, tort, statute or otherwise (including the interpretation and scope of this clause and the arbitrability of the claim or dispute), between you and us or our employees, agents, successors or assigns, which arises out of or relates to your credit application, lease or condition of this vehicle, this Lease agreement or any resulting transaction or relationship (including any such relationship with third parties who do not sign this Lease) shall, at your or our election, be resolved by neutral, binding arbitration and not by a court action. If federal law provides that a claim or dispute is not subject to binding arbitration, this Arbitration Clause shall not apply to such claim or dispute. **THE CLAIM OR DISPUTE IS TO BE ARBITRATED BY A SINGLE ARBITRATOR ON AN INDIVIDUAL BASIS AND NOT AS A CLASS ACTION. YOU EXPRESSLY WAIVE ANY RIGHT YOU MAY HAVE TO ARBITRATE A CLASS ACTION.** You may choose one of the following arbitration organizations, and its applicable rules, to conduct the arbitration: JAMS (800 352-5267, www.jamsadr.com), the American Arbitration Association (800 778-7879, www.adr.org), or any other organization subject to our approval. You may get a copy of the rules of an arbitration organization by contacting the organization or visiting its website.

Arbitrators shall be attorneys or retired judges and shall be selected pursuant to the applicable rules. The arbitrator shall apply governing substantive law and the applicable statutes of limitation. Unless applicable law provides otherwise, the arbitration hearing shall be conducted in the federal district in which you reside unless the Dealer originating this Lease is a party to the claim or dispute, in which case the hearing will be held in the federal district where this contract was executed. We will pay your filing, administration, service and case management fee, your arbitrator and hearing fee and any arbitration appeal fees you incur all up to a maximum of \$5,000, unless the law requires us to pay more. The amount we pay may be reimbursed in whole or in part by decision of the arbitrator if the arbitrator finds that any of your claims are frivolous under applicable law. Each party shall be responsible for its own attorney, expert and other fees, unless awarded by the arbitrator under applicable law. If the chosen arbitration organization's rules conflict with this clause, then the provisions of this clause shall control. The arbitrator's award shall be final and binding on all parties, except that you may appeal any arbitrator's award pursuant to the rules of the arbitration organization, and we may only appeal an award against us exceeding \$100,000. Any arbitration under this Arbitration Clause shall be governed by the Federal Arbitration Act (9 U.S.C. § 1 et. seq.) and not by any state law concerning arbitration.

You retain the right to seek remedies in small claims court for disputes or claims within that court's jurisdiction, and we agree to reimburse your filing fees for such proceedings. You and we retain any rights to self-help remedies, such as repossession. You also retain the right to seek individual injunctive relief in court. Neither you nor we waive the right to arbitrate by using self-help remedies or filing suit. Any court having jurisdiction may enter judgment on the arbitrator's award. This Arbitration Clause does not apply to any claim or dispute relating to excessive wear and use, including collection or payment disputes. This Arbitration Clause shall survive any termination, payoff or transfer of this Lease. If any part of this Arbitration Clause, other than waivers of class action rights, is deemed or found to be unenforceable for any reason, the remainder shall remain enforceable. If a waiver of class action rights is deemed or found to be unenforceable for any reason in a case in which class action allegations have been made, the remainder of this Arbitration Clause shall be unenforceable.



Motor Vehicle Lease Agreement With Arbitration Clause — Connecticut

1. PARTIES

LESSOR

PAUL MILLER NISSAN, L.L.C.
NAME OF LESSOR (DEALER)
930 KINGS HWY E
STREET ADDRESS

(203) 367-5050
LESSOR TELEPHONE NUMBER
FAIRFIELD, CT 06825
CITY, STATE, ZIP CODE

01/19/2023
LEASE DATE
02413
NMAC DEALER NUMBER

LESSEE & CO-LESSEE

THE JEWISH HOME FOR THE E
NAME OF LESSEE
4200 PARK AVENUE
LESSEE STREET ADDRESS
4200 PARK AVENUE
LESSEE MAILING ADDRESS (IF DIFFERENT FROM ABOVE)
4200 PARK AVENUE
VEHICLE GARAGING ADDRESS (IF DIFFERENT FROM ABOVE)

N/A
NAME OF CO-LESSEE
BRIDGEPORT, CT, FAIRFIELD
CITY, STATE, COUNTY
BRIDGEPORT, CT, FAIRFIELD
CITY, STATE, COUNTY
BRIDGEPORT, CT, FAIRFIELD
CITY, STATE, COUNTY

JUSTIN M THOMAS
NAME OF DRIVER (IF LESSEE IS A BUSINESS)
06604
ZIP CODE
06604
ZIP CODE
06604
ZIP CODE

"You" and "your" refer equally to the Lessee and Co-Lessee (if any) signing this Lease. "We", "us" and "our" refer to the Dealer, or if this Lease is assigned, to Nissan-Infiniti LT LLC ("NILT") and/or any other assignee. "Vehicle" refers to the Motor Vehicle described below, including attachments, equipment, the battery and accessories, including any charging accessories included with the vehicle. You agree to lease this Vehicle from us under the terms in this Lease. You understand that this is a Lease. You do not own this Vehicle, unless and until you exercise your option to purchase this Vehicle.

2. DESCRIPTION OF LEASED PROPERTY

Table with columns: YEAR, MAKE, MODEL, BODY STYLE, VEHICLE IDENTIFICATION NUMBER (VIN). Includes checkboxes for New/Used, Charging Accessories, Primary Use, Commercial/Personal.

3. CONSUMER LEASING ACT DISCLOSURE BOX

Amount Due At Lease Signing or Delivery
(From Section 4, itemized below)
\$ 4,500.00

Monthly Payments
Your first monthly payment of \$ 397.93 is due on signing, followed by 35 payments of \$ 397.93 due on the 18TH of each month, beginning on 02/18/2023. The total of your monthly payments is \$ 14,325.48.

Other Charges* (Not part of your monthly payment)
a) Disposition Fee (if you do not purchase the Vehicle) \$ 395.00
b) N/A + \$ N/A
c) N/A + \$ N/A
d) Total = \$ 395.00
In addition, you may have to pay excess wear and use and mileage, if any.

Total of Payments
(The amount you will have paid by the end of the Lease.)
\$ 18,822.55

4. ITEMIZATION OF AMOUNT DUE AT LEASE SIGNING OR DELIVERY

Amount Due At Lease Signing or Delivery
a) Capitalized Cost Reduction including any net trade-in allowance \$ 4,102.07
b) First Monthly Payment + \$ 397.93
c) Refundable Security Deposit + \$ N/A
d) Title Fees + \$ N/A
e) Registration Fees + \$ N/A
f) Tax on Capitalized Cost Reduction + \$ N/A
g) Sales Tax Paid in Advance + \$ N/A
h) N/A + \$ N/A
i) N/A + \$ N/A

How The Amount Due at Lease Signing or Delivery Will be Paid
I) Net Trade-In Allowance \$ N/A
II) Rebates and Non-Cash Credits + \$ 500.00
III) Amount To Be Paid in Cash + \$ 4,000.00
IV) Total = \$ 4,500.00

5. YOUR MONTHLY PAYMENT IS DETERMINED AS SHOWN BELOW

a) GROSS CAPITALIZED COST. The agreed upon value of the Vehicle (\$ 32,275.00) and any items you pay over the lease term such as taxes, fees, service contracts, insurance and any outstanding prior credit or lease balance. If you want an itemization of this amount, please see Section 7. \$ 33,919.00
b) CAPITALIZED COST REDUCTION. The amount of any net trade-in allowance, rebate, non-cash credit or cash you pay that reduces the gross capitalized cost. - 4,102.07
c) ADJUSTED CAPITALIZED COST. The amount used in calculating your base monthly payment. = 29,816.93
d) RESIDUAL VALUE. The value of the Vehicle at the end of the Lease used in calculating your base monthly payment. - 21,245.10

e) DEPRECIATION AND ANY AMORTIZED AMOUNTS. The amount charged for the Vehicle's decline in value through normal use and for other items paid over the lease term. = 8,571.83
f) RENT CHARGE. The amount charged in addition to the depreciation and any amortized amounts. + 5,753.65
g) TOTAL OF BASE MONTHLY PAYMENTS. The depreciation and any amortized amounts plus the rent charge. = 14,325.48
h) THE NUMBER OF PAYMENTS IN YOUR LEASE = 36
i) BASE MONTHLY PAYMENT = 397.93
j) MONTHLY SALES, USE OR LEASE TAX + N/A
k) MONTHLY LUXURY TAX + N/A
l) TOTAL MONTHLY PAYMENT = \$ 397.93

This is not the Authoritative Copy.

6. IMPORTANT TERMS

EARLY TERMINATION. You may have to pay a substantial charge if you end this Lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the Lease is terminated. The earlier you end the Lease, the greater this charge is likely to be. See Section 14.

EXCESSIVE WEAR AND USE. You may be charged for excessive wear based on our standards for normal use and for mileage in excess of 10000 miles per year at the rate of 25 cents per mile. See Section 20.

If this box is checked, this mileage includes N/A miles over the term of the Lease purchased at 10 cents per mile, which is included in your monthly payment. There will be no refund for unused miles, including any additional miles purchased by you.

PURCHASE OPTION

If this box is checked, you have an option to purchase the Vehicle at the end of the Lease for \$21,245.10, and a Purchase Option Fee of \$300. The purchase option price does not include official fees such as those for taxes, tags, licenses and registration.

If this box is checked, you DO NOT have an option to purchase the Vehicle at the end of the lease term.

OTHER IMPORTANT TERMS. This Lease contains additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, insurance, and any security interest, if applicable.

7. ITEMIZATION OF GROSS CAPITALIZED COST

The following items you will pay over the lease term and are in your monthly payment:

a) Agreed upon value of the Vehicle	\$	<u>32,275.00</u>
b) Up-Front Sales Tax, if applicable	+	<u>N/A</u>
c) Title, License and Registration	+	<u>250.00</u>
d) Acquisition Fee	+	<u>695.00</u>
e) Service Contract(s) and/or Maintenance Contract(s) (See Section 10)	+	<u>N/A</u>
f) Credit Life and/or Disability Insurance (See Section 10)	+	<u>N/A</u>
g) Prior Credit or Lease Balance	+	<u>N/A</u>
h) DOCUMENTATION FEE	+	<u>699.00</u>
i) <u>N/A</u>	+	<u>N/A</u>
j) <u>N/A</u>	+	<u>N/A</u>
k) <u>N/A</u>	+	<u>N/A</u>
l) <u>N/A</u>	+	<u>N/A</u>
m) Total Gross Capitalized Cost	=	<u>33,919.00</u>

9. ESTIMATED FEES AND TAXES

The estimated total amount you will pay for official and license fees, registration, title and taxes, including personal property taxes, over the term of your Lease, whether included with your monthly payments or assessed otherwise is \$ 4,059.28. The actual total of fees and taxes may be higher or lower depending on the tax rates in effect or the value of the leased property at the time a fee or tax is assessed.

10. OPTIONAL INSURANCE, COVERAGES, AND WARRANTIES

These products are not required to enter into this Lease and will not be provided unless you sign below. If insurance, coverages and/or warranties are purchased by you, these are shown in a notice given to you on this date. These products may not be available in some states.

a) Credit Life Insurance \$ N/A
 PREMIUM _____
 INSURER N/A
 INITIAL COVERAGE AMOUNT N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

b) Credit Disability Insurance \$ N/A
 PREMIUM _____
 INSURER N/A
 MONTHLY COVERAGE AMOUNT N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

c) Service Contract \$ N/A
 (Covers parts of vehicle up to sooner of N/A months or N/A miles.)
 CHARGE N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

d) Maintenance Contract \$ N/A
 CHARGE N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

e) N/A \$ N/A
 CHARGE N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

f) N/A \$ N/A
 CHARGE N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

g) N/A \$ N/A
 CHARGE N/A
 LESSEE INITIALS _____ CO-LESSEE INITIALS _____

Total Premiums/Charges \$ N/A

8. VEHICLE WARRANTIES

This Vehicle is covered by any warranty, extended warranty, service contract or maintenance contract indicated below:

- Standard New Vehicle Limited Warranty provided by the manufacturer or distributor of this Vehicle.
- Service Contract, a contract for the repairs of certain major mechanical breakdowns of this Vehicle and related expenses.
- Maintenance Contract, a contract for regularly scheduled care and maintenance of this Vehicle.
- Used Vehicle Limited Warranty
- N/A

EXCEPT AS EXPRESSLY PROVIDED UNDER THIS LEASE, WE OFFER NO EXPRESS WARRANTIES WITH RESPECT TO THIS VEHICLE.

11. TRADE-IN VEHICLE

Year N/A Make N/A Model N/A

Additional Terms and Conditions

ENDING YOUR LEASE

12. Vehicle Return

When your Lease terminates, whether early or as scheduled, you will return the Vehicle to a Nissan dealer or other location we specify. You will complete a statement of this Vehicle's mileage at termination as required by federal law. If you keep possession of this Vehicle past the end of the lease term, you will continue to pay the monthly payments, but you agree that you have no right to keep this Vehicle unless you enter into a written agreement with us extending the lease term. You will pay us for any damages we suffer because you failed to return this Vehicle to a Nissan dealer or other location we specify or because you failed to return this vehicle at the end of the lease term. We may determine our damages in one of the following two ways at our election and in our sole discretion: a) by charging you the Total Monthly Payment for each month the Vehicle is not returned as required plus any other amounts due under Sections 13 and 25; or b) by charging you for amounts due under the formula provided in Section 14 and any amounts due under Sections 13 and 25.

13. Scheduled Termination

The scheduled term of your Lease is the number of months corresponding to the number of monthly payments identified in Sections 3 and 5. At the end of the lease term, you will return this Vehicle and pay us immediately:

- a) a Disposition Fee equal to the amount disclosed in Section 3 which we will waive if this Lease is not in default and you concurrently enter a new lease or retail contract financed by NMAC; plus
- b) all past-due monthly payments, and other charges under this Lease; plus
- c) any amounts owed as a result of excessive wear and use, as disclosed in Section 20; plus
- d) any Excess Mileage Charge at lease maturity, or an Excess Mileage Charge for the period for which this Lease was in effect pro-rated monthly, as disclosed in Section 6; plus
- e) any taxes related to the termination.

14. Early Termination

- a) **Conditions for YOUR early termination.** You may terminate this Lease before the end of the lease term, effective on the due date of a monthly lease payment, if you return the Vehicle, you are not in default, you have paid at least 12 monthly payments, you give us at least 30 days prior written notice and you pay us the amount disclosed in Section 14.c.
- b) **Conditions for OUR early termination.** We may terminate this Lease before the end of the lease term under Section 26 or if you are in default as described in Section 25.
- c) **Amounts you will owe at Early Termination.** If this Lease is terminated before the end of the lease term, under Section 14.a) or Section 14.b), then you will pay us:
 - i) the amounts disclosed in Section 13; plus
 - ii) an Early Termination Charge equal to the difference, if any, between the Adjusted Lease Balance and this Vehicle's Fair Market Wholesale Value of, if we do not terminate this Lease under Section 14.b), an Early Termination Charge equal to the sum of the Base Monthly Payments not yet due, if less; plus

III) If you are in default, the amounts disclosed in Section 25.

- d) For an electric vehicle, if we abandon our interest in the charging accessories, we may exclude the value of the charging accessories from the determination of Fair Market Wholesale Value.

"Adjusted Lease Balance" is a charge in today's dollars ("today" being the date the Lease is terminated) for Base Monthly Payments not yet due and the Residual Value of the Vehicle. Our method of calculating "today's dollars" is the Constant Yield Method, a generally accepted accounting formula.

"Fair Market Wholesale Value" is the wholesale value assigned by us in a commercially reasonable manner in accordance with accepted practices in the automobile industry for valuation of used vehicles, or by a written agreement as to the Vehicle's value signed by you and us. If you disagree with the value we assign to the Vehicle, you may obtain, at your own expense, within 10 days after you return the Vehicle, a professional appraisal of this Vehicle's wholesale value or comparable value made by an independent third party agreeable to both you and us (the "Professional Appraisal"). If a Professional Appraisal is used to value the Vehicle, no amounts disclosed in Section 20 will be due from you.

In the event early termination of this Lease occurs at your election pursuant to Section 14.a), you hereby agree that the Fair Market Wholesale Value is the wholesale value, loan value or comparable value listed for the Vehicle, at the time of the early termination, in one of the following used vehicle valuation guides, at our election: National Automobile Dealers Association (NADA), Kelley or Black Book.

15. Purchase Option

You do not have the option to purchase the Vehicle under this lease at either the end of the lease term or before the end of the lease term, unless Section 6 provides that you have you have an option to purchase the Vehicle at the end of the Lease by the first box being checked. If Section 6 provides you an option to purchase at the end of the lease term, then you also have an option to purchase the vehicle before the end of the lease term and the remaining sentences in this Section 15 apply to your lease. You have the option to purchase this Vehicle from the originating dealer, or other location we specify, in cash for the Purchase Option Price, plus any official fees and taxes, vehicle inspection costs required in connection with the purchase, and a Purchase Option Fee of \$300.00, which fees, taxes and costs are not included in the Purchase Option Price agreed to in Section 6. If you purchase the Vehicle at the end of the lease term, the Purchase Option Price will be the Residual Value shown in Section 5.d). If you purchase the Vehicle before the end of the lease term, the Purchase Option Price will be the Adjusted Lease Balance disclosed in Section 14. In either case, you must also pay other amounts due under this Lease at the time of purchase.

VEHICLE INSURANCE, MAINTENANCE, PAYMENTS AND USE

16. Insurance

You are responsible for the following minimum types and amounts of coverage ("Required Insurance") during the lease term: a) Comprehensive, including fire and theft insurance if this Vehicle is a car, or fire, theft and combined additional coverage if this Vehicle is a truck, with a maximum deductible of \$1,000; b) Collision insurance with a maximum deductible of \$1,000; c) Property damage liability of \$50,000 per occurrence; and d) Bodily injury liability of \$100,000 per person and \$300,000 per occurrence. You may purchase the required insurance from an insurer of your choice, subject to our right to reject that insurer for reasonable cause. Your insurance policy must name us as loss payee on coverages (a) and (b) and provide us with primary coverage as an additional insured on coverages (c) and (d). You will provide us with proof of insurance at our request. Your insurance policy must provide us with at least 30 days notice of any cancellation, reduction or other material change in coverage. You appoint us as your attorney-in-fact to arrange for and procure payment of insurance loss proceeds directly with your insurance carrier(s) and to endorse, present and collect insurance loss proceeds checks.

NO INSURANCE COVERAGE FOR PHYSICAL DAMAGE TO THE LEASED GOODS, OR LOSS OF THE LEASED GOODS, IS PROVIDED UNDER THIS LEASE.

17. Late Charge, Returned Check Charge, Fines, and Fees

If any monthly payment is not received in full by us within 10 days after its due date, you will pay a late charge of 5% of the unpaid portion of the monthly payment due or \$10.00, whichever is less or as allowed by state law, plus any applicable taxes. Payments shall be applied to the most past-due payment first. If any payment (including any electronic funds transfer) you make to us is not honored, or is charged back to us, in addition to any late charge, you will pay us a \$10.00 service charge, or such other charge as allowed by law, plus any applicable taxes. You will pay when due any official fee or fine imposed on this Vehicle, such as a toll charge, parking ticket, traffic or toll violation. Should we have to pay any such fee or fine on your behalf, you will pay us the amount of the fine or fee plus a \$20.00 administrative charge, or such other charge as allowed by law, plus any applicable taxes.

18. Official Fees and Taxes

You will pay when due all official fees and taxes, including registration, title and license fees, and personal property taxes related to this Vehicle or this Lease, which are incurred during the lease term, even if they are assessed after this Lease terminates. Should we have to pay any official fee or tax on your behalf, you will pay us the amount of the official fee or tax, and any interest or penalties assessed. You may also agree to pay personal property taxes in advance of the applicable due date, by mutual settlement of an estimated amount with us.

19. Vehicle Maintenance and Use

You agree to maintain this Vehicle at your own expense. You agree to follow the owner's manual and maintenance schedule and to make all necessary repairs and replacement of parts, which includes maintaining adequate records of vehicle maintenance. Failure to properly maintain this vehicle in accordance with the owner's manual and/or maintenance schedule may result in charges in addition to excessive wear and use charges. This Vehicle may not be used for any illegal purpose or to transport people or goods for hire. Except for occasional and incidental use (not to exceed a total of 3 days in any month) by other licensed,

qualified, insured operators with your permission, you shall retain possession of this Vehicle. Except as allowed in this Section, you will not alter or install any equipment upon this Vehicle and will pay the amount it would cost to restore this Vehicle to its original condition. You may elect to have an airbag on/off switch installed in the Vehicle, at your expense, if you have received prior written approval from the National Highway Transportation Safety Administration ("NHTSA") and you provide us written notice (including a copy of the NHTSA approval and the dealer's written confirmation of the installation) within 30 days after installation. The switch must be installed by an authorized Nissan dealer using Nissan parts. If an airbag on/off switch is installed, you release us from any claims, losses or damages resulting from such installation, improper installation or your use or improper use of the switch. For an electric vehicle, you agree that we own the battery and that you may replace it only with our permission and only with a genuine Nissan battery specified for use with the vehicle. Any such replacement battery will be deemed an accession to the vehicle and our property. We may elect to abandon any interest we have in charging accessories. You agree to indemnify us for any loss, liability or expense arising from the use or condition of this Vehicle. You agree to keep this Vehicle free from liens and encumbrances. If you leased this Vehicle in the 48 contiguous United States, you will not remove this Vehicle from these 48 states without our prior consent. If you leased this Vehicle in Alaska, Hawaii, or Guam, you will not remove this Vehicle from that state or territory without our prior consent. If you remove this Vehicle from your state of residence or the garaging address identified in this Lease such that new registration or licensing will be required, you will notify us immediately in writing and will bear all related expenses. You will provide and complete any document necessary to comply with any applicable federal, state or local law regarding this Vehicle or this Lease.

20. Excessive Wear and Use

You are responsible for all repairs to this Vehicle that are not the result of normal wear and use. At the end of the lease term or at early termination, you will pay us the amount it would cost for the repairs (except in the case when a Professional Appraisal as set forth in Section 14 is used to value the Vehicle). These repairs include, but are not limited to, the costs necessary to:

- a) REPAIR: inoperative mechanical parts including power accessories; dents, scratches, chips or rusted areas on the body; mismatched paint; broken windows or inoperative window mechanisms; broken headlight lenses or sealed beams; dents, cuts, scratches or gouges in the bumper; broken grilles or dents in the grilles; single dents or a series of small dents on other trim parts, including headlight and taillight bezels; or seats, seat belts, head lining, door panels or carpeting that are torn or are damaged beyond ordinary wear and use or are burned.
- b) REPLACE: any windshield damaged with chips, cracks or bull's-eyes; any tire not part of a matching set of 5 tires (or four with an emergency spare), or tires with less than 1/8" of tread remaining at the shallowest point, or tires which are not a matching set of tires of comparable type and quality to the tires furnished with this Vehicle upon commencement of this Lease; missing parts, accessories and adornments, including bumpers, ornamentation, aerials, hubcaps, chrome stripping, rearview mirrors, radio and stereo components; or emergency spare.

You agree that upon notice from us and as allowed by State law, you will make the Vehicle available to us prior to the scheduled termination of this Lease, at a reasonable time and place to be designated by us, so that we may inspect the Vehicle for purposes of determining excessive wear and use. You agree that any assignee of this Lease is not bound by any statements or representations made by any dealer regarding excess wear and use or the vehicle condition upon return. You agree that for the purposes of determining excess wear and use the only

inspection(s) that will be used is(are) the inspection(s) made by the assignee or its designated inspection contractor. If you fail to adhere to manufacturer maintenance and inspection requirements, we may charge you for any resulting excessive wear and use or damages to the vehicle, including, but not limited to, any loss in value attributable to any manufacturer cancellation or reduction of warranties.

ADDITIONAL INFORMATION

21. Notices and Communications

Unless you give prior notice of a change in an address, we may send any notices to one or more of the Lessee's addresses shown on this Lease. Any notice will be deemed sufficiently given to a Co-Lessee if sent to the Lessee's address, unless you give us written notice of a separate address. You will notify us within 30 days of any address change. To the extent permitted by law, you consent that we, our assignees, and our agents may contact you for servicing and collection purposes, at any telephone number or cell phone number you have provided or may provide to us, by any means we select, including an automatic telephone dialing system, text messaging, and/or an artificial or pre-recorded voice. To the extent permitted by law, you consent that we may monitor and we may record telecommunications between us for quality control purposes.

22. Security Deposit (if collected)

We may use the security deposit to offset any amounts that you owe under this Lease. If you perform all of your obligations under this Lease, the security deposit will be returned to you after lease termination. No interest, increase or profits will accrue or be due to you. We have no duty to segregate the security deposit and do not have a fiduciary duty to you in regards to the security deposit.

23. Security Interest

Unless otherwise precluded by applicable law, you give us a security interest in this Vehicle or in proceeds, cancellation refunds or other rights under any contract issued with respect to this Vehicle, this Lease or any addendum to this Lease, including, without limitation, insurance contracts, maintenance contracts, repair contracts and extended warranty or service contracts.

24. Assignment

We may assign our interest in this Lease without prior notice and without your consent. If this Lease is assigned to NILT, Nissan Motor Acceptance Company LLC ("NMAC") acts as servicer. **YOU AGREE THAT YOU HAVE NO RIGHT TO ASSIGN, TRANSFER OR SUBLEASE ANY OF YOUR RIGHTS UNDER THIS LEASE WITHOUT OUR PRIOR WRITTEN CONSENT. YOUR RIGHT TO ASSIGN, TRANSFER OR SUBLEASE MAY BE SUBJECT TO A REASONABLE FEE.**

25. Default and Payments

You will be in default if a) you do not make a payment when due; b) any information on your or a guarantor's credit application is false; c) you do not maintain insurance coverage required by this Lease; d) you do not timely or properly perform any promise under this Lease; e) you or a guarantor become subject to bankruptcy or insolvency proceedings; f) you die; g) you commit any other act constituting default under applicable law. In the event of default, we may terminate this Lease and, after giving any legally required notice: (i) charge you for early termination liability pursuant to Section 14; (ii) repossess this Vehicle as allowed by law; (iii) charge you for our costs of such repossession, storing, transporting and disposing of this Vehicle; (iv) charge you for our costs of collection, any court costs and attorneys' fees to the extent permitted by applicable law; (v) sue you for damages and to recover this Vehicle; (vi) pursue any other legally permitted remedy; and/or (vii) charge you interest at the rate of 6% per annum or such other rate as may be allowed by applicable law on any termination liability owed under Sections 13 and 14. Unless otherwise required by law, we are not required to give you prior notice of our termination of this Lease pursuant to this section and your resulting early termination liability as determined in Section 14. To the extent permitted by law, you agree that if we accept moneys in sums less than those due, accept payments which are received after their scheduled due dates, or make extensions of due dates of payments under this Lease, doing so will not be a waiver of our right to enforce the lease terms as written as to any amounts due thereafter. We may accept payments with "Payment in Full," similar language or other restrictive endorsements without being bound by such language or waiving any of our rights.

26. Damage, Loss or Potential Loss of This Vehicle

You are responsible for the risk of loss, damage or destruction of this Vehicle during the lease term and until you return this Vehicle to us as required above. If this Vehicle is damaged or destroyed in an accident or other occurrence or confiscated by any governmental authority or is stolen or abandoned or subjected to potential loss, you will immediately notify us and we may terminate this Lease pursuant to the terms of this Lease. If the insurance loss proceeds exceed your early termination obligations, we will agree to refund you only the pro-rated value of the capitalized cost reduction amount you paid at lease inception, if any, up to the amount of the excess insurance proceeds. This pro-rated amount is calculated by the ratio of the number of full calendar months remaining in the lease after the date of the total loss to the total number of months in the lease times the eligible capitalized cost reduction. The eligible capitalized cost reduction amount will consist of actual cash paid by you, exclusive of manufacturer or dealer incentives, positive equity from a trade-in vehicle, or any other credits from other sources applied to reduce your capitalized cost. If this Vehicle is stolen (and not recovered) or destroyed, we will accept insurance loss proceeds in full satisfaction of your early termination liability if you are in compliance with the following: 1) your insurance obligations under this Lease are satisfied; 2) your policy covers the casualty and you have paid the deductible required by the policy; and 3) your Lease is not in default. If the insurance loss proceeds exceed your early termination obligations, then the excess will not be refunded to you. Any capitalized cost reduction made by you will not be refunded in the event of a total loss. If the Vehicle is a total loss, there is no Purchase Option, and you have no right to retain the Vehicle for salvage. If you owe any past due payments or other amounts under this Lease, we may use your security deposit to offset such amounts. All damages which do not result in a total loss of the Vehicle must be repaired. We may require proof of satisfactory repairs before agreeing to or endorsing the payment of insurance proceeds to you. This may include requiring an inspection of the vehicle. Repairs which involve severing the Vehicle into two or more parts are not permitted. Only Genuine Nissan parts may be used to repair the Vehicle. Repairing the Vehicle with used parts may void the manufacturer's warranty or any additional warranties, service contracts or

maintenance contracts covering the Vehicle. If used parts are installed to repair the Vehicle, the used parts must be Genuine Nissan Remanufactured parts, be of the same model year or newer than the parts being replaced and, if applicable, the mileage of the used part must be the same or less than the mileage of the Vehicle prior to its damage. Used parts must not have been previously damaged or defective. Used body panels cannot replace damaged body panels.

27. Indemnity

You agree to indemnify us from, and to pay on our behalf, any claim, loss or liability (including damages, costs, expenses and legal fees) which arises from or is related to the use, maintenance or operation of the Vehicle. This Section will survive termination of this Lease and/or repossession of the Vehicle. Any insurance we provide is secondary to the Required Insurance.

28. Notices Regarding Assignments

If this Lease and the Vehicle are assigned by the Dealer to NILT, the Dealer and Lessee are hereby notified that NILT's rights (but not its obligations) in the sale of the Vehicle, if the Vehicle is subsequently purchased from NILT, will be assigned to NISC immediately prior to the purchase of the Vehicle. If the Lessee is purchasing the Vehicle, the Lease and the Vehicle are sold to a dealer, who will then sell the Vehicle to the Lessee.

29. ARBITRATION CLAUSE - IMPORTANT - PLEASE REVIEW - AFFECTS YOUR LEGAL RIGHTS

1. EITHER YOU OR WE MAY CHOOSE TO HAVE ANY DISPUTE, EXCEPT AS STATED BELOW, BETWEEN US DECIDED BY ARBITRATION AND NOT IN COURT OR BY JURY TRIAL.
2. **IF A DISPUTE IS ARBITRATED, YOU WILL GIVE UP YOUR RIGHT TO PARTICIPATE AS A CLASS REPRESENTATIVE OR CLASS MEMBER ON ANY CLASS CLAIM YOU MAY HAVE AGAINST US INCLUDING CLASS ARBITRATION OR ANY CONSOLIDATION OF INDIVIDUAL ARBITRATIONS.**
3. **DISCOVERY AND RIGHTS TO APPEAL IN ARBITRATION ARE GENERALLY MORE LIMITED THAN IN A LAWSUIT, AND OTHER RIGHTS THAT YOU AND WE WOULD HAVE IN COURT MAY NOT BE AVAILABLE IN ARBITRATION.**

Except as otherwise stated below, any claim or dispute, whether in contract, tort, statute or otherwise (including the interpretation and scope of this clause and the arbitrability of the claim or dispute), between you and us or our employees, agents, successors or assigns, which arises out of or relates to your credit application, lease or condition of this vehicle, this Lease agreement or any resulting transaction or relationship (including any such relationship with third parties who do not sign this Lease) shall, at your or our election, be resolved by neutral, binding arbitration and not by a court action. If federal law provides that a claim or dispute is not subject to binding arbitration, this Arbitration Clause shall not apply to such claim or dispute. **THE CLAIM OR DISPUTE IS TO BE ARBITRATED BY A SINGLE ARBITRATOR ON AN INDIVIDUAL BASIS AND NOT AS A CLASS ACTION. YOU EXPRESSLY WAIVE ANY RIGHT YOU MAY HAVE TO ARBITRATE A CLASS ACTION.** You may choose one of the following arbitration organizations, and its applicable rules, to conduct the arbitration: JAMS (800 352-5267, www.jamsadr.com), the American Arbitration Association (800 778-7879, www.adr.org), or any other organization subject to our approval. You may get a copy of the rules of an arbitration organization by contacting the organization or visiting its website.

Arbitrators shall be attorneys or retired judges and shall be selected pursuant to the applicable rules. The arbitrator shall apply governing substantive law and the applicable statutes of limitation. Unless applicable law provides otherwise, the arbitration hearing shall be conducted in the federal district in which you reside unless the Dealer originating this Lease is a party to the claim or dispute, in which case the hearing will be held in the federal district where this contract was executed. We will pay your filing, administration, service and case management fee, your arbitrator and hearing fee and any arbitration appeal fees you incur all up to a maximum of \$5,000, unless the law requires us to pay more. The amount we pay may be reimbursed in whole or in part by decision of the arbitrator if the arbitrator finds that any of your claims are frivolous under applicable law. Each party shall be responsible for its own attorney, expert and other fees, unless awarded by the arbitrator under applicable law. If the chosen arbitration organization's rules conflict with this clause, then the provisions of this clause shall control. The arbitrator's award shall be final and binding on all parties, except that you may appeal any arbitrator's award pursuant to the rules of the arbitration organization, and we may only appeal an award against us exceeding \$100,000. Any arbitration under this Arbitration Clause shall be governed by the Federal Arbitration Act (9 U.S.C. § 1 et. seq.) and not by any state law concerning arbitration.

You retain the right to seek remedies in small claims court for disputes or claims within that court's jurisdiction, and we agree to reimburse your filing fees for such proceedings. You and we retain any rights to self-help remedies, such as repossession. You also retain the right to seek individual injunctive relief in court. Neither you nor we waive the right to arbitrate by using self-help remedies or filing suit. Any court having jurisdiction may enter judgment on the arbitrator's award. This Arbitration Clause does not apply to any claim or dispute relating to excessive wear and use, including collection or payment disputes. This Arbitration Clause shall survive any termination, payoff or transfer of this Lease. If any part of this Arbitration Clause, other than waivers of class action rights, is deemed or found to be unenforceable for any reason, the remainder shall remain enforceable. If a waiver of class action rights is deemed or found to be unenforceable for any reason in a case in which class action allegations have been made, the remainder of this Arbitration Clause shall be unenforceable.



Canon Solutions America, Inc. ("CSA")
 One Canon Park, Melville, NY 11747
 (800)-613-2228

Lease Schedule ("Schedule") - Blended (SER-800)
Customer: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC
Agreement #: MA2072

CFS App #: 1896231 **Salesperson:** Lawrence C Lewis
Transaction #: S1305125 **Order Date:** 08/19/22

Billing Information Customer Account: 1564206		Equipment Maintenance Information	
Company: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC		Maintenance included for all Equipment	
DBA:		Excess Per Image Charge Invoiced Annually by CFS	
Address: 4200 PARK AVE		New Fleet Plan	
Address 2:		Standard Price Plan	
City: BRIDGEPORT	County: FAIRFIELD	Other Transaction Details	
State: CT	Zip: 06604-1049	Purchase Option: Fair Market Value	
Contact: SCOTT FEDA	Phone #: 203.396.1053	Tax Exempt (Certificate Attached)	
Email: sfeda@seniors.org	Fax #:	Excess Per Image Charge(s)	
Covered Device - Rider A (Office Equip/Cut Sheet Production)		B&W: \$0.009500	


Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date:
5532C002	IRADVDX4825I	1	Shipping: 4200 PARK AVE P-185 LL ADULT DAY CARE CTR	09/15/22
4917C002	CASSETTE FEEDING UNIT-AW1	1	Address 2:	
4000C002	INNER FINISHER-L1	1	City: BRIDGEPORT	State: CT Zip: 06604-1049
4063C001	SINGLE PASS DADF-C1	1	Primary Customer Contact: SCOTT FEDA	
4919C001	SUPER G3 FAX BOARD-BH1	1	Phone #: 203.396.1053	Email: sfeda@seniors.org
4144V252	IMAGERUNNER ADVANCE DX 4845I/ 4835I/ 4825I INSTALL PAK	1	Meter Contact:	
2368V119	LOW VOLUME CONNECTIVITY UP TO 30PPM	1	Phone #:	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	IT Contact: SCOTT FEDA	
			Phone #: 203.396.1053	Email: sfeda@seniors.org
			Billing:	
			Address 2:	
			City:	County: State: Zip:
			Billing Contact:	
			Phone #:	
			Elevator: No Loading Dock: No	# of Steps: 0 Hrs of Operation: 9-5

Additional Requirements:

Consumables: Toner Only
 Meter Method: imageWARE Remote
 For CSA USE ONLY:
 Config: A - 1 | 68617454

Corporate Advantage

THIS SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES THE TERMS OF, THE MASTER SALES AND SERVICES AGREEMENT REFERENCED AS THE AGREEMENT ABOVE (AGREEMENT), INCLUDING THE MASTER LEASE TERMS SET FORTH AS RIDER G THERETO WHICH SHALL CONTROL (THE "LEASE TERMS"), TO THE EXTENT THE TERMS OF AN EXISTING CFS MASTER AGREEMENT ARE REFERENCED ON THIS SCHEDULE (THE "EXISTING MASTER CFS LEASE") AND ARE APPLICABLE TO THIS SCHEDULE. THEY SHALL CONTROL OVER THE MASTER LEASE TERMS SET FORTH AS RIDER G TO THE AGREEMENT FOR SO LONG AS THE EXISTING MASTER CFS LEASE REMAINS IN EFFECT. STANDARD TERMS AND CONDITIONS AND APPLICABLE RIDERS INCORPORATED HEREIN ARE AVAILABLE AT ESS.CSACANON.COM/CUSTOMERDOCUMENTS, AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT. THIS SCHEDULE CONSTITUTES A LEASE OF THE LISTED ITEMS, AND IS BINDING ON CUSTOMER UPON SIGNING BY CUSTOMER, AND IS BINDING ON CSA AND LESSOR AS PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER. CUSTOMER REPRESENTS THAT EXECUTION OF THIS SCHEDULE HAS BEEN DULY AUTHORIZED. BY YOUR SIGNATURE, CUSTOMER AGREES TO LEASE THE LISTED ITEMS AND, IF SELECTED, TO PURCHASE THE MAINTENANCE SERVICES DESCRIBED HEREIN. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS SCHEDULE.

Customer Authorized Signature:  Printed Name: Robert S. S. Title: VP Finance, CFO Date: 8/19/22

ACCEPTANCE CERTIFICATE

To: CSA and Lessor: Customer certifies that (a) the Listed Items referred to in the above Schedule have been received, (b) installation has been completed, (c) the Listed Items have been examined by Customer and are in good operating order and condition and are, in all respects, satisfactory to the Customer, and (d) the Listed Items are irrevocably accepted by the Customer for all purposes under the Agreement. Accordingly, Customer hereby authorizes billing under this Schedule.

Authorized Signature: _____ Title: _____ Date: _____

For Internal Purposes Only:
 CFS Authorized Signature: _____ Title: _____ Date: _____



Additional Equipment List to: S1305125 (SER-801)

Customer: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC.

Agreement #: MA2072

Order Date: 08/19/22 Salesperson: Lawrence C Lewis

Covered Device - Rider A (Office Equip/Cut Sheet Production)

Covered Images Included in Payment

Excess Per Image Charge(s)

See Page 1

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Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date: 08/15/22
5532C002	IRADVX4825I	1	Shipping: 4200 PARK AVE OUTPATIENT REHAB	
4917C002	CASSETTE FEEDING UNIT-AW1	1	Address 2:	
4000C002	INNER FINISHER-L1	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
4063C001	SINGLE PASS DADF-C1	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseiors.org
4919C001	SUPER G3 FAX BOARD-BH1	1	Mtr Contact:	Email:
4144V252	IMAGERUNNER ADVANCE DX 4845I/ 4835I/ 4825I INSTALL PAK	1	IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseiors.org
2368V119	LOW VOLUME CONNECTIVITY UP TO 30PPM	1	Billing:	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Address 2:	
			City:	County: State: Zip:
			Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0	Hrs of Operation: 9-5
			Consumables: Toner Only	
			Meter Method: imageWare Remote	Corporate Advantage
			For CSA USE ONLY:	
			Config: A - 2 68617454	

Covered Device - Rider A (Office Equip/Cut Sheet Production)

Covered Images Included in Payment

Excess Per Image Charge(s)

See Page 1

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Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date: 08/15/22
5532C002	IRADVX4825I	1	Shipping: 4200 PARK AVE RECEPTIONIST	
0165C001	UTILITY TRAY-B1	1	Address 2:	
4917C002	CASSETTE FEEDING UNIT-AW1	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
4000C002	INNER FINISHER-L1	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseiors.org
4067C002	ATTACHMENT KIT FOR READER	1	Mtr Contact:	Email:
4063C001	SINGLE PASS DADF-C1	1	IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseiors.org
4919C001	SUPER G3 FAX BOARD-BH1	1	Billing:	
1630V764	SUBSCRIPTION SUPPORT SERVICES 12 UNIT BLOCK	1	Address 2:	
4144V252	IMAGERUNNER ADVANCE DX 4845I/ 4835I/ 4825I INSTALL PAK	1	City:	County: State: Zip:
2368V119	LOW VOLUME CONNECTIVITY UP TO 30PPM	1	Contact:	Ph #: Email:
3575B504	MICARD PLUS SC READER	1	Elevator: No Loading Dock: No # of Steps: 0	Hrs of Operation: 9-5
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Consumables: Toner Only	
			Meter Method: imageWare Remote	Corporate Advantage
			For CSA USE ONLY:	
			Config: B 68617455	



Additional Equipment List to: S1305125 (SER-801)

Customer: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC

Agreement #: MA2072

Order Date: 08/19/22 Salesperson: Lawrence C Lewis

Covered Device - Rider A (Office Equip/Cut Sheet Production)

Covered Images Included in Payment

Excess Per Image Charge(s)

See Page 1

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Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date: 09/15/22
5530C002	IRADVDX4845I	1	Shipping: 4200 PARK AVE FL 1 PT	
4917C002	CASSETTE FEEDING UNIT-AW1	1	Address 2:	
4000C002	INNER FINISHER-L1	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
4063C001	SINGLE PASS DADF-C1	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseoniors.org
4919C001	SUPER G3 FAX BOARD-BH1	1	Mtr Contact:	Ph #: Email:
4144V252	IMAGERUNNER ADVANCE DX 4845I/ 4835I/ 4825I INSTALL PAK	1	IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseoniors.org
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Billing:	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Address 2:	
			City:	County: State: Zip:
			Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0	Hrs of Operation: 9-5
			Consumables: Toner Only	
			Meter Method: imageWare Remote	Corporate Advantage
			For CSA USE ONLY:	
			Config: C - 1 68617456	

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date: 09/15/22
5530C002	IRADVDX4845I	1	Shipping: 4200 PARK AVE IOA	
4917C002	CASSETTE FEEDING UNIT-AW1	1	Address 2:	
4000C002	INNER FINISHER-L1	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
4063C001	SINGLE PASS DADF-C1	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseoniors.org
4919C001	SUPER G3 FAX BOARD-BH1	1	Mtr Contact:	Ph #: Email:
4144V252	IMAGERUNNER ADVANCE DX 4845I/ 4835I/ 4825I INSTALL PAK	1	IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseoniors.org
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Billing:	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Address 2:	
			City:	County: State: Zip:
			Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0	Hrs of Operation: 9-5
			Consumables: Toner Only	
			Meter Method: imageWare Remote	Corporate Advantage
			For CSA USE ONLY:	
			Config: C - 2 68617456	



Additional Equipment List to: S1305125 (SER-801)

Customer: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC

Agreement #: MA2072

Order Date: 08/19/22 Salesperson: Lawrence C Lewis

Covered Device - Rider A (Office Equip/Cut Sheet Production)

Covered Images Included in Payment

Excess Per Image Charge(s)

See Page 1

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Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date
5530C002	IRADVDX4845I	1	Shipping: 4200 PARK AVE DIETARY	09/15/22
4917C002	CASSETTE FEEDING UNIT-AW1	1	Address 2:	
4000C002	INNER FINISHER-L1	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
4063C001	SINGLE PASS DADF-C1	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseiors.org
4919C001	SUPER G3 FAX BOARD-BH1	1	Mtr Contact:	Ph #: Email:
4144V252	IMAGERUNNER ADVANCE DX 4845I/ 4835I/ 4825I INSTALL PAK	1	IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseiors.org
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Billing:	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Address 2:	
			City:	County: State: Zip:
			Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0 Hrs of Operation: 9-5	
			Consumables: Toner Only	
			Meter Method: imageWare Remote	Corporate Advantage:
			For CSA USE ONLY:	
			Config: C - 3 68617456	

Covered Device - Rider A (Office Equip/Cut Sheet Production)

Covered Images Included in Payment

Excess Per Image Charge(s)

See Page 1

See Page 1

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date
5530C002	IRADVDX4845I	1	Shipping: 4200 PARK AVE HIS	09/15/22
4921C001	STAPLE FINISHER-AE1	1	Address 2:	
4917C002	CASSETTE FEEDING UNIT-AW1	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
4063C001	SINGLE PASS DADF-C1	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseiors.org
4919C001	SUPER G3 FAX BOARD-BH1	1	Mtr Contact:	Ph #: Email:
4144V252	IMAGERUNNER ADVANCE DX 4845I/ 4835I/ 4825I INSTALL PAK	1	IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseiors.org
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Billing:	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Address 2:	
			City:	County: State: Zip:
			Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0 Hrs of Operation: 9-5	
			Consumables: Toner Only	
			Meter Method: imageWare Remote	Corporate Advantage:
			For CSA USE ONLY:	
			Config: D - 1 68617457	



Additional Equipment List to: S1305125 (SER-801)

Customer: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC

Agreement #: MA2072

Order Date: 08/19/22 Salesperson: Lawrence C Lewis

Covered Device - Rider A (Office Equip/Cut Sheet Production)

Covered Images Included in Payment

Excess Per Image Charge(s)

See Page 1

See Page 1

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date: 09/15/22
5530C002	IRADVDX4845I	1	Shipping: 4200 PARK AVE PRINT FINANCE	
4921C001	STAPLE FINISHER-AE1	1	Address 2:	
4917C002	CASSETTE FEEDING UNIT-AW1	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
4063C001	SINGLE PASS DADF-C1	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: steda@jseniors.org
4919C001	SUPER G3 FAX BOARD-BH1	1	Mtr Contact:	Email:
4144V252	IMAGERUNNER ADVANCE DX 4845I/ 4835I/ 4825I INSTALL PAK	1	IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: steda@jseniors.org
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Billing:	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Address 2:	
			City:	County: State: Zip:
			Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0	Hrs of Operation: 9-5
			Consumables: Toner Only	
			Meter Method: imageWare Remote	Corporate Advantage
			For CSA USE ONLY:	
			Config: D - 2 68617457	

Covered Device - Rider A (Office Equip/Cut Sheet Production)

Covered Images Included in Payment

Excess Per Image Charge(s)

See Page 1

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Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date: 09/15/22
5538C002	IRADVDX6855I	1	Shipping: 4200 PARK AVE WORK CENTER	
0126C001	2/3 HOLE PUNCHER UNIT-A1	1	Address 2:	
4030C002	CASSETTE FEEDING UNIT-AQ1	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
5546C002	BUFFER PASS UNIT-P2	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: steda@jseniors.org
5547C002	STAPLE FINISHER-AB2	1	Mtr Contact:	Email:
3998C001	SUPER G3 FAX BOARD-AX1	1	IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: steda@jseniors.org
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Billing:	
4135V101	INSTALL PAK DX 6855I	1	Address 2:	
3575B504	MICARD PLUS SC READER	1	City:	County: State: Zip:
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0	Hrs of Operation: 9-5
			Consumables: Toner Only	
			Meter Method: imageWare Remote	Corporate Advantage
			For CSA USE ONLY:	
			Config: E - 1 68617458	



Additional Equipment List to: S1305125 (SER-801)

Customer: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC

Agreement #: MA2072

Order Date: 08/19/22 Salesperson: Lawrence C Lewis

Covered Device - Rider A (Office Equip/Cut Sheet Production)

Covered Images Included in Payment

Excess Per Image Charge(s)

See Page 1

See Page 1

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date: 09/15/22
5538C002	IRADVDX6855I	1	Shipping: 4200 PARK AVE.MEDICAL HOME CARE	
0126C001	2/3 HOLE PUNCHER UNIT-A1	1	Address 2:	
4030C002	CASSETTE FEEDING UNIT-AQ1	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
5546C002	BUFFER PASS UNIT-P2	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseniors.org
5547C002	STAPLE FINISHER-AB2	1	Mtr Contact:	Ph #: Email:
3998C001	SUPER G3 FAX BOARD-AX1	1	IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseniors.org
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Billing:	
4135V101	INSTALL PAK DX 6855I	1	Address 2:	
3575B504	MICARD PLUS SC READER	1	City:	County: State: Zip:
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0 Hrs of Operation: 9-5	
			Consumables: Toner Only	
			Meter Method: imageWare Remote	Corporate Advantage
			For CSA USE ONLY:	
			Config: E - 2 68617458	

Covered Device - Rider A (Office Equip/Cut Sheet Production)

Covered Images Included in Payment

Excess Per Image Charge(s)

See Page 1

See Page 1

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date: 09/15/22
5538C002	IRADVDX6855I	1	Shipping: 4200 PARK AVE COPY ROOM	
0126C001	2/3 HOLE PUNCHER UNIT-A1	1	Address 2:	
4030C002	CASSETTE FEEDING UNIT-AQ1	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
5548C002	BOOKLET FINISHER-A1 WITH TRIFOLD	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseniors.org
5546C002	BUFFER PASS UNIT-P2	1	Mtr Contact:	Ph #: Email:
3998C001	SUPER G3 FAX BOARD-AX1	1	IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseniors.org
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Billing:	
4135V101	INSTALL PAK DX 6855I	1	Address 2:	
3575B504	MICARD PLUS SC READER	1	City:	County: State: Zip:
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0 Hrs of Operation: 9-5	
			Consumables: Toner Only	
			Meter Method: imageWare Remote	Corporate Advantage
			For CSA USE ONLY:	
			Config: F 68617459	



Additional Equipment List to: S1305125 (SER-801)

Customer: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC
Covered Images Included in Payment

Agreement #: MA2072

Order Date: 08/19/22 Salesperson: Lawrence C Lewis
Excess Per Image Charge(s)

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date: 09/15/22
3893C008	IRADVDX527IF	1	Shipping: 4200 PARK AVE FL 1 KASSEN HOUSE	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Address 2:	
3826V923	INSTALL PAK IRA DX 717IF / 617IF / 527IF	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@seniors.org
			Mtr Contact:	Ph #: Email:
			IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@seniors.org
			Billing:	
			Address 2:	
			City:	County: State: Zip:
			Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0	Hrs of Operation: 9-5
			Consumables: Toner Only	
			Meter Method: imageWare Remote	
			For CSA USE ONLY:	Corporate Advantage
			Config: G - 1 68617460	

See Page 1

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date: 09/15/22
3893C008	IRADVDX527IF	1	Shipping: 4200 PARK AVE CHILD CARE DIRECTORS OFFICE	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Address 2:	
3826V923	INSTALL PAK IRA DX 717IF / 617IF / 527IF	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@seniors.org
			Mtr Contact:	Ph #: Email:
			IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@seniors.org
			Billing:	
			Address 2:	
			City:	County: State: Zip:
			Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0	Hrs of Operation: 9-5
			Consumables: Toner Only	
			Meter Method: imageWare Remote	
			For CSA USE ONLY:	Corporate Advantage
			Config: G - 2 68617460	

See Page 1

**Requires imageWARE Remote



Additional Equipment List to: S1305125 (SER-801)

Customer: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC

Agreement #: MA2072

Order Date: 09/19/22 Salesperson: Lawrence C Lewis

Covered Device - Rider A (Office Equip/Cut Sheet Production)

Covered Images Included in Payment

Excess Per Image Charge(s)

See Page 1

See Page 1

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date: 09/15/22
3893C008	IRADVDX527IF	1	Shipping: 4200 PARK AVE FL 2 LIPTON HOUSE	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Address 2:	
3826V923	INSTALL PAK IRA DX 717IF / 617IF / 527IF	1	City: BRIDGEPORT	State: CT Zip: 06604-1049
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseniors.org
			Mtr Contact:	Ph #: Email:
			IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseniors.org
			Billing:	
			Address 2:	
			City:	County: State: Zip:
			Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0	Hrs of Operation: 9-5
			Consumables: Toner Only	
			Meter Method: imageWare Remote	Corporate Advantage
			For CSA USE ONLY:	
			Config: G - 3 68617460	

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date: 09/15/22
3893C008	IRADVDX527IF	1	Shipping: 4200 PARK AVE FL 4 FELDMAN HOUSE	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Address 2:	
3826V923	INSTALL PAK IRA DX 717IF / 617IF / 527IF	1	City: BRIDGEPORT	State: CT Zip: 06604-1049
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseniors.org
			Mtr Contact:	Ph #: Email:
			IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseniors.org
			Billing:	
			Address 2:	
			City:	County: State: Zip:
			Contact:	Ph #: Email:
			Elevator: No Loading Dock: No # of Steps: 0	Hrs of Operation: 9-5
			Consumables: Toner Only	
			Meter Method: imageWare Remote	Corporate Advantage
			For CSA USE ONLY:	
			Config: G - 4 68617460	



Additional Equipment List to: S1305125 (SER-801)

Customer: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC.
Covered Device - Rider A (Office Equip/Cut Sheet Production)

Agreement #: MA2072
Covered Images Included in Payment

Order Date: 09/19/22 Salesperson: Lawrence C Lewis
Excess Per Image Charge(s)

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information
3893C008	IRADVDX527IF	1	Shipping: 4200 PARK AVE FL 3 SONNEBORN HOUSE Address 2: City: BRIDGEPORT Contact: SCOTT FEDA Mtr Contact: IT Contact: SCOTT FEDA Billing: Address 2: City: Contact: Elevator: No Loading Dock: No # of Steps: 0 Hrs of Operation: 9-5 Consumables: Toner Only Meter Method: imageWare Remote For CSA USE ONLY: Config: G - 5 68617460 Corporate Advantage
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	
3826V923	INSTALL_PAK IRA DX 717IF / 617IF / 527IF	1	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	

See Page 1

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Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information
3893C008	IRADVDX527IF	1	Shipping: 4200 PARK AVE CHILD CARE KITCHEN AREA Address 2: City: BRIDGEPORT Contact: SCOTT FEDA Mtr Contact: IT Contact: SCOTT FEDA Billing: Address 2: City: Contact: Elevator: No Loading Dock: No # of Steps: 0 Hrs of Operation: 9-5 Consumables: Toner Only Meter Method: imageWare Remote For CSA USE ONLY: Config: H 68617461 Corporate Advantage
2916C001	CASSETTE FEEDING UNIT-AR1	1	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	
3826V923	INSTALL_PAK IRA DX 717IF / 617IF / 527IF	1	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	

See Page 1

See Page 1

**Requires imageWARE Remote

424.00



CANON SOLUTIONS AMERICA
Canon Solutions America, Inc. ("CSA")
One Canon Park, Melville, NY 11747
(800)-613-2228

UNIFIED LEASE AGREEMENT
#ULS S0776030.01

Salesperson: Lawrence C Lewis Order Date: 1/2/2018

Customer ("You"): Customer Account: 1684206		Organization Information	
Company Legal Name: The Jewish Home for the Elderly of Fairfield County Inc.		Federal Tax Identification Number (TIN):	
Doing Business As:		<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input checked="" type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> State or Local Government <input type="checkbox"/> Sole Proprietorship If selected, complete Date of Birth _____	
Billing Address: 4200 PARK AVE		Chief Executive Office and address for notices:	
City: BRIDGEPORT County: FAIRFIELD		Address:	
State: CT	Zip: 06804-1049	City: State: Zip:	
Phone: 203.396.1053			
Contact: Paul Visnicki			
Fax:			
E-Mail: pvisnicki@jsejors.org			

Lease Information	Lease Term	Payment *	Amount Due at Signing
	60 Months	\$ 384.00 (* Plus applicable taxes)	# of Payments in Advance: 0 TOTAL DUE AT SIGNING * \$ 0.00
	Payment Frequency	End of Lease Term Purchase Option *	
	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Fair Market Value <input type="checkbox"/> \$1.00 <input type="checkbox"/> Other _____ (estimated)	
		Tax Exempt <input checked="" type="checkbox"/> Yes (Attach certificate)	

Equipment Description: See Schedule A

Equipment Maintenance	Select 1 option:	<input type="checkbox"/> Included for all Equipment	<input type="checkbox"/> Included, except for Equipment excluded on Schedule A	<input checked="" type="checkbox"/> Declined	<input type="checkbox"/> Under separate agreement
Excess Per Image Charge Billing Cycle	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	<input type="checkbox"/> Per Unit <input type="checkbox"/> Fleet	Governance Plan	If adding to an existing Aggregate, provide either a contract # or serial # under Aggregate.	
Consumables Inclusive	<input type="checkbox"/> Toner <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes PO# _____	<input type="checkbox"/> No	Chargos See Schedule A	

Personal Guaranty

The undersigned (whether one or more are specified, "Guarantor(s)"), in consideration of CANON SOLUTIONS AMERICA, INC. ("CSA") entering into a unified lease agreement (together with any schedules or supplements thereto, "Agreement") with the customer identified above ("Customer"), irrevocably and unconditionally, jointly and severally, guarantee to Lessor (as defined in the Agreement) and its successors and assigns, the payment when due of all amounts owed under the Agreement (whether or not due) and the performance by Customer of all terms of the Agreement and any other transaction between Customer and Lessor (or CSA as assigned to Lessor) (collectively, "Liabilities"). If Customer shall fail to pay or perform any Liabilities when due, Guarantors shall, upon demand, pay any amounts which may be due from Customer and take any action required of Customer under the Agreement. This is an absolute and continuing guaranty and Guarantors' liability under this Guaranty is jointly and severally and will not be affected by any settlement, extension, renewal or modification of the Agreement or any discharge or release of Customer's obligations, whether by agreement or operation of law.

If any payment applied by Lessor on the Liabilities is thereafter set aside, recovered or required to be returned for any reason (including without limitation the bankruptcy, insolvency or reorganization of Customer or any other person), the Liabilities to which such payment was applied shall for the purposes of this Guaranty be deemed to have continued in existence, notwithstanding such application, and this Guaranty shall be enforceable as to such Liabilities as fully as if such application had never been made. This Guaranty may be terminated only upon sixty (60) days' prior written notice to CSA and Lessor, and such termination shall be effective only as to Liabilities arising under schedules, supplements, or agreements entered into after the effective date of termination and shall not affect Lessor's rights under this Guaranty arising out of the Agreement or other agreements entered into prior to such date. Guarantors waive all damages, demands, proceedings and notices of every kind and nature, any rights of set-off, and any defenses available to a guarantor (other than the defense of payment and performance in full) under applicable law. Guarantors further waive any (i) notice of the incurring of indebtedness by Customer and the acceptance of this Guaranty, (ii) right to require suit against Customer or any other party before enforcing this Guaranty and (iii) right of subrogation to Lessor's rights against Customer with the Liabilities are satisfied in full. Any (a) renewal and extension of time of payment, (b) release, substitution or compromise of or satisfaction upon the Equipment, other guaranties of any collateral security and (c) exercise of any other right under this or any other agreement between Lessor (or CSA as assigned by Lessor) and Customer or any third party, may be made, granted and affected by Lessor without notice to Guarantors and without in any manner affecting Guarantors' liability under this Guaranty.

Guarantors shall pay all expenses (including attorneys' fees and legal expenses) paid or incurred by Lessor in enforcing or collecting the Liabilities or any part thereof and in enforcing this Guaranty. THIS GUARANTY SHALL FOR ALL PURPOSES BE DEEMED A CONTRACT ENTERED INTO IN THE STATE OF NEW JERSEY. THE RIGHTS OF THE PARTIES UNDER THIS GUARANTY SHALL BE GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY WITHOUT REFERENCE TO CONFLICT OF LAW PRINCIPLES. ANY ACTION BETWEEN GUARANTORS AND LESSOR SHALL BE BROUGHT IN ANY STATE OR FEDERAL COURT LOCATED IN THE COUNTY OF CAMDEN OR BURLINGTON, NEW JERSEY, OR AT LESSOR'S SOLE OPTION, IN THE STATE WHERE ANY GUARANTOR, CUSTOMER OR EQUIPMENT IS LOCATED. GUARANTORS, BY THEIR EXECUTION AND DELIVERY HEREOF, IRREVOCABLY WAIVE OBJECTIONS TO JURISDICTION OF SUCH COURTS AND OBJECTIONS TO VENUE AND CONVENIENCE OF FORUM. GUARANTORS, BY THEIR EXECUTION AND DELIVERY HEREOF, AND CSA AND LESSOR, BY THEIR ACCEPTANCE HEREOF, HEREBY IRREVOCABLY WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUCH PROCEEDINGS.

Guarantors agree that CSA and Lessor may accept a facsimile or other electronic transmission of this Guaranty as an original, and that facsimile or electronically transmitted copies of Guarantors' signatures will be treated as an original for all purposes.

Printed Name: _____ Signature: _____ (no title) Date: _____
 Address: _____ Phone: _____
 Printed Name: _____ Signature: _____ (no title) Date: _____
 Address: _____ Phone: _____

BY YOUR SIGNATURE BELOW, YOU AGREE TO LEASE THE ITEMS LISTED ON SCHEDULE A OR IN ANY ADDENDUM(S) TO THIS AGREEMENT. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, INCLUDING THE GENERAL TERMS AND CONDITIONS, WHICH ARE INCORPORATED HEREIN BY REFERENCE. The undersigned and CSA have each caused this Agreement to be executed as of the date first written below.

X Customer's Authorized Signature: _____ Date: 1/2/18
 Printed Name: AMANWIL BANOFF Title: CEO + President
 CSA Authorized Signature: _____ Date: _____
 Printed Name: _____ Title: _____



CANON SOLUTIONS AMERICA
Canon Solutions America, Inc. ("CSA")
One Canon Park, Melville, NY 11747
(800)-613-2228

UNIFIED LEASE AGREEMENT
#ULS S0987756.01

Salesperson: Lawrence C Lewis

Order Date: 7/15/2019

Customer ("You"): Customer Account: 1504200		Organization Information	
Company Legal Name: The Jewish Home for the Elderly of Fairfield County Inc		Federal Tax Identification Number (TIN):	
Doing Business As		<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input checked="" type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> State or Local Government <input type="checkbox"/> Sole Proprietorship If selected, complete Date of Birth _____	
Billing Address: 4200 PARK AVE		Chief Executive Office and address for notices:	
City: BRIDGEPORT County: FAIRFIELD		Address:	
State: CT Zip: 06604-1049 Phone: 203.396.1053		City: State: Zip:	
Contact: Paul Vianfcky Fax:		E-Mail:	
Lease Information			
Lease Term 80 Months	# of Payments 60	Payment * \$ 80.00 (* Plus applicable taxes)	Amount Due at Signing # of Payments in Advance: 0 TOTAL DUE AT SIGNING * \$ 0.00
Payment Frequency <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		End of Lease Term Purchase Option * <input checked="" type="checkbox"/> Fair Market Value <input type="checkbox"/> \$1.00 <input type="checkbox"/> Other (estimated)	Check must accompany agreement Tax Exempt <input checked="" type="checkbox"/> Yes (Attach certificate)
Equipment Description: See Schedule A			
Equipment Maintenance Select 1 option: <input type="checkbox"/> Included for all Equipment <input type="checkbox"/> Included, except for Equipment excluded on Schedule A <input checked="" type="checkbox"/> Declined <input type="checkbox"/> Under separate agreement		Coverage Plan <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <input type="checkbox"/> Per Unit <input type="checkbox"/> Fleet <input type="checkbox"/> Aggregate <input type="checkbox"/> PO Required <input type="checkbox"/> No	
Consumables Inclusive <input type="checkbox"/> Toner (includes clear) <input type="checkbox"/> Other		Charges See Schedule A	
Personal Guaranty			
<p>This undersigned (whether one or more are specified "Guarantor(s)"), in consideration of CANON SOLUTIONS AMERICA, INC. ("CSA") entering into a unified lease agreement (together with any schedules or supplements thereto, "Agreement") with the customer identified above ("Customer"), irrevocably and unconditionally, jointly and severally, guaranteed to Lessor (as defined in the Agreement) and its successors and assigns, the payment when due of all amounts owed under the Agreement (whether at maturity or upon the occurrence of an event of default or otherwise) and the performance by Customer of all terms of the Agreement and any other transaction between Customer and Lessor (or CSA as assigned to Lessor) (collectively, "Liabilities"). If Customer shall fail to pay or perform any Liabilities when due, Guarantors shall, upon demand, pay any amounts which may be due from Customer and take any action required of Customer under the Agreement. This is an absolute and continuing guaranty and Guarantors' liability under this Guaranty is primary and will not be affected by any sale, transfer, extension, renewal or modification of the Agreement or any discharge or release of Customer's obligations, whether by agreement or operation of law.</p> <p>If any payment applied by Lessor on the Liabilities is thereafter set aside, recovered or required to be returned for any reason (including without limitation the bankruptcy, insolvency or reorganization of Customer or any other person), the Liabilities to which such payment was applied shall for the purposes of this Guaranty be deemed to have continued in existence, notwithstanding such application, and this Guaranty shall be enforceable as to such Liabilities as fully as if such application had never been made. This Guaranty may be terminated only upon sixty (60) days' prior written notice to CSA and Lessor, and such termination shall be effective only as to Liabilities arising under schedules, supplements, or agreements entered into after the effective date of termination and shall not affect Lessor's rights under this Guaranty arising out of the Agreement or other agreements entered into prior to such date. Guarantors assume all damages, demands, proceedings and notices of every kind and nature, any rights of set-off, and any defenses available to a guarantor (other than the status of payment and performance in full) under applicable law. Guarantors further waive any (i) notice of the incurring of indebtedness by Customer, and the acceptance of this Guaranty, (ii) right to require full payment of any other party before enforcing this Guaranty and (iii) right of subrogation to Lessor's rights against Customer until the Liabilities are satisfied in full. Any (a) renewals and extensions of term of payment, (b) release, substitution or compromise of or satisfaction upon the Equipment, other guaranties of any collateral security and (c) interest of any other right under the or any other agreement between Lessor for CSA as assigned by Lessor and Customer or any third party, may be made, granted and effected by Lessor without notice to Guarantors and without in any manner affecting Guarantors' liability under this Guaranty.</p> <p>Guarantors shall pay all expenses (including attorneys' fees and legal expenses) now or incurred by Lessor in endeavoring to collect the balance of any part thereof and in enforcing this Guaranty. THIS GUARANTY SHALL FOR ALL PURPOSES BE DEEMED A CONTRACT ENTERED INTO IN THE STATE OF NEW JERSEY. THE RIGHTS OF THE PARTIES UNDER THIS GUARANTY SHALL BE GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY WITHOUT REFERENCE TO CONFLICTS OF LAW PRINCIPLES. ANY ACTION BETWEEN GUARANTORS AND LESSOR SHALL BE BROUGHT IN ANY STATE OR FEDERAL COURT LOCATED IN THE COUNTY OF CAMDEN OR IN BRISTOL, NEW JERSEY, OR AT LESSOR'S SOLE OPTION IN THE STATE WHERE ANY GUARANTOR, CUSTOMER OR EQUIPMENT IS LOCATED. GUARANTORS, BY THEIR EXECUTION AND DELIVERY HEREOF, IRREVOCABLY WAIVE OBJECTIONS TO JURISDICTION OF SUCH COURTS AND QUESTIONS TO VENUE AND CONVENIENCE OF FORUM. GUARANTORS, BY THEIR EXECUTION AND DELIVERY HEREOF, AND CSA AND LESSOR BY THEIR ACCEPTANCE HEREOF, HEREBY IRREVOCABLY WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUCH PROCEEDINGS.</p> <p>Guarantors agree that CSA and Lessor may accept a facsimile or other electronic transmission of this Guaranty as an original, and that facsimile or electronically transmitted copies of Guarantors' signatures will be treated as an original for all purposes.</p>			
Printed Name: _____ Signature: _____ (no title) Date: _____		Phone: _____	
Address: _____		City: _____ State: _____ Zip: _____	
Printed Name: _____ Signature: _____ (no title) Date: _____		Phone: _____	
Address: _____		City: _____ State: _____ Zip: _____	
BY YOUR SIGNATURE BELOW, YOU AGREE TO LEASE THE ITEM LISTED ON SCHEDULE A OR IN ANY ADDENDUM(S) TO THIS AGREEMENT. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, INCLUDING THE GENERAL TERMS AND CONDITIONS, WHICH ARE INCORPORATED HEREIN BY REFERENCE. The undersigned and CSA have each caused this Agreement to be executed as of the date first written below.			
Customer's Authorized Signature: <u>Robert G. Liby</u>		Date: <u>7/15/19</u>	
Printed Name: _____		Title: <u>CFO</u>	
CSA Authorized Signature: <u>Sean Simmons</u>		Date: <u>7/19/19</u>	
Printed Name: <u>Sean Simmons</u>		Title: <u>DOC ADMIN</u>	

Canon Financial Services, Inc.
as authorized agent on behalf of
Canon Solutions America, Inc.



CANON SOLUTIONS AMERICA
 Canon Solutions America, Inc. ("CSA")
 One Canon Park, Melville, NY 11747
 (800)-619-2228

UNIFIED LEASE AGREEMENT
 #ULS 80891347.01

Salesperson: Lawrence C Lewis Order Date: 7/24/2019

Customer ("You"): Customer Account: 1564208		Organization Information	
Company Legal Name: JEWISH HOME FOR THE ELDERLY OF FAIRFIELD		Federal Tax Identification Number (TIN):	
Doing Business As: COUNTY INT		<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input checked="" type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> State or Local Government <input type="checkbox"/> Sole Proprietorship If selected, complete Date of Birth _____	
Billing Address: 4200 PARK AVE		City: _____ State: _____ Zip: _____	
City: BRIDGEPORT County: FAIRFIELD		Chief Executive Office and address for notices:	
State: CT Zip: 06804-1049 Phone: 203.398.1053		Address: _____	
Contact: Paul Vianoky Fax: _____		City: _____ State: _____ Zip: _____	
E-Mail: _____			
Lease Information			
Lease Term	# of Payments	Payment *	Amount Due at Signing
80 Months	80	\$ 86.00 (* Plus applicable taxes)	TOTAL DUE AT SIGNING * \$ 0.00
Payment Frequency <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		Check must accompany agreement	
		End of Lease Term Purchase Option *	Tax Exempt
		<input checked="" type="checkbox"/> Fair Market Value <input type="checkbox"/> \$1.00 <input type="checkbox"/> Other _____ (estimated)	<input checked="" type="checkbox"/> Yes (Attach certificate)
Equipment Description: See Schedule A			
Equipment Maintenance	Select 1 option: <input type="checkbox"/> Included for all Equipment <input type="checkbox"/> Included, except for Equipment excluded on Schedule A <input checked="" type="checkbox"/> Declined <input type="checkbox"/> Under separate agreement		
Excess Per Image Charge Billing Cycle	Coverage Plan		
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	<input type="checkbox"/> Per Unit <input type="checkbox"/> Fleet <input type="checkbox"/> Aggregate		
Consumables Inclusive	Toner Fulfillment Method	PO Required	Charges
<input type="checkbox"/> Toner (excludes clear) <input type="checkbox"/> Other _____	Customer order unless noted for Equipment on Schedule A**	<input type="checkbox"/> Yes PO# _____ <input type="checkbox"/> No	See Schedule A
Personal Guaranty			
<p>The undersigned (whether one or more are specified, "Guarantor(s)"), in consideration of CANON SOLUTIONS AMERICA, INC. ("CSA") entering into a unified lease agreement (together with any schedules or supplements thereto, "Agreement") with the customer identified above ("Customer"), irrevocably and unconditionally, jointly and severally, guarantee to Lessor (as defined in the Agreement) and its successors and assigns, the payment when due or all amounts owed under the Agreement (whether at maturity or upon the occurrence of an event of default or otherwise) and the performance by Customer of all terms of the Agreement and any other transactions between Customer and Lessor (to CSA as assigned to Lessor) (collectively, "Liabilities"). If Customer shall fail to pay or perform any Liabilities when due, Guarantor(s) shall, upon demand, pay any amounts which may be due from Customer and take any action required of Customer under the Agreement. This is an absolute and continuing guaranty and Guarantor(s) hereby waives any Guaranty it may have or may claim in the future and agrees to be bound by any settlement, extension, rescheduling or modification of the Agreement or any discharge or release of Customer's obligations, whether by agreement or operation of law.</p> <p>If any payment applied by Lessor on the Liabilities as the matter set aside, recovered or required to be returned for any reason (including without limitation the bankruptcy, insolvency or reorganization of Customer or any other person), the liability to which such payment was applied shall for the purposes of this Guaranty be deemed to have continued in full, notwithstanding such application, and this Guaranty shall be enforceable as to such Liabilities as fully as if such application had never been made. This Guaranty may be terminated only upon sixty (60) days' prior written notice to CSA and Lessor, and such termination shall be effective only as to Liabilities arising under schedules, supplements, or agreements entered into after the effective date of termination and shall not affect Lessor's rights under this Guaranty arising out of the Agreement or other agreements entered into prior to such date. Guarantors waive all damages, demands, presentments and notices of every kind and nature, any rights of set-off, and any defenses available to a guarantor (other than the defense of payment and performance in full) under applicable law. Guarantors further waive any (i) notice of the incurring of indebtedness by Customer and the acceptance of this Guaranty, (ii) right to require set against Customer or any other party before enforcing this Guaranty and (iii) right of set-off to Lessor's right against Guarantor(s) until the Liabilities are satisfied in full. Any (a) renewals and extensions of term of payment, (b) release, substitution or compromise of or reduction upon the Equipment, other guaranties or any collateral security and (c) waivers of any other right under this or any other agreement between Lessor (or CSA as assigned by Lessor) and Customer or any third party, may be made, granted and effected by Lessor without notice to Guarantors and without in any manner affecting Guarantors' liability under this Guaranty.</p> <p>Guarantors shall pay all expenses (including attorney's fees and legal expenses) paid or incurred by Lessor in enforcing its Liabilities or any part thereof and in enforcing this Guaranty. THIS GUARANTY SHALL FOR ALL PURPOSES BE DEEMED A CONTRACT ENTERED INTO IN THE STATE OF NEW JERSEY. THE RIGHTS OF THE PARTIES UNDER THIS GUARANTY SHALL BE GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY WITHOUT REFERENCE TO CONFLICT OF LAW PRINCIPLES. ANY ACTION BETWEEN GUARANTORS AND LESSOR SHALL BE BROUGHT IN ANY STATE OR FEDERAL COURT LOCATED IN THE COUNTY OF CAMDEN OR JERSEY, OR AT LESSOR'S SOLE OPTION, IN THE STATE WHERE ANY GUARANTOR CUSTOMER OR EQUIPMENT IS LOCATED. GUARANTORS, BY THEIR EXECUTION AND DELIVERY HEREOF, IRREVOCABLY WAIVE OBJECTIONS TO JURISDICTION OF SUCH COURTS AND OBJECTIONS TO VENUE AND CONVENIENCE OF FORUM. GUARANTORS, BY THEIR EXECUTION AND DELIVERY HEREOF, AND CSA AND LESSOR, BY THEIR ACCEPTANCE HEREOF, HEREBY IRREVOCABLY WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUCH PROCEEDINGS.</p> <p>Guarantor(s) agree that CSA and Lessor may accept a facsimile or other electronic transmission of this Guaranty as an original, and that facsimile or electronically transmitted copies of Guarantors' signatures shall be treated as an original for all purposes.</p>			
Printed Name: _____ Signature: _____ (no title) Date: _____			
Address: _____ Phone: _____			
Printed Name: _____ Signature: _____ (no title) Date: _____			
Address: _____ Phone: _____			
<p>BY YOUR SIGNATURE BELOW, YOU AGREE TO LEASE THE ITEMS LISTED ON SCHEDULE A OR IN ANY ADDENDUMS TO THIS AGREEMENT. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, INCLUDING THE GENERAL TERMS AND CONDITIONS, WHICH ARE INCORPORATED HEREIN BY REFERENCE. The undersigned and CSA have each caused this Agreement to be executed as of the date first written below.</p>			
Customer's Authorized Signature: _____ Date: 7/26/19			
Printed Name: Paul Vianoky		TIN: CFS	
CSA Authorized Signature: _____ Date: 7/29/19			
Printed Name: CHRIS SHUTTER		Title: DOC ADMIN III	

Canon Financial Services, Inc.
 as authorized agent on behalf of
 Canon Solutions America, Inc.



CANON SOLUTIONS AMERICA

Canon Solutions America, Inc. ("CSA")
One Canon Park, Melville, NY 11747
(800) 813-2228

SOFTWARE ACQUISITION AGREEMENT LEASE OR PURCHASE

#S1051656.01

Salesperson Lawrence C Lewis Order Date: 2 / 18 / 2020

Customer ("you"):		Customer Account: 1564206	Ship To:	Customer Account: 1564206
Company: JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY INC		Company: JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY INC		
Address: 4200 PARK AVE		Address: 4200 PARK AVE		
City: BRIDGEPORT	County: FAIRFIELD	City: BRIDGEPORT	County: FAIRFIELD	
State: CT	Zip: 06604-1049	Phone #: 203.396.1053	State: CT	Zip: 06604-1049
Contact: Paul Vlanicky		Contact: Paul Vlanicky		Fax #:
Email: pvlanicky@jseiors.org		Email: pvlanicky@jseiors.org		

Lease or Purchase:

You agree to lease the items listed below or in any addendum(s) to this Agreement from the Leasing Company identified below, at the fixed periodic lease payments indicated below or in any addendum(s) to this Agreement and for the fixed term specified in the lease agreement between you and the Leasing Company. Delivery to you of the items specified is contingent on you signing a lease agreement with the Leasing Company.

Canon Financial Services, Inc. Other (Name of Leasing Company): _____

You agree to purchase the items listed below or in any addendum(s) to this Agreement, for the purchase price specified.

The "bill to" for the items listed is the Leasing Company or you, depending on which box is checked above.

PLEASE PRINT

Item Code	Product Description	Qty	Unit Price	Periodic Lease Payment or Purchase Price
6365B015	EPI PRINTME MEAP V2 6 YR SUBSCRIPTION	1		48.00
2150V778	EPI PRINTME IMPLEMENTATION SERVICES BY LOCAL SYSTEMS ANALYST	1		Included
Payment Terms			Other Requirements	Subtotal from Supplemental Addendum 0.00
<input type="checkbox"/> Check with Order Check # _____ <input type="checkbox"/> Net 30 <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit Card: Requires submission of secure credit card authorization form.			<input type="checkbox"/> P.O. Required P.O. # _____ <input checked="" type="checkbox"/> Tax Exempt (Attach Certificate)	Subtotal 48.00
				Delivery/Install 0.00
				Sales Tax
				Total
				Deposit 0.00
				Balance Due
Customer or Delivery Information				Customer IT Contact Information
Name _____ Email _____		Earliest Date for Delivery: <u>2</u> / <u>25</u> / <u>2020</u>		This individual may be contacted for any IT related issues. Name _____ Phone _____ Email _____
Special Delivery/Installation Instruction _____				

BY YOUR SIGNATURE BELOW, YOU AGREE TO LEASE OR PURCHASE, AS SPECIFIED ABOVE, THE ITEMS LISTED ABOVE OR IN ANY ADDENDUM(S) TO THIS AGREEMENT. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, CONSISTING OF TWO PAGES INCLUDING THIS PAGE. THE ADDITIONAL TERMS AND CONDITIONS ON PAGE 2 HEREOF AND IN ANY ADDENDUM(S) HERETO ARE INCORPORATED AND MADE PART OF THIS AGREEMENT.

X Customer's Authorized Signature [Signature]
 Printed Name Robert C. Lewis Title CEO Date 3-18-2020

8LS-122 March 2018



Canon Solutions America, Inc. ("CSA")
 One Canon Park, Melville, NY 11747
 (800) 633-2228

Lease Schedule ("Schedule") - Blended (SER-800)

Customer: JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY
Agreement #: MA2072

CFS App #: 1818830 **Salesperson:** Lawrence C Lewis
Transaction #: S1172276 **Order Date:** 05/26/21

Equipment Maintenance Information

Maintenance included, except as indicated excluded
 Excess Per Image Charge Invoiced Quarterly by CFS
 Per Unit Coverage Plan
 Standard Price Plan

Billing Information Customer Account: 1564206
 Company: JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY
 DBA:

Address: 4200 PARK AVE

City: BRIDGEPORT

State: CT Zip: 06604-1049

Contact: Paul Vrsnicky

Email: pvsrnicky@seniors.org

Covered Device - Rider A (Office Equip/Cut Sheet Production)

Listed Items Description

Item Code	4083C016	IRADVDX87951
	016SC001	UTILITY TRAY-B1
	0103C001	PAPER FOLDING UNIT-J1
	0100C002	BOOKLET FINISHER-X1
	2895B002	PUNCHER UNIT-9F1
	0166C007	SUPER G3 FAX BOARD-AS2
	1972V073	ESP NEXT GEN PCS POWER FILTER (120V/20A) XG-P-CS-20D
	3792V679	IR ADV DX 87869505 INSTALL PAK
	2369X118	HIGH VOLUME CONNECTIVITY OVER 80PPM

Payment Information	
Listed Items Lease Term	# of Lease Payments
60 Months	60
Payment* (Plus Applicable Taxes)	CFS Invoicing
Total \$1,798.00	Lease Payment shall be invoiced Monthly
Due at Signing	Total Due at Signing
# of Payments in Advance 0	\$0.00
Covered Images Included in Payment	Excess Per Image Charge(s)
B&W: 52,500	B&W: \$0.004200

Ship To & Maintenance Billing Information	
Shipping: 4200 PARK AVE PRINT SHOP	Delivery Date:
Address 2: City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
Primary Customer Contact: Paul Vrsnicky	Email: pvsrnicky@seniors.org
Phone #: 203.396.1053	Meter Contact: Phone #: IT Contact: Paul Vrsnicky
	Phone #: 203.396.1053 Email: pvsrnicky@seniors.org
Billing: Address 2: City: Billing Contact: Phone #: Elevator: No Loading Tock: No # of Steps: 0 Hrs of Operation: 9-5	County: State: Zip: Email:
Consumables: Toner Only	Corporate Advantage
Meter Method: imageWare Remote	
For CSA USE ONLY: Config A 59312134	

Additional Requirements:

THIS SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES THE TERMS OF, THE MASTER SALES AND SERVICES AGREEMENT REFERENCED AS THE AGREEMENT # ABOVE (AGREEMENT), INCLUDING THE MASTER LEASE TERMS SET FORTH AS RIDER G THERETO WHICH SHALL CONTROL (THE "LEASE TERMS"), TO THE EXTENT THE TERMS OF AN EXISTING CFS MASTER AGREEMENT ARE REFERENCED ON THIS SCHEDULE (THE "EXISTING MASTER CFS LEASE"), AND ARE APPLICABLE TO THIS SCHEDULE. THEY SHALL CONTROL OVER THE MASTER LEASE TERMS SET FORTH AS RIDER G TO THE AGREEMENT FOR SO LONG AS THE EXISTING MASTER CFS LEASE REMAINS IN EFFECT. STANDARD TERMS AND CONDITIONS AND APPLICABLE RIDERS INCORPORATED HEREIN ARE AVAILABLE AT ESS.CSA.CANON.COM/CUSTOMERDOCUMENTS, AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT. THIS SCHEDULE CONSTITUTES A LEASE OF THE LISTED ITEMS, AND IS BINDING ON CUSTOMER UPON SIGNING BY CUSTOMER, AND IS BINDING ON CSA AND LESSOR AS PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER. CUSTOMER REPRESENTS THAT EXECUTION OF THIS SCHEDULE HAS BEEN DULY AUTHORIZED, BY YOUR SIGNATURE, CUSTOMER AGREES TO LEASE THE LISTED ITEMS AND, IF SELECTED, TO PURCHASE THE MAINTENANCE SERVICES DESCRIBED HEREIN. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS SCHEDULE.

Customer Authorized Signature: Printed Name: Robert Smith Title: CFO Date: 5-27-2021

ACCEPTANCE CERTIFICATE

To: CSA and Lessor: Customer certifies that (a) the Listed Items referred to in the above Schedule have been received, (b) installation has been completed, (c) the Listed Items have been examined by Customer and are in good operating order and condition and are, in all respects, satisfactory to the Customer, and (d) the Listed Items are irrevocably accepted by the Customer for all purposes under the Agreement. Accordingly, Customer hereby authorizes billing under this Schedule.

Authorized Signature: _____ Printed Name: _____ Title: _____ Date: _____
 For Internal Purposes Only: CFS Authorized Signature: _____ Printed Name: _____ Title: _____ Date: _____



Canon Solutions America, Inc. ("CSA")
 One Canon Park, Melville, NY 11747
 (800)-613-2228

Lease Schedule ("Schedule") - Blended (SER-800)

Customer: JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY INC. The
Agreement #: MA2072

CFS App #: 1847322 **Salesperson:** Lawrence C Lewis
Transaction #: S1219634 **Order Date:** 09/29/21

Billing Information Customer Account: 1564206
Company: JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY INC. The
DBA:
Address: 4200 PARK AVE
Address 2:
City: BRIDGEPORT **County:** FAIRFIELD
State: CT **Zip:** 06604-1049 **Phone #:** 203.396.1053
Contact: Paul Vsnicky **Fax #:**
Email: pvsnickyy@seniors.org
 Maintenance covered under separate MPS agreement

Payment Information		Equipment Maintenance Information	
Listed Items Lease Term	# of Lease Payments	Maintenance Included, except as indicated excluded	
60 Months	60	Excess Per Image Charge Invoiced Quarterly by CFS	
Payment* (*Plus Applicable Taxes)	CFS Invoicing	Per Unit Coverage Plan	
Total	Lease Payment shall be invoiced Monthly	Standard Price Plan	
\$577.00		Other Transaction Details	
Due at Signing	Total Due at Signing	Purchase Option: Fair Market Value	
0	\$0.00	Tax Exempt (Certificate Attached)	
Covered Images Included in Payment	Excess Per Image Charge(s)		

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information	Delivery Date:
3893C008	IRADVDXS27IF	1	Shipping: 4200 PARK AVE P-222 MEZZANINE EMPL RELATIONS ✓	
2388V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Address 2:	
3826V923	INSTALL PAK IRA DX 717IF / 617IF / 527IF	1	City: BRIDGEPORT	County: FAIRFIELD State: CT Zip: 06604-1049
InS/Supplies	Pre-Installed Supplies Installed in Machine	1	Primary Customer Contact: Paul Vsnicky	Email: pvsnickyy@seniors.org
			Phone #: 203.396.1053	Meter Contact:
			Phone #:	Email:
			IT Contact: Paul Vsnicky	
			Phone #: 203.396.1053	Email: pvsnickyy@seniors.org
			Billing:	
			Address 2:	
			City:	County:
			Billing Contact:	State:
			Phone #:	Zip:
			Elevator: No	
			Loading Dock: No	# of Steps: 0
				Hrs of Operation: 9-5

Additional Requirements:

For CSA USE ONLY:
 Config. A - 2 | 61923512

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Customer Authorized Signature:  Printed Name: **Roger Surby** Title: **VP Finance CFO** Date: **10-7-21**

Printed Name: **ROBERT SURBY** Title: **VP Finance CFO** Date: **10-7-21**

To: CSA and Lessor. Customer certifies that (a) the Listed Items referred to in the above Schedule have been received, (b) installation has been completed, (c) the Listed Items have been examined by Customer and are in good operating order and condition and are, in all respects, satisfactory to the Customer, and (d) the Listed Items are irrevocably accepted by the Customer for all purposes under the Agreement. Accordingly, Customer hereby authorizes billing under this Schedule.
 Authorized Signature: _____ Title: _____ Date: _____
 CFS Authorized Signature: _____ Title: _____ Date: _____



Canon Solutions America, Inc. ("CSA")
 One Canon Park, Melville, NY 11747
 (800)-613-2228

Lease Schedule ("Schedule") - Blended (SER-800)

Customer: JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY
Agreement #: MA2072

CFS App #: 1879217 **Salesperson:** Lawrence C Lewis
Transaction #: S1274844 **Order Date:** 04/29/22

Billing Information Customer Account: 1564206

Company: JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY INC, THE

Address: 4200 PARK AVE

Address 2:

City: BRIDGEPORT

County: FAIRFIELD

State: CT **Zip:** 06604-1049

Phone #: 203.396.1053

Contact: Scott Fedta

Fax #:

Email: sfedta@seniors.org

Maintenance covered under separate MFS agreement

Payment Information

Listed Items Lease Term 60 Months

Payment* (*Plus Applicable Taxes) Total \$96.00

CFS Invoicing Lease Payment shall be Invoiced Monthly

Due at Signing Total Due at Signing \$0.00

of Payments in Advance 0

Covered Images Included in Payment

Equipment Maintenance Information

Maintenance included, except as indicated excluded

Other Transaction Details

Purchase Option: Fair Market Value

Tax Exempt (Certificate Attached)

Excess Per Image Charge(s)

Listed Items Description

Item Code	Description	Qty
3893C008	IRADVDX5271F	1
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1
3826V923	INSTALL PAK IRA DX 7171F / 6171F / 5271F	1
IntSupplies	Pre-Installed Supplies installed in Machine	1

Ship To & Maintenance Billing Information

Shipping: 4200 PARK AVE Gershon House, Nurses station, P207

Address 2:

City: BRIDGEPORT

Primary Customer Contact: Scott Fedta

Phone #: 203.396.1053

Meter Contact:

Phone #:

IT Contact: Scott Fedta

Phone #: 203.396.1053

Billing:

Address 2:

City:

Billing Contact:

Phone #:

Elevator: No

Loading Dock: No

of Steps: 0

Hrs of Operation: 9-5

For CSA USE ONLY: Config: A | 66022963

THIS SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES THE TERMS OF, THE MASTER SALES AND SERVICES AGREEMENT REFERENCED AS THE AGREEMENT # ABOVE ("AGREEMENT"), INCLUDING THE MASTER LEASE TERMS SET FORTH AS RIDER G THERETO WHICH SHALL CONTROL (THE "LEASE TERMS"), TO THE EXTENT THE TERMS OF AN EXISTING CFS MASTER AGREEMENT ARE REFERENCED ON THIS SCHEDULE (THE EXISTING MASTER CFS LEASE) AND ARE APPLICABLE TO THIS SCHEDULE. THEY SHALL CONTROL OVER THE MASTER LEASE TERMS SET FORTH AS RIDER G TO THE AGREEMENT FOR SO LONG AS THE EXISTING MASTER CFS LEASE REMAINS IN EFFECT. STANDARD TERMS AND CONDITIONS AND APPLICABLE RIDERS INCORPORATED HEREIN ARE AVAILABLE AT www.csa.com/customerdocuments, AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT. THIS SCHEDULE CONSTITUTES A LEASE OF THE LISTED ITEMS, AND IS BINDING ON CUSTOMER UPON SIGNING BY CUSTOMER, AND IS BINDING ON CSA AND LESSOR AS PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER. CUSTOMER REPRESENTS THAT EXECUTION OF THIS SCHEDULE HAS BEEN DULY AUTHORIZED BY YOUR SIGNATURE. CUSTOMER AGREES TO LEASE THE LISTED ITEMS AND, IF SELECTED, TO PURCHASE THE MAINTENANCE SERVICES DESCRIBED HEREIN. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS SCHEDULE.

Customer Authorized Signature: *Scott Fedta*

Printed Name: Scott Fedta

Title: Director of I.T.

Date: 05/02/22

ACCEPTANCE CERTIFICATE

To: CSA and Lessor: Customer certifies that (a) the Listed Items referred to in the above Schedule have been received, (b) installation has been completed, (c) the Listed Items have been examined by Customer and are in good operating order and condition and are, in all respects, satisfactory to the Customer, and (d) the Listed Items are irrevocably accepted by the Customer for all purposes under the Agreement. Accordingly, Customer hereby authorizes billing under this Schedule.

Authorized Signature:

Printed Name:

Title:

Date:

For Internal Purposes Only:

CFS Authorized Signature:

Printed Name:

Title:

Date:



Canon Solutions America, Inc. ("CSA")
One Canon Park, Melville, NY 11747
(800)-613-2228

Lease Schedule ("Schedule") - Blended (SER-800)

Customer: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC.
Agreement #: MA2072

CFS App #: 1918346
Transaction #: S1340229

Salesperson: Lawrence C Lewis
Order Date: 01/06/23

Billing Information Customer Account: 1564206		Payment Information		Equipment Maintenance Information	
Company: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC. DBA: Address: 4200 PARK AVE Address 2: City: BRIDGEPORT County: FAIRFIELD State: CT Zip: 06604-1049 Phone #: 203.396.1053 Contact: SCOTT FEDA Fax #: Email: sfeda@seniors.org Rider E applies (Managed Print Services)		Listed Items Lease Term 60 Months	# of Lease Payments 60	Maintenance included, except as indicated excluded	
		Payment* (*Plus Applicable Taxes) Total \$144.00	CFS Invoicing Lease Payment shall be Invoiced Monthly	Other Transaction Details	
		Due at Signing # of Payments in Advance 0 Total Due at Signing \$0.00		Purchase Option: Fair Market Value Tax Exempt (Certificate Attached)	
		Covered Images Included in Payment		Excess Per Image Charge(s)	
Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information		
3893C008	IRADVDX527IFZ	1	Shipping: 4200 PARK AVE - Employee Relations Delivery Date: 01/11/23		
2917C001	CASSETTE MODULE-AG1	1	Address 2:		
2918C001	ENVELOPE CASSETTE MODULE-A1	1	City: BRIDGEPORT County: FAIRFIELD State: CT Zip: 06604-1049		
3791C001	CABINET TYPE-U	1	Primary Customer Contact: SCOTT FEDA		
2366V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Phone #: 203.396.1053 Email: sfeda@seniors.org		
3828V923	INSTALL PAK IRA DX 717IF / 617IF / 527IF	1	Meter Contact:		
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Phone #: Email:		
			IT Contact: SCOTT FEDA Phone #: 203.396.1053 Email: sfeda@seniors.org		
			Billing:		
			Address 2: County: State: Zip:		
			City: County: State: Zip:		
			Billing Contact: Email:		
			Phone #: Email:		
			Elevator: No Loading Dock: No # of Steps: 0 Hrs of Operation: 9-5		
Additional Requirements:			For CSA USE ONLY: Config: A 71554823		
THIS SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES THE TERMS OF, THE MASTER SALES AND SERVICES AGREEMENT REFERENCED AS THE AGREEMENT # ABOVE ("AGREEMENT"), INCLUDING THE MASTER LEASE TERMS SET FORTH AS RIDER G THERETO WHICH SHALL CONTROL (THE "LEASE TERMS"). TO THE EXTENT THE TERMS OF AN EXISTING CFS MASTER AGREEMENT ARE REFERENCED ON THIS SCHEDULE (THE "EXISTING MASTER CFS LEASE") AND ARE APPLICABLE TO THIS SCHEDULE, THEY SHALL CONTROL OVER THE MASTER LEASE TERMS SET FORTH AS RIDER G TO THE AGREEMENT FOR SO LONG AS THE EXISTING MASTER CFS LEASE REMAINS IN EFFECT. STANDARD TERMS AND CONDITIONS AND APPLICABLE RIDERS INCORPORATED HEREIN ARE AVAILABLE AT ES.SCSA.CANON.COM/CUSTOMERDOCUMENTS AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT. THIS SCHEDULE CONSTITUTES A LEASE OF THE LISTED ITEMS, AND IS BINDING ON CUSTOMER UPON SIGNING BY CUSTOMER, AND IS BINDING ON CSA AND LESSOR AS PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER. CUSTOMER REPRESENTS THAT EXECUTION OF THIS SCHEDULE HAS BEEN DULY AUTHORIZED. BY YOUR SIGNATURE, CUSTOMER AGREES TO LEASE THE LISTED ITEMS AND, IF SELECTED, TO PURCHASE THE MAINTENANCE SERVICES DESCRIBED HEREIN. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS SCHEDULE.					
X Customer Authorized Signature:		Printed Name: ROGER SLISBY	Title: VP FINANCE	Date: 1/9/23	
ACCEPTANCE CERTIFICATE					
To: CSA and Lessor: Customer certifies that (a) the Listed Items referred to in the above Schedule have been received, (b) installation has been completed, (c) the Listed Items have been examined by Customer and are in good operating order and condition and are, in all respects, satisfactory to the Customer, and (d) the Listed Items are irrevocably accepted by the Customer for all purposes under the Agreement. Accordingly, Customer hereby authorizes billing under this Schedule.					
Authorized Signature:		Printed Name:	Title:	Date:	
For Internal Purposes Only: CFS Authorized Signature:		Printed Name:	Title:	Date:	
**Requires Remote Reporting Agent					



Canon Solutions America, Inc. ("CSA")
 One Canon Park, Melville, NY 11747
 (800)-613-2228

Lease Schedule ("Schedule") - Itemized (SER-700)

Customer: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNT CFS App #: 1954435
 Agreement #: MA2072 Transaction #: S21031814

Salesperson: Lawrence C Lewis
 Order Date: 10/09/23

Billing Information		Customer Account: 1564206		Payment Information		Equipment Maintenance Information	
Company: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNT DBA:		Address 2: 4200 PARK AVE City: BRIDGEPORT County: FAIRFIELD State: CT Zip: 06604-1049 Phone #: 203-396-1053 Contact: Scott Feda Email: sfeda@mozaicsl.org		Listed Items Lease Term 60 Months		# of Lease Payments 60	
Device Excluded from Maintenance		Maint Base Charge Section A		Covered Images Included in Maint Base Charge		Excess Per Image Charge(s)	
Maintenance Declined		Payment Summary* (*Plus Applicable Taxes)		Lease Payment \$47.00 Invoiced by CFS		Other Transaction Details	
Total Maintenance		Base Charge		Due at Signing		Lease Payment shall be Invoiced Monthly Purchase Option: Fair Market Value Tax Exempt (Certificate Attached)	
# of Payments In Advance		Total Due at Signing					
Item Code		Listed Items Description		Qty	Unit Pmt	Total	Ship To & Maintenance Billing Information
5644C002	MANAGECLASS 2 LBP1161	1	Included	Included	Shipping: 4200 PARK AVE Delivery Date:		
3792V243	INSTALL PAK LBPIMAGECLASS - INTANGIBLE	1	Included	Included	Address 2: M Level - Senior Choice at Home		
2368V991	PRINTER CONNECTIVITY	1	Included	Included	City: BRIDGEPORT County: FAIRFIELD State: CT Zip: 06604-1049		
Additional Requirements:				Primary Customer Contact: Scott Feda Phone #: 203-396-1053 Email: sfeda@mozaicsl.org Meter Contact: Phone #: Email: IT Contact: Scott Feda Phone #: 203-396-1053 Email: sfeda@mozaicsl.org			
				Billing: Address 2: City: County: State: Zip: Billing Contact: Phone #: Email: Elevator: Yes Loading Dock: No # of Steps: 0 Hrs of Operation: 9-5			
				For CSA USE ONLY: Config: A 57054708			
THIS SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES THE TERMS OF, THE MASTER SALES AND SERVICES AGREEMENT REFERENCED AS THE AGREEMENT # ABOVE ("AGREEMENT"), INCLUDING THE MASTER LEASE TERMS SET FORTH AS RIDER G THERETO WHICH SHALL CONTROL (THE "LEASE TERMS"). TO THE EXTENT THE TERMS OF AN EXISTING CFS MASTER AGREEMENT ARE REFERENCED ON THIS SCHEDULE (THE "EXISTING MASTER CFS LEASE") AND ARE APPLICABLE TO THIS SCHEDULE, THEY SHALL CONTROL OVER THE MASTER LEASE TERMS SET FORTH AS RIDER G TO THE AGREEMENT FOR SO LONG AS THE EXISTING MASTER CFS LEASE REMAINS IN EFFECT. STANDARD TERMS AND CONDITIONS AND APPLICABLE RIDERS INCORPORATED HEREIN ARE AVAILABLE AT ES.SCS.CANON.COM/CUSTOMERDOCUMENTS , AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT. THIS SCHEDULE CONSTITUTES A LEASE OF THE LISTED ITEMS, AND IS BINDING ON CUSTOMER UPON SIGNING BY CUSTOMER AND IS BINDING ON CSA AND LESSOR AS PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER. CUSTOMER REPRESENTS THAT EXECUTION OF THIS SCHEDULE HAS BEEN DULY AUTHORIZED. BY YOUR SIGNATURE, CUSTOMER AGREES TO LEASE THE LISTED ITEMS AND, IF SELECTED, TO PURCHASE THE MAINTENANCE SERVICES DESCRIBED HEREIN. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS SCHEDULE.							
X Customer Authorized Signature:		Printed Name: <u>Robert S. B...</u>		Title: <u>CFO</u>		Date: <u>10/10/23</u>	
ACCEPTANCE CERTIFICATE							
To: CSA and Lessor: Customer certifies that (a) the Listed Items referred to in the above Schedule have been received, (b) installation has been completed, (c) the Listed Items have been examined by Customer and are in good operating order and condition and are, in all respects, satisfactory to the Customer, and (d) the Listed Items are irrevocably accepted by the Customer for all purposes under the Agreement. Accordingly, Customer hereby authorizes billing under this Schedule.							
Authorized Signature:		Printed Name:		Title:		Date:	
For Internal Purposes Only: CFS Authorized Signature:		Printed Name:		Title:		Date:	

18-March-2020

Contract number: 0040909120
JEWISH HOME FOR THE ELDERLY

Thank you for choosing Pitney Bowes for your equipment lease. This letter serves to remind you of your lease obligations to protect our equipment against loss, damage, theft or destruction and to provide us with proof of insurance to satisfy that requirement.

You can satisfy this obligation through a Pitney Bowes program called ValueMAX®.

ValueMAX was designed specifically to give you maximum flexibility in deciding how to best provide for protection of this leased equipment. The benefits of ValueMax include:

- Total coverage, including delivery and installation, with no excess charges
- No depreciation, no deductible and no additional paperwork
- Prompt repair or replacement with no middle men
- Price guarantee for the life of your lease

With ValueMAX, we will replace or repair the equipment if lost, stolen, damaged or destroyed for any reason including fire, flood, or theft, all for a low quarterly fee of \$48.00. For your convenience, we will include the fee on your lease invoice.*

There is nothing further you have to do to take advantage of ValueMAX. The fee will be included on our invoices to you and ValueMax will take effect for this lease upon receipt of your first fee payment.

If you would prefer to satisfy your lease obligation by providing Pitney Bowes with evidence of full property insurance coverage for your leased equipment, which may be available under your insurance policy, follow the instructions below:

1. You will need to confirm that, (A) coverage for the leased equipment is effective, (B) coverage includes theft, and (C) coverage lists your Pitney Bowes contract number which is 0040909120.
2. You can access the opt-out form to provide insurance coverage directly on the web at www.pitneybowes.com/us/valuemaxoptout.
3. We need to receive verification of your property coverage within 30 days of the date of this letter to prevent the billing of a ValueMAX fee.

We value your business and appreciate the privilege of serving you. Please feel free to call us at 800-732-7222 if you have any questions.

Sincerely,

PITNEY BOWES GLOBAL FINANCIAL SERVICES

PITNEY BOWES GLOBAL FINANCIAL SERVICES

27 WATERVIEW DR
SHELTON, CT, 06484

0301010000910000100103182020

0012764302

JEWISH HOME FOR THE ELDERLY
4200 Park Ave
Bridgeport CT 06604-1049

Lease Agreement

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Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee

JEWISH HOME FOR THE ELDERLY

Tax ID # (FEIN/TIN)
60846991

Sold-To: Address

4200 Park Ave, Bridgeport, CT, 06604-1049, US

Sold-To: Contact Name

ROGER SLIBY

Sold-To: Contact Phone #
(203) 396-1008

Sold-To: Account #
0012764302

Bill-To: Address

4200 Park Ave, Bridgeport, CT, 06604-1049, US

Bill-To: Contact Name

Joshua Garcia

Bill-To: Contact Phone #
(203) 396-1008

Bill-To: Account #
0010285082

Bill-To: Email
jgarcia@seniors.org

Ship-To: Address

4200 Park Ave, Bridgeport, CT, 06604-1049, US

Ship-To: Contact Name

Joshua Garcia

Ship-To: Contact Phone #
(203) 396-1008

Ship-To: Account #
0012764302

PO #

Your Business Needs

Qty	Item	Business Solution Description
1	SENDPROPSERIES	SendPro P Series
1	1FWW	10lb Interfaced Weighing Feature
1	4W00	Connect+ /SendPro P Series Meter
1	APA1	50 Dept Analytics
	APAS	Sendpro P2000/500W GCS Identifier
1	APK2	SendPro P Series Basic Label Printer Pkg
1	APKE	SendPro P Receiving Feature
1	APKF	SendPro P Shipping Feature Access
1	AZBE	SendPro P Series Mono Print Module
1	AZCG	SendPro P2000 Basic (145/70LPM)
1	M9SS	Mailstream Intellink Services
1	ME1C	Meter Equipment - P Series, LV
1	MSD2	15" Color Touch Display
1	MW80007	SendPro P Series Drop Stacker

1	MW86000	Welghing Platform
1	NV10	InView TMR Web Acct Bundle Single only
1	NV90	InView Subscription
	NVWE	InView Dashboard Set up & Training
1	PTJ1	SendPro Online
1	PTJN	Single User Access
1	PTJR	50 User Access with Hardware or Meter
1	PTK1	Web Browser Integration
1	PTK3	SendPro P Series Meter Integration
1	SJM5	SoftGuard for Sendpro P2000 Basic/500W
1	STDsla	Standard SLA-Equipment Service Agreement (for SendPro P Series)
1	T6CS	Receiving - Standard

Your Payment Plan


Initial Term: 63 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
63	\$ 398.00	\$ 1,194.00

*Does not include any applicable sales, use, or property taxes which will be billed separately.

- Tax Exempt Certificate Attached
- Tax Exempt Certificate Not Required
- Purchase Power® transaction fees Included
- Purchase Power® transaction fees extra

Your Signature Below

By signing below, you agree to be bound by all the terms of this Agreement including the Pitney Bowes Terms (Version 2/20), which are available at <http://www.pb.com/termsconditions> and are incorporated by reference. You acknowledge that you may not cancel the lease for any reason and that all payment obligations are unconditional. The lease will be binding on us after we have completed our credit and documentation approval process and have signed below. The lease requires you either to provide proof of insurance or participate in the ValueMAX[®] equipment protection program (see Section 15 of the Pitney Bowes Terms) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <http://www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html>. Those additional terms are incorporated by reference.

Not Applicable
State/Provincial Contract#

Lessee Signature
Print Name Andrew H. Bauoff
Title President & CEO
Date 3-18-2020
Email Address

Pitney Bowes Signature
Print Name
Title
Date

Sales Information

Account Rep Name	Jacqueline Ahern	Email Address	jacqueline.ahern@pb.com	PBGS Acceptance
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<u>CURRENT LEASE</u>	<u>Monthly</u>	<u>Quarterly</u>
Connect+2000 Mail Machine		
15 In. Display/15 lb. Scale		
50 dept Accounting & INVIEW WEB REPORTS		
<u>Customer Privilege LEASE</u>	\$372.33	\$1,116.99
RETAIL RATES SHIPPING ANNUAL SPEND \$1,371	\$114.25	\$342.75
TOTAL	\$486.58	\$1,459.74

***GOVT STANDARD NEW LEASE with additional discount on supplies.**

<u>NEW MAIL MACHINE</u>	<u>Monthly</u>	<u>Quarterly</u>
SendProP2000 Mail Machine with USPS shipping label		
15 in. Display/ 10 lb. Integrated Scale		
50 dept Accounting & INVIEW WEB REPORTS & USPS SHIPPING APP PACKAGE TRACKING		
TOTAL EQUIPMENT LEASE	\$398.00	\$1,194.00
COMMERCIAL RATES SHIPPING estimated ANNUAL SPEND \$1,042 (24%less)	\$86.83	\$260.49
TOTAL	\$484.83	\$1,454.49
OVERALL ESTIMATED SAVINGS	\$1.75	\$5.25

Potential Savings Statement

JEWISH HOME FOR THE ELDERLY
4200 Park Ave
Bridgeport CT 06604-1049
0012764302

Mail Volumes from 02/19-01/20 Mail Class	Total Pieces	Total Postage	Average Piece Price
First-Class Mail® Letters	42,022	\$21,862.90	\$0.52
First-Class Mail® Flats	2,089	\$2,837.95	\$1.36
First-Class Package Service - Retail™	29	\$139.80	\$4.82
Priority Mail®	114	\$951.60	\$8.35
Priority Mail Express®	10	\$279.35	\$27.94
Package Services			
International	15	\$33.35	\$2.22
Certified Mail® Service	195	\$2,018.04	\$10.35
First-Class Mail® Automation Letters and Flats			
First-Class Mail® Presort Letters and Flats			
USPS Marketing Mail Automation - Incl. Non Profit If Applicable	842	\$247.77	\$0.29
USPS Marketing Mail Presort - Incl. Non Profit If Applicable	9,892	\$1,942.34	\$0.20
Key In Postage - Not run through a class or category	502	\$1,792.91	\$3.57
Zero Postage - Usually for seal only or permit projects.			
Others			
Total for Period 02/19-01/20	55,710	\$31,906.02	\$0.57
12 Month Estimated Permit Spend			

PURPOSE: The below calculation is to adjust depreciation expense on all 40 fixed assets placed into service with 40 year useful life to 30 year useful life. See below for add-back on cost report.

<u>Place in Service Date</u>	<u>Description</u>	<u>Amount</u>	<u>Life (Yrs)</u>	<u>Adj Life</u>	<u>Actual Depreciation</u>	<u>Adj. Depreciation</u>	<u>Depreciation Add-back</u>
7/1/2016	Civil Engineer Monitoring & reporting	584,134	40	30	14,603	19,471	(4,868)
7/1/2016	PROPERTY APPRAISAL-175 Jefferson Street	8,500	40	30	213	283	(70)
7/1/2016	Architect Fees for Park Avenue Site	3,737,323	40	30	93,433	124,577	(31,144)
7/1/2016	Legal services for Park Avenue site	160,495	40	30	4,012	5,350	(1,338)
7/1/2016	Legal-Zoning & Acquisition JCC	70,939	40	30	1,773	2,365	(592)
7/1/2016	Mangement Consulting for new site	1,082,141	40	30	27,054	36,071	(9,017)
7/1/2016	Certificate of Need-Advisory Services	20,164	40	30	504	672	(168)
7/1/2016	Preconstruction design for Park Ave site	151,976	40	30	3,799	5,066	(1,267)
7/1/2016	Title search-JCC Park Avenue	682	40	30	17	23	(6)
7/1/2016	Certificate of need filing	42,636	40	30	1,066	1,421	(355)
7/1/2016	Video inspection of storm drains-Park Av	2,400	40	30	60	80	(20)
7/1/2016	Appraisal and market study-Park Ave	15,750	40	30	394	525	(131)
7/1/2016	Legal costs for new campus	45,520	40	30	1,138	1,517	(379)
7/1/2016	Asbestos survey, lead and pep analyses	98,570	40	30	2,464	3,286	(822)
7/1/2016	Geotechnical consulting service	46,123	40	30	1,153	1,537	(384)
7/1/2016	Legal for design & construction agreemts	16,312	40	30	408	544	(136)
7/1/2016	Peer review of construction	23,897	40	30	597	797	(200)
7/1/2016	Purchase property at 4200 Park Avenue, B	53,927	40	30	1,348	1,798	(450)
7/1/2016	DEEP permit for Park Ave	625	40	30	16	21	(5)
7/1/2016	Legal services for Park Ave	972	40	30	24	32	(8)
7/1/2016	Pre construction document review	29,634	40	30	741	988	(247)
7/1/2016	Builders risk insurance	82,954	40	30	2,074	2,765	(691)
7/1/2016	Title insurance-additional fees	1,888	40	30	47	63	(16)
12/31/2016	Construction/Retainage	57,486	40	30	1,437	1,916	(479)
7/1/2016	Construction Costs	48,854,470	40	30	1,221,362	1,628,482	(407,120)
7/1/2016	Construction Agreement-Ui-Electricity	14,280	40	30	357	476	(119)
7/1/2016	Soil and construction material testing	148,342	40	30	3,709	4,945	(1,236)
7/1/2016	Building permit fee-Park Avenue	1,591,875	40	30	39,797	53,063	(13,266)
7/1/2016	Sewer Use	2,410	40	30	60	80	(20)
7/1/2016	Capitlaized Interest	932,498	40	30	23,312	31,083	(7,771)
7/1/2016	Southern Conn Gas	92,488	40	30	2,312	3,083	(771)
7/1/2016	Thermal Consulting and inspecting	25,800	40	30	645	860	(215)
7/1/2016	Soil sample, PH sample	441	40	30	11	15	(4)
7/1/2016	Electricity	88,035	40	30	2,201	2,935	(734)
7/1/2016	Structural Engineer	7,000	40	30	175	233	(58)
7/1/2016	Courtyard Renderings	3,030	40	30	76	101	(25)
7/1/2016	Bridgeport Dept of Health-Inspections	3,135	40	30	78	105	(27)
7/1/2016	Demolition and Abatement	881,042	40	30	22,026	29,368	(7,342)
7/1/2016	Fire Protection-Sprinkler	961,651	40	30	24,041	32,055	(8,014)
11/18/2016	General construction appl 33,34,35	1,732,330	40	30	43,308	57,744	(14,436)
12/31/2016	General construction appl 36, 37 & 38	1,816,998	40	30	45,425	60,567	(15,142)
4/30/2018	Building Permits-Adult Day	20,485	40	30	512	683	(171)
4/30/2018	Project Management-Adult Day	50,000	40	30	1,250	1,667	(417)
4/30/2018	Construction Cost-Adult Day	232,161	40	30	5,804	7,739	(1,935)
4/30/2018	Architect fee for Adult Day	4,585	40	30	115	153	(38)
4/30/2018	Performance bond for adult day	20,597	40	30	515	687	(172)
Total Add-back							(531,826)
SNF						70.4578%	(374,713) **

** Ties to page 22, line 7b

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
See attached	Various - see attached	\$ 271,672	Various	\$ 9,887
Total additions for Building Improvement:		\$ 271,672		\$ 9,887 *
Deletions:				
Total deletions for Building Improvement:		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment:		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment:		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
See attached	Various - see attached	Administrative	\$ 93,934	Various	\$ 8,885
See attached	Various - see attached	Standard Resident	321,593	Various	15,644
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipmen¹			\$ 415,527		\$ 24,529 *
Deletions:					
See attached	Gym-treadmill,bikes,benches,arm/leg,row	Standard Resident	\$ (56,243)	Various	\$ -
Total deletions for Movable Equipmen¹			\$ (56,243)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Total additions for Leasehold Improvemen¹		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemen¹		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

**Mozaic Senior Life
Depreciation Schedule
9/30/23**

Asset ID	Asset Class ID	Asset Description	Place in Service Date	Orig Life Years / Days	Cost Basis	2022	2023	2023	NBV
						Accum Dep.	Depreciation	Accum Dep.	
BUILDING IMPROVEMENTS									
Various	Various	Roll Forward from FY2020	Various	Various	92,422,666	20,488,795	3,309,220	23,798,015	68,624,651
001251	BLDG	sliding glass door enclosure for lobby	8/27/2020	10-000	8,525	1,706	853	2,559	5,966
001256	BLDG	30 Wall scones for lobby area	3/3/2021	10-000	12,567	1,885	1,257	3,142	9,425
001262	BLDG	200 Smoke head replacements for building	7/7/2021	10-000	16,906	1,973	1,691	3,664	13,242
001259	BLDG	Install 2 roam alert systems-50 % deposi	10/21/2021	10-000	12,964	1,188	1,296	2,484	10,480
001263	BLDG	Replace condensor coil & drier on Rtu10	3/22/2022	10-000	9,550	478	955	1,433	8,117
001274	BLDG	Turf courtyard project	3/2/2022	05-000	38,000	3,800	7,600	11,400	26,600
001281	BLDG	Awning-Seasonal frame & full cover-AL	6/28/2022	10-000	7,050	176	705	881	6,169
001282	BLDG	Replace compressor-RTU#4	7/26/2022	10-000	8,210	137	821	958	7,252
001283	BLDG	Replace compressor-RTU#8	7/28/2022	10-000	8,210	137	821	958	7,252
001289	BLDG	Replace tandem compressors	9/30/2022	10-000	21,859	-	2,186	2,186	19,673
001288	BLDG	Courtyard project-install stonework	4/30/2023	20-000	86,269		1,797	1,797	84,472
001290	BLDG	Replace loading dock door	2/28/2023	20-000	5,691		166	166	5,525
001292	BLDG	Remove island and pave-fitness center ar	11/3/2022	8-000	7,750		807	807	6,943
001299	BLDG	Fitness-Epoxy flooring,painting	9/16/2022	10-000	58,600		5,860	5,860	52,740
001300	BLDG	Potable water connection	7/31/2023	20-000	57,890		482	482	57,408
001308	BLDG	Replace indoor fan assembly-RTU 3	8/9/2023	10-000	17,999		150	150	17,849
001312	BLDG	312-Smoke detectors-replace all	7/26/2023	10-000	30,348		506	506	29,842
001315	BLDG	Replace damaged Pole light-parking lot	7/30/2023	10-000	7,125		119	119	7,006
					92,838,179	20,500,275	3,337,292	23,837,567	69,000,612
Non-Movable Equipment									
Various	Various	Roll Forward from FY2020	Various	Various	1,299,965	977,612	131,587	1,109,199	190,766
Movable Equipment									
Various	Various	Roll Forward from FY2020	Various	Various	4,253,152	3,179,951	116,952	3,296,903	956,249
001253	COMP	155-TC M720Q tiny I5-9500, 5-TP T14	11/9/2020	03-000	9,480	5,793	3,160	8,953	527
001252	FURN	2-Temperature screening systems	10/1/2020	05-000	6,838	2,622	1,368	3,990	2,848
001255	FURN	Convection gas oven & mixer	2/17/2021	10-000	10,873	1,721	1,087	2,808	8,065
001257	FURN	BLOOD PRESSURE MONITOR	3/24/2021	10-000	3,795	570	380	950	2,845
001258	FURN	3 Hoyer lifts with smart monitor	4/13/2021	10-000	15,765	2,234	1,577	3,811	11,954
001261	FURN	4-Hoyers lifts & accessories	6/21/2021	10-000	21,012	2,626	2,101	4,727	16,285
001264	FURN	3-electric beds, head/foot boards, rails	8/26/2021	12-000	5,041	455	420	875	4,166
001265	FURN	Recumbent Cross trainer T4r-P	9/17/2021	10-000	4,689	469	469	938	3,751
001272	COMP	4-Servers and subscriptions	1/14/2022	05-000	122,957	16,394	24,591	40,985	81,972
001276	COMP	2-Dell Latitude 3520 desktop computers	5/20/2022	03-000	1,425	158	475	633	792
001280	COMP	15-HP 24mh FHD monitor 23.8i" display	6/14/2022	03-000	2,400	200	800	1,000	1,400
001285	COMP	20 Dell Latitude 3420 CTO intel processro	7/15/2022	03-000	26,830	1,491	8,943	10,434	16,396
001286	COMP	16 Dell optiplex 3090 Micro I5	5/10/2022	03-000	17,928	1,992	5,976	7,968	9,960
001266	FURN	3 Mobile stands for BP machines	10/27/2021	10-000	1,057	97	106	203	854
001267	FURN	3 BP Monitors	10/24/2021	10-000	11,364	1,042	1,136	2,178	9,186
001268	FURN	3 hoyer lifts with smart monitors	10/25/2021	10-000	21,651	1,985	2,165	4,150	17,501
001270	FURN	Dishwasher-u/c booster hi temp	1/3/2022	10-000	5,404	360	540	900	4,504
001271	FURN	Treadmill--medical- sports art	12/14/2021	08-000	4,816	452	602	1,054	3,762
001275	FURN	T4r Recumbent cross trainer	4/6/2022	10-000	4,959	207	496	703	4,256
001277	FURN	2-Desktop temperature kiosk w/ scanner	5/3/2022	10-000	8,088	270	809	1,079	7,009
001278	FURN	Cubicle system for Homcare space	3/18/2022	10-000	10,376	519	1,038	1,557	8,819
001284	FURN	3-Hoyer lifts & accessories	6/30/2022	10-000	9,727	243	973	1,216	8,511
001287	FURN	Ekg machine-Burdick	9/15/2022	05-000	1,998	-	400	400	1,598

**Mozaic Senior Life
Depreciation Schedule
9/30/23**

Asset ID	Asset Class ID	Asset Description	Place in Service Date	Orig Life Years / Days	Cost Basis	2022	2023	2023	NBV
						Accum Dep.	Depreciation	Accum Dep.	
001273	COMP	Smartlinx-Payroll System/timeclocks	1/1/2023	10-000	47,687		3,179	3,179	44,508
001297	COMP	Fortinet firewalls-2	12/22/2022	05-000	18,797		2,820	2,820	15,977
001298	COMP	Upgrade servers and storage	12/28/2022	05-000	18,240		2,736	2,736	15,504
001302	COMP	7-HP 24mh FHD Monitors	4/25/2023	03-000	1,082		150	150	932
001310	COMP	27-HP 24mh Monitors	9/12/2023	03-000	3,398		-	-	3,398
001311	COMP	22-Lenovo Thinkpad 14" laptops	9/13/2023	03-000	4,730		-	-	4,730
001279	FURN	Pergola for courtyard-Purchase & Install	4/1/2023	10-000	69,215		2,884	2,884	66,331
001291	FURN	Electrotherapy syystem	10/7/2022	10-000	4,223		387	387	3,836
001293	FURN	Bladder scanner & workstation	10/26/2022	10-000	11,375		1,043	1,043	10,332
001294	FURN	50 Mattresses-Geo matt ultra bariatric	11/18/2022	10-000	22,123		1,844	1,844	20,279
001295	FURN	Reclining shower chair	11/29/2022	10-000	2,062		172	172	1,890
001296	FURN	Fitness-cross train, climber, bikes, tre	5/1/2023	05-000	104,289		6,953	6,953	97,336
001301	FURN	4-Dishwashers-UC high temp	3/30/2023	10-000	16,920		846	846	16,074
001304	FURN	5-Wheelchair scales	6/19/2023	10-000	8,752		219	219	8,533
001305	FURN	4-BP monitors & stands	6/28/2023	10-000	18,938		473	473	18,465
001306	FURN	6-Recliners/lift chairs	6/6/2023	15-000	9,624		160	160	9,464
001307	FURN	5 Hoyer Lifts w/scale & monitors	7/7/2023	10-000	25,483		425	425	25,058
001313	FURN	12-Atwood lounge chairs & freight	8/11/2023	10-000	12,992		108	108	12,884
001314	FURN	43-Dining chairs, Maxwell Thomas & freig	8/7/2023	10-000	15,597		130	130	15,467
001028	FURN	Gym-treadmill,bikes,benches,arm/leg,row			(56,243)			(34,679)	(21,564)
					4,940,909	3,221,851	201,093	3,388,265	1,552,644
Vehicles									
Various	Various	Roll Forward from FY2020	Various		294,515	281,698	7,842	289,540	4,975
000593	AUTO	2008 Chevy Truck & Snow Plow	Prior Period		(33,822)	(33,822)	-	(33,822)	-
					260,693	247,876	7,842	255,718	4,975
TOTAL					99,339,746	24,947,614	3,677,814	28,590,749	70,748,997
Financial Statement					99,339,746	24,947,614	3,677,814	28,587,469	70,752,277
Immaterial Variance					-	-	-	3,280	(3,280)
F/S vs C/R					-	-	-	-	-

	A.022 70.4578%	A.022 29.5422%	
<u>Depreciation Expense Allocation</u>	<u>CCNH</u>	<u>Other</u>	
Building & Building Improvement	2,351,383	985,909	- Check
Non-movable	92,713	38,874	- Check
Movable	147,211	61,724	- Check
Total	2,591,307	1,086,507	

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Jewish Home for the Elderly of Fairfield County, Inc. d/b/a M			923-C		9/30/2023			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Debt issuance cost - bonds	4	2014	25	1,053,768	354,622	S/L		46,201	
2. Decrease due to allocation								(13,649)	
3.									
A-4. Subtotal									32,552
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									32,552

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Jewish Home for the Elderly of Fairfie	License No. 923-C	Report for Year Ended 9/30/2023	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	02/24/14				
2. Date Structure Completed	07/01/16				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	05/26/05				
5. Total Licensed Bed Capacity	294				
6. Square Footage	317,000				
7. Acquisition Cost					
a. Land	5,000,000				
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Var. Tax - Exempt				
b. Date Mortgage Obtained	04/29/14				
c. Interest Rate for the Cost Year	2.38%-2.67%				
d. Term of Mortgage (number of years)	25				
e. Amount of Principal Borrowed	62,000,000				
f. Principal balance outstanding as of 9/30/2023	48,014,067				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Jewish Home for the Elderly of Fairfield		923-C	9/30/2023				26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$ 1487902	1,490,394	(2,492)				
Name of Lender		Rate						
M&T Bank		2.38% - 2.67%						
Address of Lender								
850 Main Street, Bridgeport, CT 06604								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 1,490,394	1,490,394	(2,492)				

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended				Page	of
Jewish Home for the Elderly of Fai		923-C		9/30/2023				27	37
Item			Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:			1,490,394	1,490,394	(2,492)				
12. C. Movable Equipment									
1. Automotive Equipment									
A. Item		Rate	Amount						
Lender									
Address of Lender									
2. Other (Specify)									
A. Item		Rate	Amount						
Lender									
Address of Lender									
B. Item		Rate	Amount						
Lender									
Address of Lender									
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)									
12. D. Other Interest Expense (Specify)									
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$ 1,487,902	1,490,394	(2,492)				
14. Insurance									
a. Insurance on Property (buildings only)			\$ 72,956	72,956					
b. Insurance on Automobiles			\$ 12,564	12,564					
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)			\$ 315,977	315,977					
2. Fire and Extended Coverage			\$						
3. Other (Specify)			\$ 24,518	34,555	(10,037)				
Crime, Fiduciary & Cyber / Child care insurance									
14d. Total Insurance Expenditures (14a + b + c)			\$ 426,015	436,052	(10,037)				
15. Total All Expenditures (A-13 thru C-14)			\$ 43,451,099	46,574,194	(3,123,095)				

PURPOSE: To disallow costs related to child care services that do not relate to current employees of JSS as an employee benefit.

Page	Line	Description	TB Linked			Allocated Amt	% Disallowed	Disallowed Amt
			Unallocated Amt	Allocation Basis	Allocation Stat			
10	A12o	Child care salaries / wages	415,470	Direct	100.0000%	415,470	78.57%	326,441
15	1g	Office supplies	2,015	Direct	100.0000%	2,015	78.57%	1,583
15	1h2	Cell phone	-	Direct	100.0000%	-	0.00%	-
16	L6	Education	1,501	Direct	100.0000%	1,501	78.57%	1,179
16	m3	Marketing supplies	-	Accum cost	66.3373%	-	0.00%	-
16	m7	Postage	-	Accum cost	66.3373%	-	78.57%	-
16	m10	Subscriptions	379	Accum cost	66.3373%	251	78.57%	197
16	m13	Misc. Expenses	50	Direct	100.0000%	50	100.00%	50
18	2a1	Raw food	4,538	Meals	81.9745%	3,720	78.57%	2,923
20	5c	Medical supplies	-	Direct	100.0000%	-	78.57%	-
20	5i	Recreation	7,941	Direct	100.0000%	7,941	78.57%	6,239
20	5m	Other	1,142	Direct	100.0000%	1,142	78.57%	897
27	14c3	Day care insurance	11,866	Direct	100.0000%	11,866	78.57%	9,323

See NOTE

See NOTE

Disallowance Summary	Amount	
Salaries	326,441	Ties to page 10, line A12o
Benefits	34,526	Ties to page 15, lines 1a1, 1a3 and 1a4
Pg. 16	1,426	Ties to page 16, lines m3, m7, m10, m13
Pg. 18	2,923	Ties to page 18, line 2a1
Pg. 20 - Med Supplies	-	Ties to page 20, line 5c
Pg. 20 - Other	7,136	Ties to page 20, line m
Pg. - Other 27	9,323	Ties to page 27, line 14c3

NOTE: Marcum included the sq/ft for the child care services within non-reimbursable. Therefore, the sq/ft statistics have already disallowed expenses on pages 22, 26 and 27. Furthermore, the cell phone and marketing expense is fully disallowed within their respective sections.

	# of Children		Benefits Description	Disallow Amt
Children of employees enrolled	6	21.43%	N.01a	Workman's Comp 12,228
Other children enrolled	22	78.57%	N.01a	Unemployment Ins 345
Total children enrolled	28			FICA 21,953
				Total Benefits Disallowed 34,526
Accumulated cost basis stat	66.3373%	A.022		
Meals basis stat	81.9745%	A.022		
Total salaries per page 10	24,520,107	TB link		
Total benefits (1a1, 1a3 & 1a4)	2,593,394	TB link		
% to total	10.5766%			
Total benefits disallowed	34,526	Linked to the above		

PURPOSE: From 7/1/15-6/30/17 JHE was granted temporary bed license for 14 beds, since 6/30/17 the facility continues to use these beds for non-Medicaid patients. In 2020 based off of the guidance from Myers, the actual bed days were used during FY to calculate unallowable expenses for the 14 beds. As such, Marcum received "Temporary Bed Census" report and performed the calculation below to disallow a % of expenses by Cost Center for the percentage of temporary of bed days from the gross total. The following is an addition to the disallowances on the "Disallowances" tab. CLA did not perform this calculation of the revenues included on page 30 of the CR.

Total Temporary Days	4,609	D.03
Total Medicaid days per Temporary Census	178	D.03
Total Days per the 2022 Annual Report	104,817	D.03
Percentage of Unallowable Days	0.17%	
Total Expenses for Cost Year 2021	46,574,194	
Total Disallowances Prior to Temp Days Disallowance	<u>3,641,303</u>	
Total Allowable Expenses for Cost Year 2022	42,932,891	
Total Unallowable Expenses	72,910	

Page #	Cost Center	Disallowance	
10	Salary	1,389,312	Total Pg 10 Disallowances
		24,520,107	Total Salary Expenses on Pg 10
		<u>(1,389,312)</u>	Less: Total Pg 10 Disallowances
		23,130,795	Net Allowable Expenses
		38,679	Temp Bed Days Disallowance
13	Professional Fees	90,805	Total Pg 13 Disallowances
		1,901,233	Total Professional Fees Expenses on page 13
		<u>(90,805)</u>	Total Pg 13 Disallowances
		1,810,428	Net Allowable Expenses
		3,027	Temp Bed Days Disallowance
15	Emp Benefits	129,994	Total Pg 15 Benefits Disallowances
		5,701,994	Total Emp Benefits Expenses on page 15
		<u>(129,994)</u>	Total Pg 15 Benefits Disallowances
		5,572,000	Net Allowable Expenses
		9,317	Temp Bed Days Disallowance
15/16	A/G	1,000,759	Total Pg 15/16 Disallowances
		2,124,302	Total A&G Expenses on Pg 15
		1,856,566	Total A&G Expenses on Pg 16
		<u>(1,000,759)</u>	Total Pg 15/16 A&G Disallowances
		2,980,109	Net Allowable Expenses
		4,983	Temp Bed Days Disallowance
18	Dietary	103,055	Total Pg 18 Disallowances
		2,640,749	Total Dietary Expenses on Pg 18
		<u>(103,055)</u>	Total Pg 18 Disallowances

		2,537,694	Net Allowable Expenses
		4,243	Temp Bed Days Disallowance
19	Laundry	<u>129,342</u>	Total Laundry Expenses on Pg 19
		216	Temp Bed Days Disallowance
20	Housekeeping	<u>108,172</u>	Total Housekeeping Expenses on Pg 20
		181	Temp Bed Days Disallowance
20	Resident Care Exp	669,157	Total Pg 20 Resident Expense Disallowances
		1,614,396	Total Resident Care Expenses on Pg 20
		<u>(669,157)</u>	Total Pg 20 Resident Expense Disallowances
		945,239	Net Allowable Expenses
		1,581	Temp Bed Days Disallowance
22	Maint & Operating Exp	<u>1,469,845</u>	Total Maint & Oper Expenses on Pg 22
		2,458	Temp Bed Days Disallowance
22	Amortization	32,552	Total Pg 22 Disallowances
		32,552	Total Amortization Expenses on Pg 22
		<u>(32,552)</u>	Total Pg 22 Disallowances
		-	Net Allowable Expenses
		-	Temp Bed Days Disallowance
22	Depreciation	(374,713)	Total Pg 22 Disallowances
		2,591,307	Total Depreciation expenses on Pg 22
		<u>374,713</u>	Total Pg 22 Disallowances
		2,966,020	Net Allowable Expenses
		4,960	Temp Bed Days Disallowance
22	Property Exp	<u>35,229</u>	Total Property Expenses on Pg 22
		59	Temp Bed Days Disallowance
26/27	Interest Expense	-	Total Pg 27 Disallowances
		1,490,394	Total Interest Expense on Pg 26 & 27
		<u>-</u>	Total Pg 27 Disallowances
		1,490,394	Net Allowable Expenses
		2,492	Temp Bed Days Disallowance
27	Insurance Expense	9,323	Pg 27 Disallowances
		436,052	Total Insurance Exp on Pg 27
		<u>(9,323)</u>	Pg 27 Disallowances
		426,729	Net Allowable Expenses
		714	Temp Bed Days Disallowance
	Total Temp Bed Days Disallowance	72,910	
	Total Net Allowable Expenses	43,601,996	
Total Disallowances prior to Temp Bed		(3,050,244)	
Total Disallowances Per CR		<u>(3,123,154)</u>	Check
Variance		72,910	
Total Temp Bed Days Disallowance		<u>72,910</u>	
		-	Check

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Jewish Home for the Elderly of Fairfield (923-C		9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$ 24,550,033	24,550,033			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$ 6,024,107	6,024,107			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 17,118,538	17,118,538			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 8,805	8,805			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 287,320	287,320			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ (290,780)	(290,780)			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 60,191	60,191			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 72,951	72,951			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 156,821	156,821			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 204,526	204,526			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$ 9,360	9,360			
b. Other (Specify) - Non-Medicare	\$ 6,997	6,997			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 48,208,869	48,208,869			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$ 4,225,059	4,225,059			
V. Total Other Revenue (1 thru 8)	\$ 4,225,059	4,225,059			
VI. Total All Revenue (III +V)	\$ 52,433,928	52,433,928			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		-		
30 II 6a	Long term care-X-RAY-Medicare A	\$ 39,001		
30 II 6a	Long term care-X-RAY Allow-Medicare A	(39,001)		
30 II 6a	Long term care-Laboratory-Medicare A	135,654		
30 II 6a	Long term care-Laboratory Allow-Medicare A	(135,654)		
30 II 6a	Long term care-Laboratory-Medicare B	10,256		
30 II 6a	Long term care-Laboratory Allow-Medicare B	(896)		
Total Other Resident Revenue - Medicare		\$ 9,360	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		-		
30 II 6b	Long term care-X-RAY-Medicaid	\$ 461		
30 II 6b	Long term care-X-RAY Allow-Medicaid	(461)		
30 II 6b	Long term care-Laboratory-Medicaid	648		
30 II 6b	Long term care-Laboratory Allow-Medicaid	(648)		
30 II 6b	Long term care-Laboratory-Medicare Managed Care	334		
30 II 6b	Long term care-Laboratory Allow-Medicare Mgd Care	(141)		
30 II 6b	Long term care-X-RAY-Commercial	2,918		
30 II 6b	Long term care-X-RAY Allow-Commercial	(1,523)		
30 II 6b	Long term care-Laboratory-Commercial	5,130		
30 II 6b	Long term care-Laboratory Allow-Commercial	(5,130)		
30 II 6b	Long term care-Laboratory-Evercare	6,256		
30 II 6b	Long term care-Laboratory-Contractual-Evercare	(847)		
Total Other Resident Revenue		\$ 6,997	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
			-		
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
		-		
30 IV 8	HHS PRF (No disallowance necessary)	\$ 840,000		
30 IV 8	Child care center revenue (related expenses disallowed)	520,642		
30 IV 8	Foundation contributions (Related expenses removed as non-reimb.)	3,707,972		
30 IV 8	Other operating - Caf� (Related expenses disallowed)	245,401		
30 IV 8	Foundation - Men's club / Women's Auxilliary (All foundation accounts grouped to non-reimb.)	320,648		
30 IV 8	Catering (Disallowed)	99,798		
30 IV 8	Community events (Disallowed)	23,655		
30 IV 8	Vending machine (Disallowed)	334		
30 IV 8	Congregate food program (Disallowed based on statistics for number of meals)	12,100		
30 IV 8	Television (Allocated expense disallowed)	73,670		
30 IV 8	Physician practice office rent (Expenses removed through sq/ft statistic)	26,500		
30 IV 8	Net investment activity (expenses are netted)	1,321,733		
30 IV 8	Unrealized gain on interest rate swap agreements (No disallowance necessary)	872,505		
30 IV 8	Interest income	142,178		
30 IV 8	Loss on disposal of assets (No disallowance necessary)	(18,283)		
30 IV 8	Transfer to affiliates (No disallowance necessary)	(4,000,372)		
30 IV 8	Miscellaneous income - UHC quarterly dividend (Prior period - not disallowed and no expenses)	16,555		
30 IV 8	Miscellaneous income - Medical records (Disallowed)	1,621		
30 IV 8	Late fee (Late fee expenses disallowed)	3,157		
30 IV 8	Other operating - OH Allocation (disallowed)	15,245		
Total Other Revenue		\$ 4,225,059	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield	923-C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	5,148,130
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	6,232,924
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	40,556
4. Inventories			\$	116,114
5. Prepaid Expenses			\$	29,875
a. Prepaid expenses	29,875			
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	607,030
Agency assets - residents' trust funds	170,286			
Current portion of contributions receivable, net	305,786			
Due from GPG	735			
See Schedule	130,223			
A-9. Total Current Assets (Lines A1 thru 8)			\$	12,174,629
B. Fixed Assets				
1. Land			\$	5,000,000
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>92,838,179</u>		\$	69,000,612
	Accum. Depreciation <u>23,837,567</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>1,299,965</u>		\$	190,766
	Accum. Depreciation <u>1,109,199</u>	Net		
6. Movable Equipment	*Historical Cost <u>4,907,087</u>		\$	1,552,644
	Accum. Depreciation <u>3,354,443</u>	Net		
7. Motor Vehicles	*Historical Cost <u>294,515</u>		\$	4,975
	Accum. Depreciation <u>289,540</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	40,399
FS vs CR NBV	3,280			
See Schedule	37,119			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	75,789,396

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
31	A8	Due from TJH Senior Living	\$ (1,232)
31	A8	Due from gift shop	64
31	A8	457B Pension plan	131,391
Total Other Current Assets (Itemize)			\$ 130,223

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

Page Ref	Line Ref	Description	
31	B9	Construction in progress	\$ 37,119
Total Other Other Fixed Assets (Itemize)			\$ 37,119

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Interest rate swap	\$ 837,202
Total Other Assets			\$ 837,202

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Employee giving fund	\$ 46,024
33	A12	Deferred revenue	950,700
33	A12	Deferred revenue	154,516
33	A12	Deferred revenue	30,662
33	A12	Deferred revenue	73,545
33	A12	Deferred revenue	8,855
33	A12	Deposits - Assisted living	298,852
33	A12	Resident Bank - Equity	170,286
Total Other Current Liabilities (Itemize)			\$ 1,733,440

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

Page Ref	Line Ref	Description	
34	B4	Gift annuity liability	\$ 137,799
Total Other Current Liabilities (Itemize)			\$ 137,799

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield	923-C	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	87,964,025
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	12,837,117
	Morgan Stanley	11,703,960		
	Merrill Lynch	1,133,157		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	2,062,923
	Contributions receivable, net	845,721		
	Intangible asset	380,000		
	See Schedule	837,202		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	14,900,040
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	102,864,065

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield Cour		923-C	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,131,668
2. Notes Payable (<i>itemize</i>)				\$	
_____ _____ _____ See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	703,126
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	47,250
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	2,446,667
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	4,242,039
Accrued expenses		782,413	Paid family leave	4,286	
Accrued vacation		1,251,658	Health savings account	4,543	
457B Pension plan		132,180	Voluntary choice care wi	49,625	
Hospice pass thru		283,894	See Schedule	1,733,440	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	8,570,750

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Jewish Home for the Elderly of Fairfield Co		License No. 923-C	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount	
Total Brought Forward:				8,570,750	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender		Purpose	Amount	Date Due	
2. Mortgages Payable					\$ 45,567,500
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)					\$ 4,711,512
Prepaid pension expense			367,927		
Deferred bond cost			(656,850)		
Deferred revenue - Senior Choice at Home			4,862,636		
See Schedule			137,799		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 50,279,012
C. Total All Liabilities (Lines A-13 + B-5)					\$ 58,849,762

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

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield	923-C	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	44,459,367
6. Gain or Loss for Period	10/1/2022	thru 9/30/2023	\$	(445,064)
7. Total Net Worth			\$	44,014,303
C. Total Reserves and Net Worth			\$	44,014,303
D. Total Liabilities, Reserves, and Net Worth			\$	102,864,065

H. Changes in Total Net Worth

Name of Facility Jewish Home for the Elderly of Fairfield	License No. 923-C	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	44,459,365
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	52,433,928
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	52,878,993
D. Net Income or Deficit			\$	(445,065)
E. Balance			\$	44,014,300
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Total expenses per page 27			\$46,574,194	
Net loss on nonreimb. Programs *			(6,304,799)	
Total expenses per FS			\$52,878,993	
*Includes net activity (revenues & expenses)				
2. Other (<i>itemize</i>)				
Immaterial variance			3	
F-3. Total Additions			\$	3
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	44,014,303
				09/30/23

I. Preparer's/Reviewer's Certification

Name of Facility Jewish Home for the Elderly of Fairfield	License No. 923-C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Matthew S Bavolack</i>	Title Principal	Date Signed 02/02/2024		
Printed Name of Preparer Matthew S. Bavolack				
Address Address 555 Long Wharf Drive, 8th Floor, New Haven, CT 06511		Phone Number 203-781-9600		
Contacted Person Regarding Additional Information Needed Regarding This Report Roger F. Sliby		Phone Number 203-365-6405		
Contact Email Address RSLIBY@MOZAICSL.ORG				

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Senior Life for the year ended September 30, 2022, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Senior Life. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

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

This amended report is intended solely for the information and use of the management of Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Senior Life and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
February 2, 2024

Annual Report of Long-Term Care Facility Cost Year 2023 Checklist

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

Facility Name Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Senior Life

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

- Yes No
 1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

- Yes No
 2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _____

- Yes No
 3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

- Yes No
 4. Do equipment leases listed on Page 22b agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

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

Explanation: _____

Yes No

15. Has asset useful life been reported in accordance with the 2018 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2018 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

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

Explanation: _____

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation: _____

Yes No

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

Explanation: _____

Yes No

20. Have detailed schedules been provided for all “other” line items, fixed asset and movable equipment additions (ensure that the Movable Equipment Category is select for all movable equipment additions.)? *If detail is not provided, appropriate disallowances will be made.*

Explanation: _____

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on the applicable expense lines of the Annual Report? If applicable, have pages 6 and 7 been completed for the non-nursing home businesses?

Explanation: _____

Yes No

22. Has all required documentation, including the working trial balance, crosswalk, Form W-411, movable/fixed asset additions support, and the Nursing Facility Narrative Summary of Expenditures form been submitted to the Annual Report review and audit contractor?

Explanation: _____

Client: **Jewish Senior Services**
 Engagement: **Medicaid - Mozaic Senior Life**
 Period Ending: **9/30/2023**
 Trial Balance: **A.010 - TB**

Account	Description	ADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		9/30/2023			9/30/2023	9/30/2022
1003	People's Bank-Operating	2,439,034.00			2,439,034.00	6,404,900.00
1006	Checking Clearing Account	5,411.00			5,411.00	6,095.00
1016	PEOPLE'S BANK - PAYROLL	3,130.00			3,130.00	3,363.00
1018	CASH-SENIOR CHOICE AT HOME	1,812,063.00			1,812,063.00	1,352,788.00
1020	PETTY CASH JHE	600.00			600.00	600.00
1022	Petty Cash - ADHC	200.00			200.00	200.00
1025	PETTY CASH DINING SERVICES	1,500.00			1,500.00	500.00
1026	PETTY CASH-FITNESS	300.00			300.00	0.00
1030	RESIDENT BANK - CHECKING	169,550.00			169,550.00	176,579.00
1035	RESIDENT BANK - CASH ON HAND	736.00			736.00	894.00
1044	PEOPLE'S BANK - FOUNDATION	884,892.00			884,892.00	423,569.00
1046	PEOPLE'S BANK - FOUNDATION - CREDIT CARDS	1,000.00			1,000.00	3,646.00
1101	MORGAN STANLEY - UNRESTRICTED	855,417.00			855,417.00	630,283.00
1103	MORGAN STANLEY - ENDOWMENT	9,644,907.00			9,644,907.00	9,524,505.00
1104	MORGAN STANLEY - TEMPORARILY RESTRICTED	1,203,636.00			1,203,636.00	357,347.00
1123	MERRILL LYNCH - HW	1,133,157.00			1,133,157.00	1,031,040.00
1131	ISRAEL BONDS	0.00			0.00	100,000.00
1210	A/R - PRIVATE	474,482.00			474,482.00	820,519.00
1212	A/R - Private Pending Medicaid	346,150.00			346,150.00	367,976.00
1220	A/R - MEDICAID	1,934,881.00			1,934,881.00	1,705,958.00
1230	A/R MEDICARE Fee for Service	709,224.00			709,224.00	436,493.00
1235	A/R MEDICARE PT B	47,644.00			47,644.00	57,095.00
1240	A/R MEDICARE A SECONDARY	91,207.00			91,207.00	218,388.00
1245	A/R MEDICARE B SECONDARY	11,899.00			11,899.00	9,331.00
1250	A/R COMMERCIAL	109,287.00			109,287.00	141,675.00
1255	A/R COMMERCIAL COINSURANCE	4,696.00			4,696.00	10,695.00
1260	A/R MEDICARE EVERCARE	63,140.00			63,140.00	103,057.00
1265	A/R MEDICARE MANAGED	405,846.00			405,846.00	391,607.00
1270	ALLOWANCE FOR DOUBTFUL ACCOUNT	(378,593.00)			(378,593.00)	(655,235.00)
1280	A/R-Assisted Living Private	45,083.00			45,083.00	29,675.00
1320	A/R - ADHC - GRASMERE - VETERANS ADMINISTRATION	1,174.00			1,174.00	2,842.00
1350	A/R - ADHC - GRASMERE - PRIVATE PAY	37,778.00			37,778.00	31,966.00
1355	A/R - ADHC - GRASMERE - SWCAA STATE	5,691.00			5,691.00	11,280.00
1360	A/R - ADHC - GRASMERE - RESPITE	4,697.00			4,697.00	3,272.00
1370 BSC	Current portion of pledges receivable	305,786.00			305,786.00	214,838.00
1371	Pledges Receivable - Federation	25,000.00			25,000.00	14,000.00
1371 BSC	Reclass portion of pledges receivable	(305,786.00)			(305,786.00)	(214,838.00)
1373	PLEDGES RECEIVABLE - ENDOWMENT	21,000.00			21,000.00	23,000.00
1374	PLEDGES RECEIVABLE - SPECIAL	4,617.00			4,617.00	13,202.00
1375	PLEDGES RECEIVABLE DISCOUNT - ENDOWMENT	(4,460.00)			(4,460.00)	(5,540.00)
1381	ANNUAL CAMPAIGN RECEIVABLE	6,750.00			6,750.00	8,072.00
1383	CONTRIBUTIONS RECEIVABLE	268,090.00			268,090.00	268,090.00
1383-BSC	CONTRIBUTIONS RECEIVABLE ALLOWANCE	(142,894.00)			(142,894.00)	(142,894.00)
1384	PLEDGES RECEIVABLE - VISION 2031	1,069,675.00			1,069,675.00	710,256.00
1385	PLEDGES DISCOUNT/ALLOWANCE	(96,271.00)			(96,271.00)	(65,544.00)
1405	HOME TOGETHER A/R	143,805.00			143,805.00	137,262.00
1410	A/R - FRIEDMAN HOME CARE	777,512.00			777,512.00	604,049.00
1412	A/R - MEDICAL HOME CARE	823,515.00			823,515.00	507,078.00
1413	A/R-Hospice	750,599.00			750,599.00	378,313.00
1414	MHC & HOSPICE-ALLOWANCE FOR DOUBTFUL ACCOUNTS	(102,700.00)			(102,700.00)	(13,076.00)
1415	FHC - ALLOWANCE FOR DOUBTFUL ACCT	(76,132.00)			(76,132.00)	(71,694.00)
1420	ENTRANCE FEE RECEIVABLE-SCAH	40,556.00			40,556.00	141,020.00
1435	A/R - CONGREGATE MEALS	2,039.00			2,039.00	1,944.00
1445	PREPAID EXPENSE - AGREEMENTS	29,875.00			29,875.00	29,369.00
1450	DUE FROM GPG	735.00			735.00	1,055.00
1460	DUE FROM MEN'S CLUB	0.00			0.00	1,791.00
1462	DUE FROM TJH SENIOR LIVING	(1,232.00)			(1,232.00)	746,000.00
1464	DUE FROM AUXILIARY	0.00			0.00	6,349.00
1466	DUE FROM GIFT SHOP	64.00			64.00	3,408.00
1510	FOOD INVENTORY	84,397.00			84,397.00	88,619.00
1520	MED SURG INVENTORY	31,717.00			31,717.00	43,013.00
1610	LAND	5,000,000.00			5,000,000.00	5,000,000.00
1620	BUILDING	92,838,179.00			92,838,179.00	92,566,507.00
1630	FURNITURE & EQUIPMENT	4,451,483.00			4,451,483.00	4,186,132.00
1635	COMPUTERS AND SOFTWARE	1,673,083.00			1,673,083.00	1,579,150.00
1645	AUTOMOBILES	377,001.00			377,001.00	377,001.00
1650	CONSTRUCTION IN PROGRESS	37,119.00			37,119.00	155,477.00
1720	ACCUM.DEP-BUILDING	(23,837,567.00)			(23,837,567.00)	(20,500,275.00)
1730	ACCUM.DEP-FURNITURE & EQUIPMEN	(2,926,103.00)			(2,926,103.00)	(2,731,936.00)
1735	ACCUM.DEP-COMPUTERS & SOFTWARE	(1,448,088.00)			(1,448,088.00)	(1,355,683.00)
1745	ACCUM.DEP-AUTOMOBILES	(375,711.00)			(375,711.00)	(359,720.00)
1800	PREPAID PENSION EXPENSE	(367,927.00)			(367,927.00)	(759,431.00)
1825	457B PENSION PLAN	131,391.00			131,391.00	73,581.00
1930	DEFERRED BOND COST	656,850.00			656,850.00	699,000.00
1960	Other Intangible Assets	380,000.00			380,000.00	0.00
2105	ACCOUNTS PAYABLE	(1,131,668.00)			(1,131,668.00)	(1,109,642.00)
2110	ACCRUED EXPENSES	(782,413.00)			(782,413.00)	(973,880.00)

Account	Description	ADJ 9/30/2023	JE Ref #	RJE	FINAL 9/30/2023	1st PP-FINAL 9/30/2022
2120	PATIENT REFUND CLEARING	0.00			0.00	4,731.00
2140	ACCRUED PAYROLL	(703,126.00)			(703,126.00)	(619,303.00)
2150	ACCRUED VACATION	(1,251,658.00)			(1,251,658.00)	(1,425,989.00)
2165	457B PENSION PLAN	(132,180.00)			(132,180.00)	(74,857.00)
2170	FICA PAYABLE	(47,250.00)			(47,250.00)	(41,418.00)
2200	HOSPICE PASS THRU	(283,894.00)			(283,894.00)	(191,782.00)
2201	Hospice- Contracted Services Pass Thru	0.00			0.00	(18,646.00)
2220	PAID FAMILY LEAVE	(4,286.00)			(4,286.00)	(36,393.00)
2225	HEALTH SAVINGS ACCOUNT	(4,543.00)			(4,543.00)	0.00
2230	VOLUNTARY CHOICE CARE W/H	(49,625.00)			(49,625.00)	(38,402.00)
2290	EMPLOYEE GIVING FUND	(46,024.00)			(46,024.00)	(46,045.00)
2300	DEFERRED EXPENSES	0.00			0.00	(159,049.00)
2305	DEFERRED REVENUE - STIMULUS	(950,700.00)			(950,700.00)	(1,100,700.00)
2310	DEFERRED REVENUE - RECEIVABLES	(154,516.00)			(154,516.00)	(191,943.00)
2320	DEFERRED REVENUE-ADHC	(30,662.00)			(30,662.00)	(26,250.00)
2322	Deferred Revenue-Grants	(73,545.00)			(73,545.00)	(51,412.00)
2330	Deferred Revenue-Senior Choice at Home	(4,746,636.00)			(4,862,636.00)	(4,486,777.00)
			RJE - 1002	(116,000.00)		
2335	DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI	(8,855.00)			(8,855.00)	(3,220.00)
2337	Deposits-Assisted Living	(298,852.00)			(298,852.00)	(287,767.00)
2350	RESIDENT BANK - EQUITY	(170,286.00)			(170,286.00)	(177,473.00)
2400	GIFT ANNUITY LIABILITY	(137,799.00)			(137,799.00)	(146,833.00)
2427-BSC	Current portion of equipment loan	0.00			0.00	(4,631.00)
2449	BOND LIABILITY - S/T	(2,446,667.00)			(2,446,667.00)	(2,343,333.00)
2450	BOND LIABILITY - L/T	(45,567,500.00)			(45,567,500.00)	(48,014,167.00)
2500	Swap Liability	837,202.00			837,202.00	(35,302.00)
3010	FUND BALANCE	(31,293,775.00)			(31,293,775.00)	(32,158,068.00)
3013	NET ASSETS - ENDOWMENT-PERM RESTRICTED	(11,117,101.00)			(11,117,101.00)	(11,007,594.00)
3014	NET ASSETS - TEMP RESRTICTED	(2,048,491.00)			(2,048,491.00)	(1,182,821.00)
4100-1000	Long term care-Room and Board-Private	(12,196,122.00)			(12,196,122.00)	(11,958,432.00)
4100-2040	Post-acute/Rehab-Room and Board-Private	(1,364,365.00)			(1,364,365.00)	(727,249.00)
4103-1000	Long term care-Private Pending Medicaid	53,060.00			53,060.00	(195,732.00)
4120-1000	Long term care-PT (in patient)-Private	(4,187.00)			(4,187.00)	(11,292.00)
4120-2040	Post-acute/Rehab-PT (in patient)-Private	0.00			0.00	325.00
4130-1000	Long term care-OT (in patient)-Private	(4,205.00)			(4,205.00)	(10,156.00)
4140-1000	Long term care-ST (in patient)-Private	(6,207.00)			(6,207.00)	1,796.00
4140-2040	Post-acute/Bennett 4-ST (in patient)-Private	0.00			0.00	(1,100.00)
4190-1000	Long term care-Dental-Private	(8,805.00)			(8,805.00)	(10,476.00)
4200-1000	Long term care-Room and Board-Medicare A	(973,764.00)			(973,764.00)	(805,926.00)
4200-2040	Post-acute/Rehab-Room and Board-Medicare A	(6,992,191.00)			(6,992,191.00)	(7,027,791.00)
4200-2040-Marcum	CARES Medicare Monies	(840,000.00)			(840,000.00)	0.00
4201-1000	Long term care-Room & Board Allow-Medicare A	(91,853.00)			(91,853.00)	(97,146.00)
4201-2040	Post-acute/Rehab-Room & Board Allow-Medicare A	2,033,701.00			2,033,701.00	1,814,121.00
4220-1000	Long term care-PT (in patient)-Medicare A	(699,936.00)			(699,936.00)	(739,214.00)
4221-1000	Long term care-PT (in patient) Allow-Medicare A	699,936.00			699,936.00	736,617.00
4230-1000	Long term care-OT (in patient)-Medicare A	(726,349.00)			(726,349.00)	(753,262.00)
4231-1000	Long term care-OT (in patient) Allow-Medicare A	726,510.00			726,510.00	753,719.00
4240-1000	Long term care-ST (in patient)-Medicare A	(127,285.00)			(127,285.00)	(106,901.00)
4241-1000	Long term care-ST (in patient) Allow-Medicare A	132,771.00			132,771.00	110,534.00
4250-1000	Long term care-X-RAY-Medicare A	(39,001.00)			(39,001.00)	(45,368.00)
4251-1000	Long term care-X-RAY Allow-Medicare A	39,001.00			39,001.00	45,368.00
4260-1000	Long term care-Medical/Surgical-Medicare A	0.00			0.00	(2,840.00)
4261-1000	Long term care-Medical/Surgical Allow-Medicare A	0.00			0.00	2,840.00
4270-1000	Long term care-Pharmacy-Medicare A	(278,991.00)			(278,991.00)	(253,935.00)
4271-1000	Long term care-Pharmacy Allow-Medicare A	278,991.00			278,991.00	253,935.00
4280-1000	Long term care-Laboratory-Medicare A	(135,654.00)			(135,654.00)	(88,080.00)
4281-1000	Long term care-Laboratory Allow-Medicare A	135,654.00			135,654.00	88,080.00
4320-1000	Long term care-PT (in patient)-Medicare B	24,626.00			24,626.00	6,303.00
4320-5220	Inpatient Therapy-PT (in patient)-Medicare B	(372,868.00)			(372,868.00)	(574,673.00)
4321-1000	Long term care-PT (in patient) Allow-Medicare B	7,791.00			7,791.00	5,316.00
4321-5220	Inpatient Therapy-PT (inpatient) Allow-Medicare B	53,131.00			53,131.00	301,260.00
4330-1000	Long term care-OT (in patient)-Medicare B	(5,812.00)			(5,812.00)	(3,085.00)
4330-5220	Inpatient Therapy-OT (in patient)-Medicare B	(182,603.00)			(182,603.00)	(135,010.00)
4331-5220	Inpatient Therapy-OT-(inpatient) Allow-Medicare B	31,433.00			31,433.00	21,090.00
4340-5220	Inpatient Therapy-ST (in patient)-Medicare B	(67,665.00)			(67,665.00)	(72,265.00)
4341-5220	Inpatient Therapy-ST (inpatient)-Allow-Medicare B	1,988.00			1,988.00	829.00
4350-1000	Long term care-Laboratory-Medicare B	(10,256.00)			(10,256.00)	(4,773.00)
4351-1000	Long term care-Laboratory Allow-Medicare B	896.00			896.00	481.00
4400-1000	Long term care-Room and Board-Medicaid	(44,885,816.00)			(44,885,816.00)	(43,047,094.00)
4400-2040	Post-acute/Rehab-Room and Board-Medicaid	(866,176.00)			(866,176.00)	(378,944.00)
4401-1000	Long term care-Room & Board Allow-Medicaid	20,604,043.00			20,604,043.00	18,627,459.00
4401-2040	Post-acute/Rehab-Room & Board Allow-Medicaid	544,856.00			544,856.00	231,609.00
4405-7550	Work Activity Center-WAC Medicaid Recoupment	361.00			361.00	116.00
4430-1000	Long term care-OT (in patient)-Medicaid	0.00			0.00	(440.00)
4440-1000	Long term care-ST (in patient)-Medicaid	(117.00)			(117.00)	(93.00)
4441-1000	Long term care-ST (in patient) Allow-Medicaid	117.00			117.00	(5.00)
4450-1000	Long term care-X-RAY-Medicaid	(461.00)			(461.00)	(655.00)
4451-1000	Long term care-X-RAY Allow-Medicaid	461.00			461.00	655.00
4460-1000	Long term care-Medical/Surgical-Medicaid	0.00			0.00	(142.00)
4461-1000	Long term care-Medical/Surgical Allow-Medicaid	0.00			0.00	143.00
4470-1000	Long term care-Pharmacy-Medicaid	(6,897.00)			(6,897.00)	(2,939.00)

Account	Description	ADJ 9/30/2023	JE Ref #	RJE	FINAL 9/30/2023	1st PP-FINAL 9/30/2022
4471-1000	Long term care-Pharmacy Allow-Medicaid	6,897.00			6,897.00	2,939.00
4480-1000	Long term care-Laboratory-Medicaid	(648.00)			(648.00)	(2,000.00)
4481-1000	Long term care-Laboratory Allow-Medicaid	648.00			648.00	2,000.00
4500-1000	Long term care-Room and Board-Medicare Mgd Care	(709,324.00)			(709,324.00)	(385,411.00)
4500-2000	Post-Acute/Rehab-Room & Board-Medicare Managed Car	(3,208,121.00)			(3,208,121.00)	(926,159.00)
4500-2040	Post-acute/Rehab-Room & Board-Mdcare Mgd Care	(41,220.00)			(41,220.00)	(2,858,724.00)
4501-1000	Long term care-Room & Board Allow-Mdcare Mgd Care	836,274.00			836,274.00	780,636.00
4501-2040	Post-acute/Rehab-Room & Board Allow-Mdcare Mgd	63,284.00			63,284.00	978,843.00
4521-1000	Long term care-PT (in pat) Allow-Medicare Mgd Care	77,704.00			77,704.00	23,511.00
4550-1000	Long term care-X-RAY-Medicare Managed Care	0.00			0.00	(17,924.00)
4551-1000	Long term care-X-RAY Allow-Medicare Managed Care	0.00			0.00	17,924.00
4560-1000	Long term care-Medical/Surgical-Medicare Mgd Care	0.00			0.00	(207.00)
4561-1000	Long term care-Med/Surg Allow-Medicare Mgd Care	0.00			0.00	207.00
4570-1000	Long term care-Pharmacy-Medicare Managed Care	0.00			0.00	(81,181.00)
4571-1000	Long term care-Pharmacy Allow-Medicare Mgd Care	0.00			0.00	81,181.00
4580-1000	Long term care-Laboratory-Medicare Managed Care	(334.00)			(334.00)	(37,033.00)
4581-1000	Long term care-Laboratory Allow-Medicare Mgd Care	141.00			141.00	37,033.00
4600-1000	Long term care-Room and Board-Commercial	(586,526.00)			(586,526.00)	(535,029.00)
4600-2040	Post-acute/Rehab-Room and Board-Commercial	(194,324.00)			(194,324.00)	(555,069.00)
4601-1000	Long term care-Room & Board Allow-Commercial	228,334.00			228,334.00	187,721.00
4601-2040	Post-acute/Rehab-Room & Board Allow-Commercial	93,937.00			93,937.00	258,929.00
4620-5220	Inpatient Therapy-PT (in patient)-Commercial	(29,875.00)			(29,875.00)	(45,398.00)
4621-1000	Long term care-PT Inpatient Comm Allowance	547,374.00			547,374.00	256,536.00
4621-5220	Inpatient Therapy-PT (in patient) Allow-Commercial	13,682.00			13,682.00	32,463.00
4630-5220	Inpatient Therapy-OT (in patient)-Commercial	(105,900.00)			(105,900.00)	(398,847.00)
4631-5220	Inpatient Therapy-OT (in patient) Allow-Commercial	27,976.00			27,976.00	303,315.00
4640-1000	Long term care-ST (in patient)-Commercial	(805.00)			(805.00)	0.00
4640-5220	Inpatient Therapy-ST (in patient)-Commercial	(31,536.00)			(31,536.00)	(57,066.00)
4641-5220	Inpatient Therapy-ST (in patient) Allow-Commercial	784.00			784.00	31,183.00
4650-1000	Long term care-X-RAY-Commercial	(2,918.00)			(2,918.00)	(4,116.00)
4651-1000	Long term care-X-RAY Allow-Commercial	1,523.00			1,523.00	1,706.00
4660-1000	Long term care-Medical/Surgical-Commercial	0.00			0.00	(69.00)
4670-1000	Long term care-Pharmacy-Commercial	(29,983.00)			(29,983.00)	(27,809.00)
4671-1000	Long term care-Pharmacy Allow-Commercial	29,983.00			29,983.00	27,809.00
4680-1000	Long term care-Laboratory-Commercial	(5,130.00)			(5,130.00)	(13,200.00)
4681-1000	Long term care-Laboratory Allow-Commercial	5,130.00			5,130.00	13,200.00
4700-1000	Long term care-Room and Board-Evercare	(57,060.00)			(57,060.00)	(453,942.00)
4701-1000	Long term care-Room & Board Allow-Evercare	16,695.00			16,695.00	155,528.00
4720-1000	Long term care-PT (in patient)-Evercare	(741.00)			(741.00)	(15,273.00)
4720-5220	Inpatient Therapy- PT(inpatient)-Evercare B	(136,690.00)			(136,690.00)	(142,525.00)
4721-1000	Long term care-PT (in patient) Allow-Evercare	741.00			741.00	15,273.00
4721-5220	Inpatient Therapy- PT(inpatient)-Allow-Evercare B	16,565.00			16,565.00	12,565.00
4730-1000	Long term care-OT (in patient)-Evercare	(263.00)			(263.00)	(11,715.00)
4730-5220	Inpatient Therapy-OT(inpatient)-Evercare B	(57,081.00)			(57,081.00)	(62,879.00)
4731-1000	Long term care-OT (in patient) Allow-Evercare	263.00			263.00	11,715.00
4731-5220	Inpatient Therapy-OT(inpatient)-Evercare B	(4,129.00)			(4,129.00)	(6,487.00)
4740-1000	Long term care-ST (in patient)-Evercare	0.00			0.00	(4,868.00)
4740-5220	Inpatient Therapy-ST(inpatient)-Evercare B	(30,739.00)			(30,739.00)	(40,013.00)
4741-1000	Long term care-ST (in patient) Allow-Evercare	0.00			0.00	4,868.00
4741-5220	Inpatient Therapy-ST(inpatient)-Allow-Evercare B	139.00			139.00	(2,347.00)
4760-1000	Long term care-Medical/Surgical-Evercare	0.00			0.00	(760.00)
4761-1000	Long term care-Medical/Surgical Allow-Evercare	0.00			0.00	760.00
4770-1000	Long term care-Pharmacy-Evercare	0.00			0.00	(9,728.00)
4771-1000	Long term care-Pharmacy Allow-Evercare	0.00			0.00	9,728.00
4780-1000	Long term care-Laboratory-Evercare	(6,256.00)			(6,256.00)	(8,291.00)
4781-1000	Long term care-Laboratory-Contractual-Evercare	847.00			847.00	5,641.00
4800-2510	Assisted Living - Private	(1,309,106.00)			(1,309,106.00)	(1,368,603.00)
4800-2520	Assisted Living/Memory Care - Private	(1,422,259.00)			(1,422,259.00)	(1,052,469.00)
4803-2510	Assisted Living-Levels of Care	(130,058.00)			(130,058.00)	(118,624.00)
4803-2520	Assisted Living/Memory Care-Levels of Care	(7,256.00)			(7,256.00)	(16,489.00)
4805-2510	Assisted Living-Medication Packages	(73,780.00)			(73,780.00)	(65,730.00)
4805-2520	Assisted Living/Memory Care-Medicatin Packages	(11,468.00)			(11,468.00)	(15,383.00)
4807-2510	Assisted Living-Other Services	(6,547.00)			(6,547.00)	(3,391.00)
5000-5025	Child Care Center-Revenue	(520,642.00)			(520,642.00)	(406,770.00)
5000-5030	Senior Choice at Home-Revenue	(534,000.00)			(534,000.00)	(534,000.00)
5000-5050	Friedman Home Care-Revenue	(4,354,453.00)			(4,354,453.00)	(3,863,947.00)
5000-5060	Friedman Homecare-Stamford-Revenue	(494,753.00)			(494,753.00)	0.00
5000-5070	Home Together - Revenue	(1,563,707.00)			(1,563,707.00)	(1,802,445.00)
5000-5075	Elder Abuse Prevention-Revenue	(4,000.00)			(4,000.00)	(7,543.00)
5000-5125	Institute on Aging-Revenue	(8,398.00)			(8,398.00)	(2,823.00)
5000-5150	Medical Home Care-Revenue	(2,197,983.00)			(2,197,983.00)	(2,173,488.00)
5000-5160	Friedman Med Homecare-Stamford - Revenue	(379,534.00)			(379,534.00)	0.00
5000-6000	Other Operating- Dental Revenue	(48,814.00)			(48,814.00)	(67,113.00)
5000-7550	Work Activity Center-Revenue	(8,415.00)			(8,415.00)	(6,958.00)
5000-7600	Fitness Center - Revenue - Dues	(630,164.00)			(630,164.00)	(487,076.00)
50011.00	VP OF OPERATIONS/BUSINESS	0.00			0.00	274,289.00
			RJE - 1003	313,559.00	313,559.00	
5002-5025	Child Care Center-Revenue - Other	0.00			0.00	(160.00)
5002-5050	Friedman Home Care-Revenue-Other	(27,717.00)			(27,717.00)	(30,218.00)
5002-7600	Fitness Center - Revenue - Personal Trainer	(73,054.00)			(73,054.00)	(44,937.00)
5003-5155	Hospice Revenue	(1,192,843.00)			(1,192,843.00)	(1,480,916.00)

Account	Description	ADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		9/30/2023			9/30/2023	9/30/2022
5008-7600	Fitness Center - Revenue - Swim Lessons	(164,851.00)			(164,851.00)	(157,504.00)
5009-7600	Fitness Center - Revenue - Other	(146,823.00)			(146,823.00)	(112,185.00)
5025-5225	Outpatient Therapy-Physical Therapy	(258,631.00)			(258,631.00)	(281,030.00)
5031-5225	Outpatient Therapy-Contractual	64,838.00			64,838.00	86,035.00
5035-5225	Outpatient Therapy-Occupational Therapy	(61,187.00)			(61,187.00)	(43,911.00)
5045-5225	Outpatient Therapy-Speech Therapy	(4,587.00)			(4,587.00)	(342.00)
5100-5015	ADHC-Grasmere-Private Pay Revenue	(386,004.00)			(386,004.00)	(301,252.00)
5110-5015	ADHC-Grasmere-SWCAA/Medicaid Revenue	(90,197.00)			(90,197.00)	(165,216.00)
5115-5015	ADHC-Grasmere-Respite (State) Revenue	(41,425.00)			(41,425.00)	(40,167.00)
5130-5015	ADHC-Grasmere-Title III Grant	(60,062.00)			(60,062.00)	(26,772.00)
5140-5015	ADHC-Grasmere-Department of Ed Grant	(19,638.00)			(19,638.00)	(14,413.00)
5150-5015	ADHC-Grasmere-Veterans Admin Revenue	(25,643.00)			(25,643.00)	(36,814.00)
5155-5015	ADHC-Grasmere-TOF Grant Revenue	(36,471.00)			(36,471.00)	(35,000.00)
5165-5015	ADHC-Grasmere-CDBG Grant Revenue	(4,500.00)			(4,500.00)	(5,288.00)
5175-5015	ADHC-Grasmere-Alzheimers Grant	(18,814.00)			(18,814.00)	(12,204.00)
5178-5015	ADHC-Grasmere-EML Revenue	(19,664.00)			(19,664.00)	(13,441.00)
5200-5030	Senior Choice at Home - Monthly Revenue	(1,389,828.00)			(1,389,828.00)	(855,713.00)
5210-5030	Senior Choice at Home-Application Fee	(3,250.00)			(3,250.00)	(4,500.00)
5215-5030	Senior Choice at Home - Care Coordination Revenue	(13,685.00)			(13,685.00)	(24,150.00)
5325-6000	Other Operating-OH Allocation	(15,245.00)			(15,245.00)	0.00
5401-3000	Foundation-Contributions - Unrestricted	(3,529,036.00)			(3,529,036.00)	(883,952.00)
5403-3000	Foundation-Contributions - Endowment	(68,983.00)			(68,983.00)	(66,000.00)
5404-3000	Foundation-Contributions - Temporarily Restricted	(109,953.00)			(109,953.00)	(195,846.00)
5520-6000	Other Operating-Cafe	(245,401.00)			(245,401.00)	(209,012.00)
5523-3000	Foundation-Men's Club/Women's Auxiliary	(320,648.00)			(320,648.00)	(465,000.00)
5525-6000	Other Operating-Catering	(99,798.00)			(99,798.00)	(148,236.00)
5530-6000	Other Operating - Community Events	(23,655.00)			(23,655.00)	(42,986.00)
5535-6000	Other Operating-Vending Machine	(334.00)			(334.00)	(273.00)
5540-6000	Other Operating-Congregate Food Program	(12,100.00)			(12,100.00)	(8,950.00)
5545-6000	Other Operating-ADHC Meals	(33,804.00)			(33,804.00)	(34,690.00)
5550-6000	Other Operating-Television	(73,670.00)			(73,670.00)	(70,330.00)
5555-6000	Other Operating-Physician Practice Office Rent	(26,500.00)			(26,500.00)	(32,167.00)
5565-6000	Other Operating-Beauty Salon	(74,668.00)			(74,668.00)	(81,824.00)
5570-6000	Other Operating-GPG LLC Income	(11,610.00)			(11,610.00)	(12,228.00)
5601-7710	Non-Operating-Investment Income - Unrestricted	(34,056.00)			(34,056.00)	(27,217.00)
5603-7710	Non-Operating-Investment Income - Restricted	(128,209.00)			(128,209.00)	(53,354.00)
5604-7710	Non-Operating-Investment Income - Temp Restricted	(182,862.00)			(182,862.00)	(205,162.00)
5605-7710	Non-Operating-Bank Interest	(141,417.00)			(141,417.00)	0.00
5615-7710	Non-Operating-Gain/Loss on Sale of Assets	18,283.00			18,283.00	0.00
5620-7710	Non-Operating-Interest Income	(761.00)			(761.00)	3,755.00
5621-7710	Non-Operating-Realized Gain/Loss-Unrestricted	(7,046.00)			(7,046.00)	(6,818.00)
5623-7710	Non-Operating-Realized Gain/Loss-Endowment	(6,694.00)			(6,694.00)	75,373.00
5624-7710	Non-Operating-Realized Gain/Loss-Temporarily Restr	(56,720.00)			(56,720.00)	(54,885.00)
5630-6000	Other Operating-Miscellaneous Income	(18,176.00)			(18,176.00)	(884,347.00)
5632-1000	Long term care-Late Fee	(3,157.00)			(3,157.00)	(2,321.00)
5641-7710	Non-Operating-Unrealized Gain/Loss - Unrestricted	(89,085.00)			(89,085.00)	224,495.00
5643-7710	Non-Operating-Unrealized Gain/Loss - Restricted	(140,211.00)			(140,211.00)	320,088.00
5644-7710	Non-Operating-Unrealized Gain/Loss - Temp Restrict	(746,476.00)			(746,476.00)	1,807,188.00
5651-7710	Non-Operating-Unrealized Gain/Loss-Change in Swap	(872,505.00)			(872,505.00)	(75,987.00)
5655-7710	Non-Operating Gain/Loss-Distribution to TJH	4,000,372.00			4,000,372.00	0.00
6010-7010	Administration-Salary - Director	1,865,293.00			1,865,293.00	488,360.00
			RJE - 1003	(1,361,485.00)	503,808.00	488,360.00
6010-7010a	Admin Salary - Administrator	0.00		793,672.00	793,672.00	748,347.00
			RJE - 1003	793,672.00		
6010-7010c	Administration Salary - VP Finance	0.00		254,254.00	254,254.00	242,697.00
			RJE - 1003	254,254.00		
6020-2100	Post-Acute/Rehab-Salary - Director	200,662.00			200,662.00	106,499.00
6020-5015	ADHC-Grasmere-Salary - Director	74,050.00			74,050.00	43,799.00
6020-5025	Child Care Center-Salary - Director	75,999.00			75,999.00	60,910.00
6020-5070	Home Together - Salary - Director	59,054.00			59,054.00	71,569.00
6020-5075	Elder Abuse Prevention-Salary - Director	23,393.00			23,393.00	9,109.00
6020-5125	Institute on Aging-Salary - Director	9,135.00			9,135.00	9,082.00
6020-7075	Clinical Support Services-Salary - Director	233,754.00			233,754.00	219,141.00
6020-7100	Marketing-Director	(63,152.00)			(63,152.00)	0.00
6020-7250	Finance-Salary - Director	227,138.00			227,138.00	221,134.00
6020-7300	Information Technology-Salary - Director	122,068.00			122,068.00	78,437.00
6020-7400	Pastoral Services-Salary - Director	101,044.00			101,044.00	98,178.00
6020-7450	Purchasing-Salary - Director	76,420.00			76,420.00	74,427.00
6020-7525	Therapeutic Recreation-Salary - Director	91,095.00			91,095.00	87,055.00
6020-7550	Work Activity Center-Salary - Director	52,338.00			52,338.00	52,158.00
6020-7600	Fitness Center - Salary - Director	91,042.00			91,042.00	88,599.00
6025-1190	1f-FTO Accrual	(2,555.00)			(2,555.00)	7,441.00
6025-1201	2-FTO Accrual	(23,166.00)			(23,166.00)	31,741.00
6025-1300	3-FTO Accrual	(38,030.00)			(38,030.00)	24,747.00
6025-1400	4-FTO Accrual	(55,007.00)			(55,007.00)	28,640.00
6025-2100	Post-Acute/Rehab-FTO Accrual	(10,948.00)			(10,948.00)	9,481.00
6025-2510	Assisted Living-FTO Accrual	(8,012.00)			(8,012.00)	9,439.00
6025-3000	Foundation-FTO Accrual	(11,890.00)			(11,890.00)	13,919.00
6025-5015	ADHC-Grasmere-FTO Accrual	(1,231.00)			(1,231.00)	5,230.00
6025-5025	Child Care Center-FTO Accrual	752.00			752.00	1,283.00
6025-5030	Senior Choice at Home-FTO Accrual	(998.00)			(998.00)	8,678.00

Account	Description	ADJ 9/30/2023	JE Ref #	RJE	FINAL 9/30/2023	1st PP-FINAL 9/30/2022
6025-5050	Friedman Home Care-FTO Accrual	(4,126.00)			(4,126.00)	(3.00)
6025-5060	Compassionate Comp - Stamford-FTO Accrual	5,757.00			5,757.00	0.00
6025-5070	Home Together-FTO Accrual	(644.00)			(644.00)	2,614.00
6025-5125	Institute on Aging-FTO Accrual	1,363.00			1,363.00	4,031.00
6025-5150	Medical Home Care-FTO Accrual	(9,371.00)			(9,371.00)	2,185.00
6025-5155	Hospice-FTO Accrual	(362.00)			(362.00)	(768.00)
6025-5160	Friedman Med Homecare-Stamford-FTO Accrual	2,763.00			2,763.00	0.00
6025-5220	Inpatient Therapy-FTO Accrual	(1,892.00)		1,892.00	0.00	0.00
			RJE - 1003	1,892.00		
6025-5225	Outpatient Therapy-FTO Accrual	(374.00)			(374.00)	(1,106.00)
6025-7010	Administration-FTO Accrual	7,484.00			7,484.00	14,891.00
6025-7025	Administrative Services-FTO Accrual	(9,140.00)			(9,140.00)	3,291.00
6025-7050	Admissions-FTO Accrual	(1,047.00)			(1,047.00)	2,980.00
6025-7075	Clinical Support Services-FTO Accrual	(396.00)			(396.00)	24,252.00
6025-7080	Clinic-FTO Accrual	1,341.00			1,341.00	1,453.00
6025-7100	Marketing-FTO Accrual	11,192.00			11,192.00	0.00
6025-7150	Dining Services-FTO Accrual	(5,735.00)			(5,735.00)	30,935.00
6025-7200	Employee Relations-FTO Accrual	425.00			425.00	2,333.00
6025-7210	Education-FTO Accrual	(4,009.00)			(4,009.00)	8,028.00
6025-7225	Environmental Services-FTO Accrual	(6,596.00)			(6,596.00)	14,776.00
6025-7250	Finance-FTO Accrual	1,167.00			1,167.00	5,121.00
6025-7275	Health Information-FTO Accrual	(4,209.00)			(4,209.00)	709.00
6025-7300	Information Technology-FTO Accrual	5,574.00			5,574.00	5,216.00
6025-7325	Laundry-FTO Accrual	274.00			274.00	5,395.00
6025-7400	Pastoral Services-FTO Accrual	(2,835.00)			(2,835.00)	1,259.00
6025-7425	Physical Plant-FTO Accrual	(3,444.00)			(3,444.00)	8,774.00
6025-7450	Purchasing-FTO Accrual	(1,334.00)			(1,334.00)	2,271.00
6025-7500	Security-FTO Accrual	(1,882.00)			(1,882.00)	1,169.00
6025-7525	Therapeutic Recreation-FTO Accrual	(2,567.00)			(2,567.00)	11,521.00
6025-7550	Work Activity Center-FTO Accrual	351.00			351.00	282.00
6025-7600	Fitness Center-FTO Accrual	(974.00)			(974.00)	7,002.00
6040-2510	Assisted Living - Salary - Salaried Staff	175,511.00			175,511.00	119,234.00
6040-3000	Foundation-Salary - Salaried Staff	294,290.00			294,290.00	361,873.00
6040-5015	ADHC-Grasmere - Salary - Salaried	12,323.00			12,323.00	59,021.00
6040-5030	Senior Choice at Home-Salary - Salaried Staff	159,973.00			159,973.00	119,057.00
6040-5050	Friedman Home Care-Salary - Salaried Staff	113,574.00			113,574.00	125,332.00
6040-5070	Home Together-Salary - Salaried Staff	10,456.00			10,456.00	9,890.00
6040-5075	Elder Abuse Prevention-Salary - Salaried Staff	1,448.00			1,448.00	1,410.00
6040-5125	Institute on Aging-Salary - Salaried Staff	80,238.00			80,238.00	42,135.00
6040-5150	Medical Home Care-Salary - Salaried Staff	89,342.00			89,342.00	327,682.00
6040-5155	Hospice-Salary - Salaried Staff	1,445.00			1,445.00	0.00
6040-5200	Physician Practice-Salary - Salaried Staff	58,217.00			58,217.00	56,618.00
6040-7025	Administrative Svcs-Salary - Salaried Staff	207,664.00			207,664.00	207,832.00
6040-7050	Admissions-Salary - Salaried Staff	82,025.00			82,025.00	82,123.00
6040-7100	Marketing-Salary - Salaried Staff	217,448.00			217,448.00	0.00
			RJE - 1003	(33,098.00)	184,350.00	0.00
				(33,098.00)		
6040-7200	Employee Relations-Salary - Salaried Staff	371,954.00			371,954.00	312,034.00
6040-7210	Education -Salary-Salaried Staff	181,143.00			181,143.00	39,478.00
6040-7600	Fitness Center-Salary-Salaried Staff	65,607.00			65,607.00	60,223.00
6050-2510	Assisted Living-Salary - Hourly Staff	2,144.00			2,144.00	1,240.00
6050-5015	ADHC-Grasmere-Salary - Hourly Staff	278,213.00			278,213.00	190,726.00
6050-5025	Child Care Center-Salary - Hourly Staff	144,679.00			144,679.00	93,504.00
6050-5050	Friedman Home Care-Salary - Hourly Staff	130,322.00			130,322.00	147,663.00
6050-5070	Home Together - Salary - Hourly Staff	13,580.00			13,580.00	16,227.00
6050-5075	Elder Abuse Prevention-Salary - Hourly Staff	15,501.00			15,501.00	27,031.00
6050-5125	Institute on Aging-Salary - Hourly Staff	2,211.00			2,211.00	4,613.00
6050-5150	Medical Home Care-Salary - Hourly Staff	233,797.00			233,797.00	178,872.00
6050-5155	Hospice-Salary-Hourly	8,851.00			8,851.00	31,864.00
6050-5160	Friedman Med Homecare-Stamford-Salary-Hourly Staff	104.00			104.00	0.00
6050-5220	Inpatient Therapy-Salary- Hourly Staff	629.00			629.00	0.00
6050-5225	Outpatient Therapy - Salary - Hourly Staff	1,971.00			1,971.00	0.00
6050-7025	Administrative Svcs-Salary - Hourly Staff	298,898.00			298,898.00	301,745.00
6050-7050	Admissions-Hourly Staff	67,235.00			67,235.00	65,900.00
6050-7080	Clinic- Salary - Hourly Staff	149,605.00			149,605.00	114,861.00
6050-7200	Employee Relations-Salary - Hourly Staff	169,235.00			169,235.00	145,600.00
6050-7210	Education-Salary - Hourly Staff	20,309.00			20,309.00	16,344.00
6050-7225	Environmental Services-Salary - Hourly Staff	1,181,625.00			1,181,625.00	1,172,292.00
6050-7250	Finance-Salary - Hourly Staff	172,185.00			172,185.00	156,958.00
6050-7275	Health Information-Salary - Hourly Staff	52,826.00			52,826.00	50,975.00
6050-7300	Information Technology-Salary - Hourly Staff	90,838.00			90,838.00	89,702.00
6050-7325	Laundry-Salary - Hourly Staff	294,290.00			294,290.00	305,229.00
6050-7425	Physical Plant-Salary - Hourly Staff	300,617.00			300,617.00	258,468.00
6050-7450	Purchasing-Salary - Hourly Staff	29,099.00			29,099.00	24,580.00
6050-7500	Security-Salary - Hourly Staff	175,487.00			175,487.00	163,886.00
6050-7525	Therapeutic Recreation-Salary - Hourly Staff	456,744.00			456,744.00	444,893.00
6050-7550	Work Activity Center-Salary - Hourly Staff	1,753.00			1,753.00	5,237.00
6050-7600	Fitness Center - Salary - Hourly	390,767.00			390,767.00	428,815.00
6070-7150	Dining Services -Salary - Cooks	418,595.00			418,595.00	398,379.00
6080-7150	Dining Services -Salary - Full Time Workers	1,802,982.00			1,802,982.00	1,591,758.00
6090-7150	Dining Services -Salary - Shift Leaders	0.00			0.00	2,537.00

Account	Description	ADJ 9/30/2023	JE Ref #	RJE	FINAL 9/30/2023	1st PP-FINAL 9/30/2022
6120-1190	1f-Salary - Social Worker	14,791.00			14,791.00	37,151.00
6120-1201	2 - Salary - Social Worker	63,668.00			63,668.00	61,963.00
6120-1300	3 - Salary - Social Worker	55,010.00			55,010.00	58,906.00
6120-1400	4 - Salary - Social Worker	72,156.00			72,156.00	73,331.00
6120-2100	Post-Acute/Rehab - Salary - Social Worker	86,703.00			86,703.00	58,731.00
6120-5030	Senior Choice at Home-Salary - Social Worker	75,824.00			75,824.00	73,617.00
6120-5150	Medical Home Care-Salary - Social Worker	7,434.00			7,434.00	28,795.00
6120-5155	Hospice-Salary-Social Worker	67,931.00			67,931.00	75,116.00
6130-5015	ADHC-Grasmere-Salary - Professional Staff -Hourly	85,590.00			85,590.00	50,917.00
6130-5025	Child Care Center-Salary - Prof Staff - Hourly	194,040.00			194,040.00	193,025.00
6140-5050	Friedman Home Care-Salary - Caregivers	1,643,133.00			1,643,133.00	1,696,786.00
6140-5060	Friedman Homecare-Stamford-Salary-Caregivers	348,673.00			348,673.00	0.00
6140-5150	Medical Home Care-Salary - Caregivers	17.00			17.00	39,613.00
6140-5160	Friedman Med Homecare-Stamford - Salary-Caregivers	14,032.00			14,032.00	0.00
6150-1300	3-Salary-Guide	0.00			0.00	2,788.00
6160-5050	Friedman Home Care-Salary - Coordinator	92,960.00			92,960.00	97,285.00
6160-5060	Friedman Homecare-Stamford-Salary-Coordinator	64,904.00			64,904.00	0.00
6160-5125	Institute on Aging-Salary - Coordinator	26.00			26.00	28.00
6160-5150	Medical Home Care-Salary - Coordinator	127,012.00			127,012.00	126,899.00
6160-5200	Physician Practice-Salary - Coordinator	0.00			0.00	1,304.00
6170-1190	1f - Salary - RN	195,976.00			195,976.00	182,379.00
6170-1201	2 - Salary - RN/Clinical Leader	513,424.00			513,424.00	463,591.00
6170-1300	3 - Salary - RN/Clinical Leader	325,982.00			325,982.00	534,471.00
6170-1400	4 - Salary - RN/Clinical Leader	528,824.00			528,824.00	478,235.00
6170-2100	Post-Acute/Rehab - Salary - RN/Clinical Leader	515,926.00			515,926.00	513,224.00
6170-2510	Assisted Living - Salary - Clinical Nurse Leader	193,874.00			193,874.00	219,258.00
6170-5070	Home Together - Salary - RN	68,377.00			68,377.00	58,781.00
6170-5150	Medical Home Care-Salary - RN	603,731.00			603,731.00	414,969.00
6170-5155	Hospice-Salary - RN	220,343.00			220,343.00	185,152.00
6170-5160	Friedman Med Homecare-Stamford - Salary - RN	26,040.00			26,040.00	0.00
6175-1201	2 - Salary - Assistant Guide	61,427.00			61,427.00	99,501.00
6175-1300	3 - Salary -Assistant Guide	102,224.00			102,224.00	86,774.00
6175-1400	4 - Salary - Assistant Guide	100,608.00			100,608.00	99,932.00
6180-1190	1f - Salary - LPN	308,006.00			308,006.00	291,458.00
6180-1201	2-Salary-LPN/Clinical Leader	1,285,749.00			1,285,749.00	1,186,027.00
6180-1300	3-Salary-LPN/Clinical Leader	794,189.00			794,189.00	541,486.00
6180-1400	4-Salary-LPN/Clinical Leader	1,072,844.00			1,072,844.00	1,140,190.00
6180-2100	Post-Acute/Rehab-Salary - LPN	289,677.00			289,677.00	252,982.00
6180-2510	Assisted Living - Salary - LPN	91,539.00			91,539.00	97,430.00
6180-5150	Medical Home Care-Salary - LPN	186,242.00			186,242.00	129,811.00
6180-5155	Hospice-Salary - LPN	0.00			0.00	7,747.00
6180-5160	Friedman Med Homecare-Stamford - Salary - LPN	3,875.00			3,875.00	0.00
6190-1190	1f - Salary - CNA	374,750.00			374,750.00	239,405.00
6190-1201	2 - Salary - CNA	1,971,735.00			1,971,735.00	1,823,961.00
6190-1300	3 - Salary - CNA	1,860,547.00			1,860,547.00	1,754,507.00
6190-1400	4 - Salary - CNA	2,213,993.00			2,213,993.00	2,176,830.00
6190-2100	Post-Acute/Rehab - Salary - CNA	534,481.00			534,481.00	576,853.00
6190-2510	Assisted Living - Salary - CNA	657,708.00			657,708.00	640,368.00
6190-5155	Hospice-Salary - CNA	92,843.00			92,843.00	92,258.00
6200-1190	1f-Neighborhood Associate	8,604.00			8,604.00	0.00
6200-1300	3-Salary - Neighborhood Associate	16,975.00			16,975.00	0.00
6200-1400	4-Salary - Neighborhood Associate	39,360.00			39,360.00	44,380.00
6200-2100	Post-Acute/Rehab-Salary - Neighborhood Associates	10,153.00			10,153.00	0.00
6210-7550	Work Activity Center-Residents (WAC)	6,593.00			6,593.00	6,522.00
6212-7525	Therapeutic Recreation-Salary-Beauty Salon	54,000.00			54,000.00	62,008.00
6220-7075	Clinical Support Svcs-Salary - Nursing - Salaried	543,276.00			543,276.00	516,632.00
6230-7075	Clinical Support Svcs-Salary - Nursing - Hourly	382,608.00			382,608.00	525,933.00
6240-5150	Medical Home Care-Salary- PT	472,708.00			472,708.00	377,855.00
6240-5155	Hospice-Salary-PT	13,968.00			13,968.00	17,294.00
6240-5160	Friedman Med Homecare-Stamford - Salary - PT	50,792.00			50,792.00	0.00
6240-5220	Inpatient Therapy-Salary Expense - PT	878,015.00			877,202.00	754,171.00
			RJE - 1003	(813.00)		
6240-5225	Outpatient Therapy-Salary Expense - PT	131,504.00			131,504.00	161,083.00
6245-5150	Medical Home Care-Salary Expense-OT	155,728.00			155,728.00	165,984.00
6245-5160	Friedman Med Homecare-Stamford - Salary - OT	9,233.00			9,233.00	0.00
6245-5220	Inpatient Therapy-Salary Expense - OT	715,597.00			714,934.00	681,313.00
			RJE - 1003	(663.00)		
6245-5225	Outpatient Therapy-Salary Expense - OT	32,649.00			32,649.00	18,066.00
6250-5150	Medical Home Care-Salary Expense - ST	36,756.00			36,756.00	18,285.00
6250-5160	Friedman Med Homecare-Stamford - Salary - ST	1,669.00			1,669.00	0.00
6250-5220	Inpatient Therapy-Salary Expense - ST	230,053.00			229,840.00	211,389.00
			RJE - 1003	(213.00)		
6250-5225	Outpatient Therapy-Salary Expense - ST	0.00			0.00	261.00
6255-5220	Inpatient Therapy-Rehab Program Manager	218,962.00			218,759.00	217,594.00
			RJE - 1003	(203.00)		
6260-7400	Pastoral Services-Pastoral Student Stipend	17,512.00			17,512.00	18,929.00
6280-7025	Administrative Services-Receptionist	151,354.00			151,354.00	163,741.00
6510-7200	Employee Relations-Dental Insurance	238,924.00			238,924.00	234,078.00

Account	Description	ADJ 9/30/2023	JE Ref #	RJE	FINAL 9/30/2023	1st PP-FINAL 9/30/2022
6515-7200	Employee Relations-DPC Deduction	68,791.00			68,791.00	73,940.00
6517-7200	Employee Relations-Dental Contributions	(129,853.00)			(129,853.00)	(127,290.00)
6520-7200	Employee Relations-FICA Expense	2,318,263.00			2,318,263.00	2,102,495.00
6530-7200	Employee Relations-Group Life Insurance	132,074.00			132,074.00	33,773.00
6535-7200	Employee Relations-Medical Insurance	3,288,602.00			3,288,602.00	2,912,289.00
6537-7200	Employee Relations-Medical Contributions	(571,037.00)			(571,037.00)	(530,569.00)
6540-7200	Employee Relations-Pension Plan	1,239,796.00			1,239,796.00	967,047.00
6545-7200	Employee Relations-Pre-Employment Screening	88,412.00			88,412.00	67,097.00
6550-7200	Employee Relations-Short Term/Long Term Disability	95,736.00			95,736.00	97,187.00
6555-7200	Employee Relations-State Unemployment Insurance	36,447.00			36,447.00	81,387.00
6560-7200	Employee Relations-Tuition Reimbursement	7,190.00			7,190.00	8,500.00
6565-7200	Employee Relations-Workers' Comp Insurance	1,291,211.00			1,291,211.00	642,050.00
66000.BSC	Additional Pension Liability	(310,277.00)			(310,277.00)	(744,395.00)
6705-2100	Post-Acute/Rehab-Ambulance Expense	2,418.00			2,418.00	2,105.00
6721-7075	Clinical Support Svcs-Consulting Expense - Dental	25,821.00			25,821.00	27,652.00
6723-7075	Clinical Support Svcs-Consulting Expense-Pharmacy	21,814.00			21,814.00	19,138.00
6730-1000	Long term care-Lab Expense	25,643.00			25,643.00	17,928.00
6730-2100	Post-Acute/Rehab-Lab Expense	99,455.00			99,455.00	96,662.00
6733-5075	Elder Abuse Prevention-Medical Director	3,333.00			3,333.00	6,667.00
6733-5125	Institute on Aging-Medical Director	16,667.00			16,667.00	12,000.00
6733-5155	Hospice-Medical Director	25,900.00			25,900.00	25,200.00
6733-7075	Clinical Support Services-Medical Director	18,000.00			18,000.00	28,000.00
6735-1000	Long term care-Medical/Surgical Supplies	53,461.00			53,461.00	11,106.00
6735-1190	1f - Medical/Surgical Supplies	27,725.00			27,725.00	42,428.00
6735-1240	2a - Medical/Surgical Supplies	29,961.00			29,961.00	34,636.00
6735-1250	2b - Medical/Surgical Supplies	37,968.00			37,968.00	24,577.00
6735-1260	2c - Medical/Surgical Supplies	16,472.00			16,472.00	30,232.00
6735-1270	2d - Medical/Surgical Supplies	30,553.00			30,553.00	28,978.00
6735-1280	2e - Medical/Surgical Supplies	28,595.00			28,595.00	30,962.00
6735-1290	2f - Medical/Surgical Supplies	27,363.00			27,363.00	22,603.00
6735-1340	3a - Medical/Surgical Supplies	25,987.00			25,987.00	24,725.00
6735-1350	3b - Medical/Surgical Supplies	28,448.00			28,448.00	35,213.00
6735-1360	3c - Medical/Surgical Supplies	26,605.00			26,605.00	24,415.00
6735-1370	3d - Medical/Surgical Supplies	25,507.00			25,507.00	27,109.00
6735-1380	3e - Medical/Surgical Supplies	27,475.00			27,475.00	28,391.00
6735-1390	3f - Medical/Surgical Supplies	25,209.00			25,209.00	28,652.00
6735-1440	4a - Medical/Surgical Supplies	27,232.00			27,232.00	28,570.00
6735-1450	4b - Medical/Surgical Supplies	25,944.00			25,944.00	30,200.00
6735-1460	4c - Medical/Surgical Supplies	30,559.00			30,559.00	32,107.00
6735-1470	4d - Medical/Surgical Supplies	32,822.00			32,822.00	34,336.00
6735-1480	4e - Medical/Surgical Supplies	27,555.00			27,555.00	26,307.00
6735-1490	4f - Medical/Surgical Supplies	25,466.00			25,466.00	25,808.00
6735-2100	Post-Acute/Rehab-Medical/Surgical Supplies	77,295.00			77,295.00	92,627.00
6735-2510	Assisted Living-Medical/Surgical Supplies	11,543.00			11,543.00	5,088.00
6735-2520	Assisted Living/Memory Care-Medical/Surgical Suppl	11,364.00			11,364.00	4,176.00
6735-5015	ADHC-Grasmere-Medical/Surgical Su	0.00			0.00	34.00
6735-5025	Child Care Center-Medical/Surgical Supplies	0.00			0.00	274.00
6735-5150	Medical Home Care-Medical/Surgical Supplies	19,480.00			19,480.00	9,863.00
6735-5155	Hospice-Medical/Surgical Supplies	37,815.00			37,815.00	52,408.00
6735-5220	Inpatient Therapy-Medical/Surgical Supplies	0.00			0.00	102.00
6735-5225	Outpatient Therapy-Medical/Surgical Supplies	0.00			0.00	9.00
6735-7150	Dining Services-Medical/Surgical Supplies	0.00			0.00	854.00
6735-7350	Nursing Support-Medical/Surgical Supplies	79,585.00			79,585.00	13,121.00
6740-1000	Long term care-Oxygen Expense	32,258.00			32,258.00	26,906.00
6740-2100	Post-Acute/Rehab-Oxygen Expense	16,916.00			16,916.00	19,080.00
6745-1000	Long term care-Pharmacy Expense	78,493.00			78,493.00	77,741.00
6745-2100	Post-Acute/Rehab-Pharmacy Expense	192,884.00			192,884.00	206,456.00
6745-5155	Hospice-Pharmacy Expense	40,499.00			40,499.00	56,756.00
6745-7075	Clinical Support Svcs-Pharmacy Expense	5,821.00			5,821.00	4,445.00
6747-5150	Medical Home Care-Infusion Expense	2,370.00			2,370.00	1,230.00
6750-1000	Long term care-Physician	1,293.00			1,293.00	0.00
6750-2100	Post-Acute/Rehab-Physician	1,204.00			1,204.00	2,113.00
6755-7075	Clinical Support Svcs-Podiatric Expense	700.00			700.00	4,200.00
6760-7075	Clinical Support Svcs-Psychiatric Expense	16,942.00			16,942.00	16,942.00
6765-1000	Long term care-Therapy Supplies & Expense	432.00		(432.00)	0.00	0.00
			RJE - 1001	(432.00)		
6765-5150	Medical Home Care-Therapy Supplies & Expense	0.00			0.00	82.00
6765-5220	Inpatient Therapy-Therapy Supplies & Expense	0.00		432.00	432.00	364.00
			RJE - 1001	432.00		
6770-1000	Long term care-X-Ray Expense	4,925.00			4,925.00	4,030.00
6770-2100	Post-Acute/Rehab-X-Ray Expense	39,005.00			39,005.00	48,296.00
7005-7250	Finance-Accounting Expense	117,651.00			117,651.00	83,333.00
7008-5150	Medical Home Care-Billing Services	126,943.00			126,943.00	89,691.00
7008-5155	Hospice-Billing Services	53,032.00			53,032.00	75,204.00
7008-7250	Finance-Billing Services	214,792.00			214,792.00	105,359.00
7010-2520	Assisted Living/Memory Care-Consulting Services	2,600.00			2,600.00	2,800.00
7010-5030	Senior Choice at Home-Consulting Services	14,800.00			14,800.00	14,100.00
7010-5125	Institute on Aging-Consulting Services	29,379.00			29,379.00	0.00

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7010-5220	Inpatient Therapy-Consulting Services	5,040.00			5,040.00	3,960.00
7010-7010	Administration-Consulting Services	40,406.00			40,406.00	131,893.00
7010-7075	Clinical Support Services-Consulting	26,898.00			26,898.00	48,760.00
7010-7150	Dining Services-Consulting Service	45,127.00			45,127.00	57,615.00
7010-7200	Employee Relations-Consulting Services	150,913.00			150,913.00	138,793.00
7010-7250	Finance-Consulting	2,951.00			2,951.00	1,356.00
7011-7150	Dining Services-Consulting Service-Morrison	852,186.00			852,186.00	848,389.00
7011-7225	Environmental Services-Consulting Services-Morriso	7,322.00			7,322.00	7,955.00
7011-7325	Laundry-Consulting Services-Morrison	7,322.00			7,322.00	7,955.00
7015-7010	Administration-Legal Expense	205,008.00			205,008.00	123,471.00
7015-7200	Employee Relations-Legal Expense	17,582.00			17,582.00	27,587.00
7020-7150	Dining Services -Management Fee-Morrison	151,800.00			151,800.00	140,331.00
7020-7225	Environmental Services-Management Fee-Morrison	24,634.00			24,634.00	24,564.00
7020-7325	Laundry-Management Fee-Morrison	24,634.00			24,634.00	20,459.00
7030-7200	Employee Relations-Payroll Processing	6,655.00			6,655.00	20,423.00
7035-1000	Long term care-Purchased Services	8,014.00			8,014.00	3,349.00
7035-2510	Assisted Living-Purchased Services	3,827.00			3,827.00	1,821.00
7035-3000	Foundation-Purchased Services	35.00			35.00	0.00
7035-5015	ADHC-Grasmere-Purchased Services	0.00			0.00	7,910.00
7035-5030	Senior Choice at Home-Purchased Services	2,963,064.00			2,963,064.00	2,580,633.00
			RJE - 1002	116,000.00		
				116,000.00		
7035-5050	Friedman Home Care-Purchased Services	1,573,580.00			1,573,580.00	1,003,639.00
7035-5070	Home Together - Purchased Services	1,099,132.00			1,099,132.00	1,029,479.00
7035-5150	Medical Home Care-Purchased Services	108,800.00			108,800.00	76,452.00
7035-5155	Hospice-Purchased Services	9,740.00			9,740.00	7,645.00
7035-5160	Friedman Med Homecare-Stamford-Purchased Services	2,833.00			2,833.00	0.00
7035-5220	Inpatient Therapy-Purchased Service	6,770.00			6,770.00	35,232.00
7035-7010	Administration-Purchased Services	3,673.00			3,673.00	0.00
7035-7150	Dining Services-Purchased Services	21,570.00			21,570.00	31,153.00
7035-7400	Pastoral Services-Purchased Services	6,780.00			6,780.00	6,190.00
7035-7425	Physical Plant-Purchased Services	132,404.00			132,404.00	135,000.00
7035-7600	Fitness Center - Purchased Services	135,957.00			135,957.00	95,414.00
7040-7200	Employee Relations-Recruitment Fees	60,523.00			60,523.00	5,566.00
7045-7300	Information Technology-Support Expense	317,114.00			317,114.00	255,476.00
7050-5220	Inpatient Therapy-Temporary Help	44,845.00			44,845.00	39,868.00
7050-7200	Employee Relations-Temporary Help	34,586.00			34,586.00	3,602.00
7050-7350	Nursing Support-Temporary Help	1,763,834.00			1,763,834.00	1,078,700.00
			RJE - 1004	(1,635,468.00)		
				(1,635,468.00)		
7050-7350.1	Nursing Support - Temp Help - LPN	0.00			1,023,865.00	635,603.00
			RJE - 1004	1,023,865.00		
7050-7350.2	Nursing Support - Temp Help - CNA	0.00			611,603.00	696,185.00
			RJE - 1004	611,603.00		
7080-5015	ADHC-Grasmere-Client Transportation	3,840.00			3,840.00	5,957.00
7085-1190	1f-Food Expense	14,510.00			14,510.00	10,885.00
7085-1240	2a - Food Expense	14,355.00			14,355.00	10,936.00
7085-1250	2b - Food Expense	10,860.00			10,860.00	9,116.00
7085-1260	2c - Food Expense	14,948.00			14,948.00	11,542.00
7085-1270	2d - Food Expense	12,124.00			12,124.00	10,205.00
7085-1280	2e - Food Expense	14,047.00			14,047.00	10,554.00
7085-1290	2f - Food Expense	13,459.00			13,459.00	10,701.00
7085-1340	3a - Food Expense	14,377.00			14,377.00	10,575.00
7085-1350	3b - Food Expense	10,885.00			10,885.00	10,632.00
7085-1360	3c - Food Expense	14,379.00			14,379.00	10,890.00
7085-1370	3d - Food Expense	14,102.00			14,102.00	10,118.00
7085-1380	3e - Food Expense	13,716.00			13,716.00	9,435.00
7085-1390	3f - Food Expense	13,845.00			13,845.00	10,777.00
7085-1440	4a - Food Expense	15,489.00			15,489.00	10,861.00
7085-1450	4b - Food Expense	14,291.00			14,291.00	11,061.00
7085-1460	4c - Food Expense	14,643.00			14,643.00	10,285.00
7085-1470	4d - Food Expense	14,654.00			14,654.00	9,508.00
7085-1480	4e - Food Expense	14,303.00			14,303.00	8,756.00
7085-1490	4f - Food Expense	12,887.00			12,887.00	9,493.00
7085-2100	Post-Acute/Rehab-Food Expense	28,267.00			28,267.00	21,215.00
7085-2510	Assisted Living-Food Expense	14,878.00			14,878.00	12,995.00
7085-2520	Assisted Living/Memory Care-Food Expense	11,440.00			11,440.00	9,291.00
7085-3000	Foundation-Food Expense	4,925.00			4,925.00	148.00
7085-5015	ADHC-Grasmere-Food Expense	48,437.00			48,437.00	47,107.00
7085-5025	Child Care Center-Food Expense	4,538.00			4,538.00	4,019.00
7085-5030	Senior Choice at Home-Food Expense	1,173.00			1,173.00	2,330.00
7085-5060	Friedman Homecare-Food Expense-Stamford	84.00			84.00	0.00
7085-5075	Elder Abuse Prevention-Food Expense	147.00			147.00	125.00
7085-5155	Hospice-Food Expense	1,009.00			1,009.00	741.00
7085-5200	Physician Practice-Food Expense	0.00			0.00	508.00
7085-5225	Outpatient Therapy-Food Expense	0.00			0.00	7.00
7085-7010	Administration-Food Expense	66,152.00			66,152.00	60,207.00
7085-7100	Marketing-Food Expense	270.00			270.00	0.00
7085-7150	Dining Services -Food Expense	(347,126.00)			(347,126.00)	(263,682.00)
7085-7200	Employee Relations-Food Expense	2,299.00			2,299.00	7,915.00

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7085-7400	Pastoral Services-Food Expense	2,950.00			2,950.00	2,327.00
7085-7525	Therapeutic Recreation-Food Expense	2,777.00			2,777.00	1,942.00
7085-7600	Fitness Center-Food Expense	4,592.00			4,592.00	0.00
7086-7150	Dining Services-Food Expense-Morrison	1,727,779.00			1,727,779.00	1,689,817.00
7088-7600	Fitness Center - Juice Bar	6,995.00			6,995.00	9,931.00
7090-5075	Elder Abuse Prevention-Uncompensated Care Expense	0.00			0.00	2,215.00
7100-5030	Senior Choice at Home-Marketing	56,426.00			56,426.00	70,852.00
7100-7600	Fitness Center - Marketing	13,995.00			13,995.00	13,926.00
7105-3000	Foundation-Advertising - Classified	0.00			0.00	35.00
7105-5030	Senior Choice at Home-Advertising - Classified	0.00			0.00	930.00
7105-5050	Friedman Home Care-Advertising - Classi	0.00			0.00	2,475.00
7105-5150	Medical Home Care-Advertising - Classified	480.00			480.00	2,500.00
7105-7100	Marketing-Advertising - Classified	5,210.00			5,210.00	16,035.00
7105-7200	Employee Relations-Advertising-Recruitment	5,186.00			5,186.00	12,447.00
7110-5050	Friedman Home Care-Bad Debt Expense	9,165.00			9,165.00	34,903.00
7110-5150	Medical Home Care-Bad Debt Expense	59,900.00			59,900.00	24,866.00
7110-5155	Hospice-Bad Debt Expense	103,152.00			103,152.00	94,595.00
7110-7250	Finance-Bad Debt Expense	188,713.00			188,713.00	686,645.00
7111-3000	Foundation-Investment Management Fees-Unrestricted	9,153.00			9,153.00	6,839.00
7113-3000	Foundation-Investment Management Fees - Restricted	32,087.00			32,087.00	15,447.00
7114-3000	Foundation-Investment Management Fees-Temp Restrict	28,386.00			28,386.00	55,054.00
7115-7250	Finance-Bank/Credit Card Fees	316,465.00			316,465.00	275,283.00
7125-2510	Assisted Living-Telephone	2,369.00			2,369.00	597.00
7125-5015	ADHC-Grasmere-Cell Phone Expense	1,014.00			1,014.00	366.00
7125-5030	Senior Choice at Home-Cell Phone Expense	700.00			700.00	529.00
7125-5070	Home Together-Cell Phone Expense	773.00			773.00	597.00
7125-5125	Institute on Aging-Cell Phone Expense	507.00			507.00	298.00
7125-5150	Medical Home Care-Cell Phone Expense	63,613.00			63,613.00	33,853.00
7125-5155	Hospice-Cell Phone Expense	5,071.00			5,071.00	2,984.00
7125-5220	Inpatient Therapy-Cell Phone Expense	555.00			555.00	298.00
7125-7025	Administrative Services-Cell Phone Expense	6,860.00			6,860.00	8,226.00
7125-7050	Admissions-Cell Phone Expense	266.00			266.00	298.00
7125-7075	Clinical Support Services-Cell Phone Expense	220.00			220.00	298.00
7125-7100	Marketing-Cell Phone Expense	507.00			507.00	0.00
7125-7150	Dining Services-Cell Phone Expense	437.00			437.00	0.00
7125-7225	Environmental Services-Cell Phone Expense	507.00			507.00	298.00
7125-7300	Information Technology-Cell Phone Expense	40,166.00			40,166.00	44,992.00
7125-7350	Nursing Support-Cell Phone Expense	15,324.00			15,324.00	6,487.00
7125-7425	Physical Plant-Telephone Expense	507.00			507.00	298.00
7125-7500	Security-Cell Phone Expense	507.00			507.00	298.00
7125-7525	Therapeutic Recreation - Cell Phone Expense	967.00			967.00	366.00
7130-7200	Employee Relations-Employee Relations	113,230.00			113,230.00	133,059.00
7133-3000	Foundation-Donor Recognition	1,119.00			1,119.00	401.00
7134-3000	Foundation-Special Events	1,501.00			1,501.00	0.00
7134-5030	Senior Choice at Home-Special Events	3,206.00			3,206.00	(136.00)
7136-3000	Foundation-Contribution Expense	33,056.00			33,056.00	23,216.00
7140-5015	ADHC-Grasmere-Marketing Supplies	755.00			755.00	763.00
7140-5025	Child Care Center-Marketing Supplies	0.00			0.00	369.00
7140-5030	Senior Choice at Home-Marketing Supplies	979.00			979.00	38.00
7140-5050	Friedman Home Care-Marketing Supplies	578.00			578.00	0.00
7140-5070	Home Together - Marketing Supplies	0.00			0.00	2,174.00
7140-5075	Elder Abuse Prevention-Marketing Supplies	419.00			419.00	729.00
7140-5125	Institute on Aging-Marketing Supplies	295.00			295.00	0.00
7140-5150	Medical Home Care-Marketing Supplies	1,733.00			1,733.00	1,362.00
7140-5155	Hospice-Marketing Supplies	305.00			305.00	31.00
7140-5160	Friedman Med Homecare-Stamford-Marketing Supplies	221.00			221.00	0.00
7140-5225	Outpatient Therapy-Marketing Supplies	305.00			305.00	0.00
7140-7010	Administration-Marketing Supplies	400.00			400.00	0.00
7140-7100	Marketing-Marketing Supplies	726.00			726.00	2,333.00
7140-7200	Employee Relations-Marketing Supplies	771.00			771.00	3,989.00
7141-5015	ADHC-Grasmere-EML-Marketing Supp	295.00			295.00	200.00
7145-5015	ADHC-Grasmere-Miscellaneous Expen	412.00			412.00	0.00
7145-5025	Child Care Center-Miscellaneous Expense	50.00			50.00	395.00
7145-5030	Senior Choice at Home-Miscellaneous Expense	2,268.00			2,268.00	168.00
7145-5050	Friedman Home Care-Miscellaneous Expense	0.00			0.00	194.00
7145-7100	Marketing-Miscellaneous Expense	2,750.00			2,750.00	0.00
7145-7150	Dining Services -Miscellaneous Expense	134.00			134.00	0.00
7145-7200	Employee Relations-Miscellaneous Expense	8,350.00			8,350.00	4,959.00
7148-5050	Friedman Home Care-New Program Development	50.00			50.00	0.00
7150-7010	Administration-Nursing Home User Tax	1,478,298.00			1,478,298.00	1,462,749.00
7152-7010	Administration-Property Tax	50,000.00			50,000.00	36,518.00
7155-5050	Friedman Home Care-Patient Lost Article	743.00			743.00	0.00
7155-7350	Nursing Support-Patient Lost Articles	1,659.00			1,659.00	0.00
7160-7525	Therapeutic Recreation-Pets Expense	43,244.00			43,244.00	29,092.00
7165-7100	Marketing-Special Projects	174,854.00			174,854.00	19,250.00
7205-7425	Physical Plant-Auto Maintenance & Repairs	21,788.00			21,788.00	19,822.00
7210-5015	ADHC-Grasmere-Cleaning Supplies	16.00			16.00	0.00
7210-7225	Environmental Services-Cleaning Supplies	3,702.00			3,702.00	6,193.00

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7210-7600	Fitness Center - Cleaning Supplies	8,892.00			8,892.00	9,333.00
7212-7225	Environmental Services-Paper & Plastic Supplies	227.00			227.00	0.00
7215-7425	Physical Plant-Electricity	746,124.00			746,124.00	780,565.00
7220-7425	Physical Plant-Elevator Maintenance	73,977.00			73,977.00	56,923.00
7225-7425	Physical Plant-Fire Alarm Maintenance	61,529.00			61,529.00	85,293.00
7230-7425	Physical Plant-Fuel Oil	0.00			0.00	16,372.00
7235-7425	Physical Plant-Heating, Vent. Air Conditioning	59,768.00			59,768.00	26,176.00
7240-7425	Physical Plant-Landscaping	50,397.00			50,397.00	53,488.00
7245-7300	Information Technology-Maint Expense & Contracts	1,127.00			1,127.00	1,495.00
7245-7425	Physical Plant-Maint Expense & Contracts	109,705.00			109,705.00	49,503.00
7245-7600	Fitness Center - Facilities Maintenance/Contracts	1,266.00			1,266.00	1,788.00
7246-7600	Fitness Center - Equipment Maintenance/Contracts	1,475.00			1,475.00	2,502.00
7247-7600	Fitness Center - Pool Maintenance	32,844.00			32,844.00	23,284.00
7250-7425	Physical Plant-Natural Gas	174,273.00			174,273.00	186,309.00
7255-7225	Environmental Services-Pest Control	11,100.00			11,100.00	9,600.00
7270-7075	Clinical Support Services-Repairs & Maintenance	0.00			0.00	218.00
7270-7080	Clinic-Repairs & Maintenance	2,066.00			2,066.00	1,549.00
7270-7225	Environmental Services-Repairs & Maintenance	2,701.00			2,701.00	558.00
7270-7300	Information Technology-Repairs & Maintenance	1,147.00			1,147.00	1,777.00
7270-7325	Laundry-Repairs & Maintenance	6,051.00			6,051.00	581.00
7270-7425	Physical Plant-Repairs & Maintenance	167,699.00			167,699.00	142,796.00
7270-7600	Fitness Center - Facilities Repairs	0.00			0.00	3,134.00
7271-7600	Fitness Center - Equipment Repairs	2,983.00			2,983.00	17,073.00
7273-7600	Fitness Center - Facilities Parts	5,287.00			5,287.00	2,523.00
7275-7425	Physical Plant-Satellite Television Expense	71,196.00			71,196.00	81,776.00
7280-7425	Physical Plant-Sewage	89,060.00			89,060.00	107,834.00
7285-7425	Physical Plant-Snow Removal	4,946.00			4,946.00	2,050.00
7290-7425	Physical Plant-Solid Waste Removal	166,599.00			166,599.00	140,500.00
7295-5030	Senior Choice at Home-Telephone Expense	0.00			0.00	15.00
7295-5200	Physician Practice-Telephone Expense	5,570.00			5,570.00	5,908.00
7295-7010	Administration-Telephone Expense	15.00			15.00	140.00
7295-7300	Information Technology-Telephone Expense	49,464.00			49,464.00	83,024.00
7305-7425	Physical Plant-Water	38,999.00			38,999.00	40,373.00
7410-3000	Foundation-Printing Expense	13,326.00			13,326.00	12,737.00
7410-5030	Senior Choice at Home-Printing Expense	19,867.00			19,867.00	35,640.00
7410-5070	Home Together-Printing Expense	295.00			295.00	256.00
7410-5150	Medical Home Care-Printing Expense	323.00			323.00	4,133.00
7410-5155	Hospice-Printing Expense'	0.00			0.00	488.00
7410-5225	Outpatient Therapy-Printing Expense	36.00			36.00	0.00
7410-7010	Administration-Printing Expense	16,045.00			16,045.00	945.00
7410-7100	Marketing-Graphic Des/Printing Expense	83,670.00			83,670.00	26,619.00
7410-7200	Employee Relations-Printing Expense	203.00			203.00	1,415.00
7410-7250	Finance-Printing Expense	0.00			0.00	453.00
7410-7600	Fitness Center-Printing Expense	604.00			604.00	2,066.00
7415-7325	Laundry-Linen & Bedding	14,027.00			14,027.00	9,477.00
7415-7425	Physical Plant-Linen & Bedding	0.00			0.00	808.00
7420-5015	ADHC-Grasmere-Medical Supplies - non billable	373.00			373.00	0.00
7420-5150	Medical Home Care-Medical Supplies - nonbil	2,068.00			2,068.00	3,186.00
7420-5155	Hospice-Medical Supplies-Nonbillable	777.00			777.00	11,713.00
7420-7080	Clinic-Medical Supplies - non billable	313.00			313.00	0.00
7425-1360	3c - Minor Equipment	0.00			0.00	617.00
7425-1470	4d - Minor Equipment	458.00			458.00	0.00
7425-1480	4e - Minor Equipment	458.00			458.00	250.00
7425-1490	4f - Minor Equipment	458.00			458.00	0.00
7425-5015	ADHC-Grasmere-Minor Equipment	1,106.00			1,106.00	(742.00)
7425-5025	Child Care Center-Minor Equipment	60.00			60.00	0.00
7425-5150	Medical Home Care-Minor Equipment	70.00			70.00	0.00
7425-5220	Inpatient Therapy-Minor Equipment	145.00			145.00	1,594.00
7425-7010	Administration-Minor Equipment	1,300.00			1,300.00	0.00
7425-7150	Dining Services-Minor Equipment	284.00			284.00	7,873.00
7425-7250	Finance-Minor Equipment	732.00			732.00	0.00
7425-7300	Information Technology-Minor Equipment	17,963.00			17,963.00	12,237.00
7425-7350	Nursing Support-Minor Equipment	2,331.00			2,331.00	3,248.00
7425-7425	Physical Plant-Minor Equipment	540.00			540.00	1,505.00
7425-7600	Fitness Center - Small Equipment	2,837.00			2,837.00	5,750.00
7426-7600	Fitness Center - Large Equipment	372.00			372.00	0.00
7430-1190	1f-Office Supplies	513.00			513.00	3,686.00
7430-1240	2a - Office Supplies	1,088.00			1,088.00	336.00
7430-1250	2b - Office Supplies	548.00			548.00	0.00
7430-1260	2c - Office Supplies	62.00			62.00	7.00
7430-1280	2e - Office Supplies	453.00			453.00	0.00
7430-1290	2f - Office Supplies	629.00			629.00	145.00
7430-1340	3a - Office Supplies	727.00			727.00	351.00
7430-1360	3c - Office Supplies	60.00			60.00	29.00
7430-1390	3f - Office Supplies	553.00			553.00	76.00
7430-1440	4a - Office Supplies	572.00			572.00	277.00
7430-1490	4f - Office Supplies	3,581.00			3,581.00	1,184.00
7430-2100	Post-Acute/Rehab-Office Supplies	2,596.00			2,596.00	447.00

Account	Description	ADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		9/30/2023			9/30/2023	9/30/2022
7430-2510	Assisted Living- Office Supplies	3,949.00			3,949.00	9,659.00
7430-3000	Foundation-Office Supplies	3,866.00			3,866.00	2,568.00
7430-5015	ADHC-Grasmere-Office Supplies	3,263.00			3,263.00	2,479.00
7430-5025	Child Care Center-Office Supplies	1,955.00			1,955.00	2,783.00
7430-5030	Senior Choice at Home-Office Supplies	1,482.00			1,482.00	275.00
7430-5050	Friedman Home Care-Office Supplies	737.00			737.00	319.00
7430-5070	Home Together - Office Supplies	670.00			670.00	776.00
7430-5075	Elder Abuse Prevention-Office Supplies	8.00			8.00	0.00
7430-5125	Institute on Aging-Office Supplies	164.00			164.00	135.00
7430-5150	Medical Home Care-Office Supplies	5,044.00			5,044.00	9,991.00
7430-5155	Hospice-Office Supplies	1,298.00			1,298.00	1,219.00
7430-5200	Physician Practice-Office Supplies	550.00			550.00	360.00
7430-5220	Inpatient Therapy-Office Supplies	3,444.00			3,444.00	2,216.00
7430-5225	Outpatient Therapy-Office Supplies	589.00			589.00	401.00
7430-7010	Administration-Office Supplies	5,915.00			5,915.00	18,223.00
7430-7025	Administrative Services-Office Supplies	306.00			306.00	553.00
7430-7050	Admissions-Office Supplies	3,408.00			3,408.00	2,256.00
7430-7080	Clinic-Office Supplies	1,119.00			1,119.00	2,692.00
7430-7100	Marketing-Office Supplies	537.00			537.00	0.00
7430-7150	Dining Services-Office Supplies	3,973.00			3,973.00	2,765.00
7430-7200	Employee Relations-Office Supplies	11,279.00			11,279.00	3,259.00
7430-7210	Education-Office Supplies	1,184.00			1,184.00	1,440.00
7430-7225	Environmental Services-Office Supplies	333.00			333.00	0.00
7430-7250	Finance-Office Supplies	10,514.00			10,514.00	5,026.00
7430-7275	Health Information-Office Supplies	8,437.00			8,437.00	6,577.00
7430-7300	Information Technology-Office Supplies	168.00			168.00	108.00
7430-7350	Nursing Support-Office Supplies	4,127.00			4,127.00	1,118.00
7430-7400	Pastoral Services-Office Supplies	0.00			0.00	317.00
7430-7425	Physical Plant-Office Supplies	780.00			780.00	1,108.00
7430-7450	Purchasing-Office Supplies	4,230.00			4,230.00	5,091.00
7430-7500	Security-Office Supplies	117.00			117.00	0.00
7430-7525	Therapeutic Recreation-Office Supplies	955.00			955.00	323.00
7430-7550	Work Activity Center-Office Supplies	3,606.00			3,606.00	1,448.00
7430-7600	Fitness Center-Office Supplies	4,292.00			4,292.00	1,813.00
7437-7600	Fitness Center-Pool Supplies	6,786.00			6,786.00	5,645.00
7445-3000	Foundation-Postage	37.00			37.00	0.00
7445-5025	Child Care Center-Postage	0.00			0.00	(73.00)
7445-5030	Senior Choice at Home-Postage	971.00			971.00	0.00
7445-5150	Medical Home Care-Postage	0.00			0.00	38.00
7445-7010	Administration-Postage	39,827.00			39,827.00	34,314.00
7445-7100	Marketing-Postage	0.00			0.00	3,162.00
7445-7250	Finance-Postage	79.00			79.00	55.00
7445-7275	Health Information-Postage	0.00			0.00	203.00
7445-7425	Physical Plant-Postage	0.00			0.00	328.00
7445-7450	Purchasing-Postage	33.00			33.00	139.00
7445-7525	Therapeutic Recreation-Postage	35.00			35.00	0.00
7450-1190	1f-Recreation Supplies & Activities	110.00			110.00	60.00
7450-1240	2a - Recreation Supplies & Activities	1,189.00			1,189.00	517.00
7450-1250	2b - Recreation Supplies & Activities	576.00			576.00	517.00
7450-1260	2c - Recreation Supplies & Activities	729.00			729.00	517.00
7450-1270	2d - Recreation Supplies & Activities	698.00			698.00	507.00
7450-1280	2e - Recreation Supplies & Activities	631.00			631.00	507.00
7450-1290	2f - Recreation Supplies & Activities	704.00			704.00	507.00
7450-1340	3a - Recreation Supplies & Activities	596.00			596.00	751.00
7450-1350	3b - Recreation Supplies & Activities	589.00			589.00	877.00
7450-1360	3c - Recreation Supplies & Activities	549.00			549.00	900.00
7450-1370	3d - Recreation Supplies & Activities	641.00			641.00	795.00
7450-1380	3e - Recreation Supplies & Activities	626.00			626.00	910.00
7450-1390	3f - Recreation Supplies & Activities	626.00			626.00	775.00
7450-1440	4a - Recreation Supplies & Activities	631.00			631.00	431.00
7450-1450	4b - Recreation Supplies & Activities	605.00			605.00	463.00
7450-1460	4c - Recreation Supplies & Activities	1,047.00			1,047.00	466.00
7450-1470	4d - Recreation Supplies & Activities	517.00			517.00	485.00
7450-1480	4e - Recreation Supplies & Activities	608.00			608.00	485.00
7450-1490	4f - Recreation Supplies & Activities	670.00			670.00	485.00
7450-2100	Post-Acute/Rehab - Recreation Supplies & Activities	220.00			220.00	120.00
7450-2510	Assisted Living-Recreation Supplies & Activities	19,643.00			19,643.00	21,512.00
7450-2520	Assisted Living/Memory Care-Recreation Supplies & Activities	969.00			969.00	60.00
7450-5015	ADHC-Grasmere-Recreation Supplies & Activities	7,584.00			7,584.00	5,850.00
7450-5025	Child Care Center-Recreation Supplies & Activities	7,941.00			7,941.00	9,219.00
7450-7400	Pastoral Services-Recreation Supplies & Activities	2,396.00			2,396.00	2,433.00
7450-7525	Therapeutic Recreation-Recreation Supplies & Activities	107,033.00			107,033.00	100,515.00
7451-5015	ADHC-Grasmere-EML-Recreation Supplies	3,225.00			3,225.00	777.00
7452-7525	Therapeutic Recreation-Beauty Salon Supplies	3,026.00			3,026.00	2,986.00
7455-2510	Assisted Living-Supplies Expense	373.00			373.00	401.00
7455-5015	ADHC-Grasmere-Supplies Expense	1,637.00			1,637.00	911.00
7455-5025	Child Care Center-Supplies Expense	1,142.00			1,142.00	6,232.00
7455-5070	Home Together-Supplies Expense	0.00			0.00	302.00

Account	Description	ADJ 9/30/2023	JE Ref #	RJE	FINAL 9/30/2023	1st PP-FINAL 9/30/2022
7455-5150	Medical Home Care-Supplies Expense	3,466.00			3,466.00	2,705.00
7455-5155	Hospice-Supplies Expense	1,466.00			1,466.00	779.00
7455-5220	Inpatient Therapy-Supplies Expense	31,314.00			31,314.00	12,975.00
7455-5225	Outpatient Therapy-Supplies Expense	1,368.00			1,368.00	889.00
7455-7010	Administration-Supplies Expense	1,874.00			1,874.00	(2,555.00)
7455-7075	Clinical Support Services-Supplies Expense	37.00			37.00	1,603.00
7455-7080	Clinic-Supplies Expense	377.00			377.00	261.00
7455-7100	Marketing-Supplies Expense	51.00			51.00	175.00
7455-7150	Dining Services-Supplies Expense	18,184.00			18,184.00	21,850.00
7455-7200	Employee Relations-Supplies Expense	688.00			688.00	1,582.00
7455-7210	Education-Supplies Expense	1,676.00			1,676.00	33.00
7455-7225	Environmental Services-Supplies Expense	25,416.00			25,416.00	7,545.00
7455-7250	Finance-Supplies Expense	42.00			42.00	0.00
7455-7275	Health Information - Supplies Expense	1,170.00			1,170.00	0.00
7455-7300	Information Technology-Supplies Expense	189.00			189.00	0.00
7455-7325	Laundry-Supplies Expense	9,328.00			9,328.00	2,765.00
7455-7350	Nursing Support-Supplies Expense	19,140.00			19,140.00	38,442.00
7455-7400	Pastoral Services-Supplies Expense	987.00			987.00	1,534.00
7455-7425	Physical Plant-Supplies Expense	103,376.00			103,376.00	112,190.00
7455-7500	Security-Supplies Expense	414.00			414.00	1,754.00
7455-7525	Therapeutic Recreation-Supplies Expense	369.00			369.00	1,622.00
7455-7550	Work Activity Center-Supplies Expense	2,390.00			2,390.00	1,972.00
7455-7600	Fitness Center - Amenities Supplies	9,944.00			9,944.00	10,256.00
7456-7075	Clinical Support Svcs-Supplies Expense - Dental	9,059.00			9,059.00	12,532.00
7457-7150	Dining Services-Supplies Expense-Morrison	171,728.00			171,728.00	132,838.00
7458-7075	Clinical Support Svcs-Supplies Expense-Pod + Opth	0.00			0.00	526.00
7459-7150	Dining Services-Direct Expenses-Morrison	138,657.00			138,657.00	132,629.00
7459-7225	Environmental Services-Direct Expenses-Morrison	80,297.00			80,297.00	71,936.00
7459-7325	Laundry-Direct Expenses-Morrison	80,298.00			80,298.00	71,937.00
7460-7225	Environmental Services-Uniform Expense	829.00			829.00	1,735.00
7460-7325	Laundry-Uniform Expense	0.00			0.00	280.00
7460-7425	Physical Plant-Uniform Expense	1,087.00			1,087.00	55.00
7460-7500	Security-Uniform Expense	260.00			260.00	220.00
7505-3000	Foundation-Business Meals	530.00			530.00	166.00
7505-5030	Senior Choice at Home-Business Meals	9,636.00			9,636.00	60.00
7505-7010	Administration-Business Meals	4,509.00			4,509.00	2,794.00
7505-7100	Marketing--Business Meals	159.00			159.00	29.00
7515-2510	Assisted Living-Dues	1,408.00			1,408.00	1,376.00
7515-3000	Foundation-Dues	0.00			0.00	50.00
7515-5015	ADHC-Grasmere-Dues	710.00			710.00	1,725.00
7515-5150	Medical Home Care-Dues	5,636.00			5,636.00	6,949.00
7515-7010	Administration-Dues	38,642.00		(630.00)	38,012.00	41,761.00
			RJE - 1007	(630.00)		
7515-7010.1	License Fee	0.00		630.00	630.00	2,085.00
			RJE - 1007	630.00		
7515-7400	Pastoral Services-Dues	450.00			450.00	450.00
7520-5025	Child Care Center-Education/Inservice Expense	1,151.00			1,151.00	255.00
7520-5150	Medical Home Care-Education/Inservice	0.00			0.00	539.00
7520-5200	Physician Practice-Education/Inservice Expense	1,000.00			1,000.00	1,169.00
7520-7010	Administration-Education/Inservice Expense	200.00			200.00	7,025.00
7520-7200	Employee Relations-Education/Inservice Expense	2,579.00			2,579.00	0.00
7520-7210	Education-Education/Inservice Expense	54,333.00			54,333.00	98,115.00
7520-7350	Nursing Support-Education/Inservice Expense	4,052.00			4,052.00	0.00
7525-5025	Child Care Center-Licenses/Permits	310.00			310.00	530.00
7525-5050	Friedman Home Care-Licenses/Permits	375.00			375.00	375.00
7525-5150	Medical Home Care-Licenses/Permits	180.00			180.00	300.00
7525-7010	Administration-Licenses/Permits	140,470.00			140,470.00	92,063.00
7525-7080	Clinic-Licenses/Permits	190.00			190.00	0.00
7525-7150	Dining Services-Licenses/Permits	2,300.00			2,300.00	2,300.00
7525-7200	Employee Relations-Licenses/Permits	0.00			0.00	117.00
7525-7425	Physical Plant-Licenses/Permits	240.00			240.00	696.00
7525-7550	Work Activity Center-Licenses/Permits	580.00			580.00	292.00
7525-7600	Fitness Center-Licenses/Permits	3,777.00			3,777.00	1,637.00
7530-3000	Foundation-Meeting Expense	66.00			66.00	120.00
7530-5030	Senior Choice at Home-Meeting Expense	166.00			166.00	520.00
7530-7010	Administration-Meeting Expense	240.00			240.00	913.00
7535-2510	Assisted Living-Seminars/Conferences	1,795.00			1,795.00	518.00
7535-3000	Foundation-Seminars/Conferences	0.00			0.00	25.00
7535-5015	ADHC-Grasmere-Seminars/Conferences	225.00			225.00	75.00
7535-5025	Child Care Center-Seminars/Conferences	350.00			350.00	0.00
7535-5030	Senior Choice at Home-Seminars/Conferences	659.00			659.00	259.00
7535-5050	Friedman Home Care-Seminars/Conferences	328.00			328.00	135.00
7535-5070	Home Together-Seminars/Conferences	150.00			150.00	75.00
7535-5075	Elder Abuse Prevention-Seminars/Conferences	0.00			0.00	190.00
7535-5125	Institute on Aging-Seminars/Conferences	300.00			300.00	20.00
7535-5150	Medical Home Care-Conferences/Seminars	119.00			119.00	1,133.00
7535-5155	Hospice-Conferences/Seminars	293.00			293.00	150.00
7535-7010	Administration-Seminars/Conferences	8,582.00			8,582.00	7,294.00

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7535-7075	Clinical Support Svcs-Seminars/Conferences	500.00			500.00	0.00
7535-7210	Education-Seminars/Conferences	0.00			0.00	2,133.00
7535-7300	Information Technology-Seminars/Conferences	0.00			0.00	500.00
7535-7350	Nursing Support-Seminars/Conferences	0.00			0.00	499.00
7540-5015	ADHC-Grasmere-Subscriptions	845.00			845.00	414.00
7540-5025	Child Care Center-Subscriptions	69.00			69.00	1,614.00
7540-5050	Friedman Home Care-Subscriptions	75.00			75.00	0.00
7540-5150	Medical Home Care-Subscriptions	10,770.00			10,770.00	13,406.00
7540-5155	Hospice-Subscriptions	10,677.00			10,677.00	177.00
7540-7010	Administration-Subscriptions	416.00			416.00	815.00
7540-7210	Education-Subscriptions	5,285.00			5,285.00	0.00
7540-7450	Purchasing-Subscriptions	860.00			860.00	779.00
7540-7525	Therapeutic Recreation-Subscriptions	0.00			0.00	823.00
7550-3000	Foundation-Travel Expense	1,991.00			1,991.00	243.00
7550-5015	ADHC-Grasmere-Travel Expense	0.00			0.00	310.00
7550-5030	Senior Choice at Home-Travel Expense	3,963.00			3,963.00	3,923.00
7550-5050	Friedman Home Care-Travel Expense	24,542.00			24,542.00	24,641.00
7550-5060	Friedman Homecare-Stamford-Travel Expense	1,779.00			1,779.00	0.00
7550-5070	Home Together-Travel Expense	613.00			613.00	888.00
7550-5075	Elder Abuse Prevention-Travel Expense	853.00			853.00	502.00
7550-5125	Institute on Aging-Travel Expense	935.00			935.00	768.00
7550-5150	Medical Home Care-Travel Expense	42,380.00			42,380.00	41,529.00
7550-5155	Hospice-Travel Expense	4,472.00			4,472.00	4,954.00
7550-5160	Friedman Med Homecare-Stamford - Travel Expense	187.00			187.00	0.00
7550-7010	Administration-Travel Expense	9,993.00			9,993.00	10,520.00
7550-7100	Marketing-Travel Expense	721.00			721.00	294.00
7550-7300	Information Technology-Travel Expense	0.00			0.00	577.00
7550-7350	Nursing Support-Travel Expense	15.00			15.00	40.00
7550-7400	Pastoral Services-Travel Expense	2,967.00			2,967.00	4,842.00
7550-7525	Therapeutic Recreation-Travel Expense	41,879.00			41,879.00	37,342.00
7605-7300	Information Technology-Hardware	7,911.00			7,911.00	11,891.00
7610-7300	Information Technology-Network Expense	38,603.00			38,603.00	48,500.00
7615-3000	Foundation-Software	18,983.00			18,983.00	19,203.00
7615-5015	ADHC-Grasmere-Software	4,501.00			4,501.00	4,500.00
7615-5050	Friedman Home Care-Software	55,163.00			55,163.00	27,299.00
7615-5070	Home Together-Software	6,408.00			6,408.00	7,416.00
7615-5150	Medical Home Care-Software	10,442.00			10,442.00	19,630.00
7615-5155	Hospice-Software	7,539.00			7,539.00	13,520.00
7615-5220	Inpatient Therapy-Software	10,962.00			10,962.00	6,758.00
7615-7050	Admissions-Software	4,292.00			4,292.00	4,011.00
7615-7200	Employee Relations-Software	147,728.00			147,728.00	30,744.00
7615-7250	Finance-Software	9,668.00			9,668.00	5,698.00
7615-7300	Information Technology-Software	234,275.00			234,275.00	144,146.00
7615-7425	Physical Plant-Software	1,500.00			1,500.00	6,000.00
7615-7525	Therapeutic Recreation-Software	0.00			0.00	355.00
7615-7600	Fitness Center - Software	7,185.00			7,185.00	2,076.00
7620-7100	Marketing-Website Maintenance	7,800.00			7,800.00	3,600.00
7620-7300	Information Technology-Website Maintenance	249.00			249.00	564.00
7620-7600	Fitness Center - Website Maintenance	903.00			903.00	3,876.00
7705-5200	Physician Practice-Insurance General	1,838.00			1,838.00	1,890.00
7705-7010	Administration-Insurance General	704,784.00		(601,238.00)	103,546.00	95,566.00
7705-7010A	Directors and Officers Insurance	0.00	RJE - 1006	(601,238.00)	72,874.00	75,615.00
7705-7010C	Auto Insurance	0.00	RJE - 1006	72,874.00	17,832.00	17,832.00
7705-7010D	Umbrella Insurance	0.00	RJE - 1006	17,832.00	448,463.00	480,705.00
7705-7010E	Day Care Insurance	0.00	RJE - 1006	448,463.00	11,866.00	12,229.00
7705-7010F	Crime & Fiduciary / Cyber	0.00	RJE - 1006	11,866.00	34,203.00	38,152.00
7705-7010G	Insurance - GPG Group	0.00	RJE - 1006	34,203.00	16,000.00	13,324.00
7805-7200	Employee Relations-Leasing/Rental	2,250.00			2,250.00	0.00
7805-7300	Information Technology-Leasing (Photocopy) Costs	116,006.00			116,006.00	118,257.00
7805-7425	Physical Plant-Auto/Equipment Lease	7,023.00			7,023.00	3,783.00
7805-7450a	Equipment lease	0.00		(89,413.00)	(89,413.00)	(98,088.00)
7805-7450b	Equipment lease	0.00	RJE - 1005	(96,436.00)	89,413.00	98,088.00
7805-7550	Work Activity Center-Leasing (Photocopy) Costs	5,277.00			5,277.00	5,289.00
8005-7250	Finance - Interest Expense - ADHC Note Payable	0.00			0.00	4,523.00
8010-7250	Finance-Bond SWAP Expense	(207,235.00)			(207,235.00)	1,144,413.00
8040-7250	Finance-Bond Expense	46,201.00			46,201.00	42,151.00
8050-7250	Finance-Interest Expense - Revenue Bonds	2,322,535.00			2,322,535.00	1,042,216.00

Account	Description	ADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		9/30/2023			9/30/2023	9/30/2022
8051-3000	Foundation-Annuity Interest Expense-Unrestricted	11,256.00			11,256.00	16,392.00
8100-5060	Friedman Homecare-Stamford-Amoritzation	10,000.00			10,000.00	0.00
8100-5160	Friedman Med Homecare-Stamford-Amoritzation	10,000.00			10,000.00	0.00
8105-7720	Depreciation-Depreciation - Building	3,337,292.00			3,337,292.00	3,322,353.00
8110-7720	Depreciation-Depreciation - Computers/Software	92,405.00			92,405.00	78,610.00
8115-7720	Depreciation-Depreciation - Furniture/Fixtures	232,126.00			232,126.00	238,438.00
8130-7720	Depreciation-Depreciation - Vehicles	15,991.00			15,991.00	29,054.00
8150-7720A	Depreciation-Depreciation - Non-movable Reclass	0.00		(131,587.00)	(131,587.00)	(131,587.00)
			RJE - 1008	(131,587.00)		
8150-7720B	Depreciation-Depreciation - Non-movable Reclass	0.00		131,587.00	131,587.00	131,587.00
			RJE - 1008	131,587.00		
Marcum 101	Marketing Salaries - Accumulated Cost	0.00		33,098.00	33,098.00	0.00
			RJE - 1003	33,098.00		
Total		0.00		0.00	0.00	0.00

Client: **Jewish Senior Services**
 Engagement: **Medicaid - Mozaic Senior Life**
 Period Ending: **9/30/2023**
 Trial Balance: **A.010 - TB**
 Workpaper: **A.012 - TB Grouping Report**

Account	Description	ADJ 9/30/2023	JE Ref #	RJE 9/30/2023	FINAL 9/30/2023
Group : [10-A]	Salaries and Wages				
Subgroup : [2.16]	Administrator -SNF Only				
6010-7010a	Admin Salary - Administrator	0.00		793,672.00	793,672.00
6025-7010	Administration-FTO Accrual	7,484.00		0.00	7,484.00
Subtotal [2.16]	Administrator -SNF Only	7,484.00		793,672.00	801,156.00
Subgroup : [3.16]	Assistant Administrator - Res Days				
50011.00	VP OF OPERATIONS/BUSINESS	0.00		313,559.00	313,559.00
Subtotal [3.16]	Assistant Administrator - Res Days	0.00		313,559.00	313,559.00
Subgroup : [4.10]	Other Administrative Salaries - SNF Only				
6025-7275	Health Information-FTO Accrual	(4,209.00)		0.00	(4,209.00)
6050-7275	Health Information-Salary - Hourly Staff	52,826.00		0.00	52,826.00
6200-1190	1f-Neighborhood Associate	8,604.00		0.00	8,604.00
6200-1300	3-Salary - Neighborhood Assocaite	16,975.00		0.00	16,975.00
6200-1400	4-Salary - Neighborhood Associate	39,360.00		0.00	39,360.00
6200-2100	Post-Acute/Rehab-Salary - Neighborhood Associates	10,153.00		0.00	10,153.00
Subtotal [4.10]	Other Administrative Salaries - SNF Only	123,709.00		0.00	123,709.00
Subgroup : [4.19]	Other Administrative Salaries - All Programs				
6010-7010	Administration-Salary - Director	1,865,293.00		(1,361,485.00)	503,808.00
			RJE - 1003	(1,361,485.00)	
6020-7300	Information Technology-Salary - Director	122,068.00		0.00	122,068.00
6020-7450	Purchasing-Salary - Director	76,420.00		0.00	76,420.00
6025-7025	Administrative Services-FTO Accrual	(9,140.00)		0.00	(9,140.00)
6025-7200	Employee Relations-FTO Accrual	425.00		0.00	425.00
6025-7300	Information Technology-FTO Accrual	5,574.00		0.00	5,574.00
6025-7450	Purchasing-FTO Accrual	(1,334.00)		0.00	(1,334.00)
6040-7025	Administrative Svcs-Salary - Salaried Staff	207,664.00		0.00	207,664.00
6040-7200	Employee Relations-Salary - Salaried Staff	371,954.00		0.00	371,954.00
6050-7025	Administrative Svcs-Salary - Hourly Staff	298,898.00		0.00	298,898.00
6050-7200	Employee Relations-Salary - Hourly Staff	169,235.00		0.00	169,235.00
6050-7300	Information Technology-Salary - Hourly Staff	90,838.00		0.00	90,838.00
6050-7450	Purchasing-Salary - Hourly Staff	29,099.00		0.00	29,099.00
6280-7025	Administrative Services-Receptionist	151,354.00		0.00	151,354.00
Subtotal [4.19]	Other Administrative Salaries - All Programs	3,378,348.00		(1,361,485.00)	2,016,863.00
Subgroup : [4.34]	Other Administrative Salaries - SNF & AL				
6025-7050	Admissions-FTO Accrual	(1,047.00)		0.00	(1,047.00)
6040-7050	Admissions-Salary - Salaried Staff	82,025.00		0.00	82,025.00
6050-7050	Admissions-Hourly Staff	67,235.00		0.00	67,235.00
Subtotal [4.34]	Other Administrative Salaries - SNF & AL	148,213.00		0.00	148,213.00
Subgroup : [5C.3]	Dietary Workers				
6025-7150	Dining Services-FTO Accrual	(5,735.00)		0.00	(5,735.00)
6070-7150	Dining Services -Salary - Cooks	418,595.00		0.00	418,595.00
6080-7150	Dining Services -Salary - Full Time Workers	1,802,982.00		0.00	1,802,982.00
Subtotal [5C.3]	Dietary Workers	2,215,842.00		0.00	2,215,842.00
Subgroup : [6B.2]	Other Housekeeping Workers				
6025-7225	Environmental Services-FTO Accrual	(6,596.00)		0.00	(6,596.00)
6050-7225	Environmental Services-Salary - Hourly Staff	1,181,625.00		0.00	1,181,625.00
Subtotal [6B.2]	Other Housekeeping Workers	1,175,029.00		0.00	1,175,029.00
Subgroup : [7B.33]	Other Maintenance Workers				
6025-7425	Physical Plant-FTO Accrual	(3,444.00)		0.00	(3,444.00)
6050-7425	Physical Plant-Salary - Hourly Staff	300,617.00		0.00	300,617.00
Subtotal [7B.33]	Other Maintenance Workers	297,173.00		0.00	297,173.00
Subgroup : [8B.5]	Other Laundry Workers				
6025-7325	Laundry-FTO Accrual	274.00		0.00	274.00
6050-7325	Laundry-Salary - Hourly Staff	294,290.00		0.00	294,290.00
Subtotal [8B.5]	Other Laundry Workers	294,564.00		0.00	294,564.00
Subgroup : [10.19]	Protective Services				
6025-7500	Security-FTO Accrual	(1,882.00)		0.00	(1,882.00)
6050-7500	Security-Salary - Hourly Staff	175,487.00		0.00	175,487.00
Subtotal [10.19]	Protective Services	173,605.00		0.00	173,605.00
Subgroup : [11A]	Head Accountant				
6010-7010c	Administration Salary - VP Finance	0.00		254,254.00	254,254.00
Subtotal [11A]	Head Accountant	0.00		254,254.00	254,254.00
Subgroup : [11B]	Other Accountants				
6020-7250	Finance-Salary - Director	227,138.00		0.00	227,138.00
6025-7250	Finance-FTO Accrual	1,167.00		0.00	1,167.00
6050-7250	Finance-Salary - Hourly Staff	172,185.00		0.00	172,185.00
Subtotal [11B]	Other Accountants	400,490.00		0.00	400,490.00

Subgroup : [12A.10]	Director of Nurses/Assistant Director - SNF Only			
6020-2100	Post-Acute/Rehab-Salary - Director	200,662.00	0.00	200,662.00
Subtotal [12A.10]	Director of Nurses/Assistant Director - SNF Only	200,662.00	0.00	200,662.00
Subgroup : [12B1.10]	RNs - Direct Care - Direct			
6020-7075	Clinical Support Services-Salary - Director	233,754.00	0.00	233,754.00
6025-7080	Clinic-FTO Accrual	1,341.00	0.00	1,341.00
6050-7080	Clinic- Salary - Hourly Staff	149,605.00	0.00	149,605.00
6170-1190	1f - Salary - RN	195,976.00	0.00	195,976.00
6170-1201	2 - Salary - RN/Clinical Leader	513,424.00	0.00	513,424.00
6170-1300	3 - Salary - RN/Clinical Leader	325,982.00	0.00	325,982.00
6170-1400	4 - Salary - RN/Clinical Leader	528,824.00	0.00	528,824.00
6170-2100	Post-Acute/Rehab - Salary - RN/Clinical Leader	515,926.00	0.00	515,926.00
6175-1201	2 - Salary - Assistant Guide	61,427.00	0.00	61,427.00
6175-1300	3 - Salary -Assistant Guide	102,224.00	0.00	102,224.00
6175-1400	4 - Salary - Assistant Guide	100,608.00	0.00	100,608.00
Subtotal [12B1.10]	RNs - Direct Care - Direct	2,729,091.00	0.00	2,729,091.00
Subgroup : [12B2.10]	RNs - Administrative - Direct			
6025-7075	Clinical Support Services-FTO Accrual	(396.00)	0.00	(396.00)
6220-7075	Clinical Support Svcs-Salary - Nursing - Salaried	543,276.00	0.00	543,276.00
6230-7075	Clinical Support Svcs-Salary - Nursing - Hourly	382,608.00	0.00	382,608.00
Subtotal [12B2.10]	RNs - Administrative - Direct	925,488.00	0.00	925,488.00
Subgroup : [12C1.10]	LPNs - Direct Care - Direct			
6180-1190	1f - Salary - LPN	308,006.00	0.00	308,006.00
6180-1201	2-Salary-LPN/Clinical Leader	1,285,749.00	0.00	1,285,749.00
6180-1300	3-Salary-LPN/Clinical Leader	794,189.00	0.00	794,189.00
6180-1400	4-Salary-LPN/Clinical Leader	1,072,844.00	0.00	1,072,844.00
6180-2100	Post-Acute/Rehab-Salary - LPN	289,677.00	0.00	289,677.00
Subtotal [12C1.10]	LPNs - Direct Care - Direct	3,750,465.00	0.00	3,750,465.00
Subgroup : [12D.10]	Aides and Attendants - Direct			
6025-1190	1f-FTO Accrual	(2,555.00)	0.00	(2,555.00)
6025-1201	2-FTO Accrual	(23,166.00)	0.00	(23,166.00)
6025-1300	3-FTO Accrual	(38,030.00)	0.00	(38,030.00)
6025-1400	4-FTO Accrual	(55,007.00)	0.00	(55,007.00)
6025-2100	Post-Acute/Rehab-FTO Accrual	(10,948.00)	0.00	(10,948.00)
6190-1190	1f - Salary - CNA	374,750.00	0.00	374,750.00
6190-1201	2 - Salary - CNA	1,971,735.00	0.00	1,971,735.00
6190-1300	3 - Salary - CNA	1,860,547.00	0.00	1,860,547.00
6190-1400	4 - Salary - CNA	2,213,993.00	0.00	2,213,993.00
6190-2100	Post-Acute/Rehab - Salary - CNA	534,481.00	0.00	534,481.00
Subtotal [12D.10]	Aides and Attendants - Direct	6,825,800.00	0.00	6,825,800.00
Subgroup : [12E]	Physical Therapists - SNF Only			
6025-5220	Inpatient Therapy-FTO Accrual	(1,892.00)	1,892.00	0.00
			RJE - 1003	1,892.00
6050-5220	Inpatient Therapy-Salary- Hourly Staff	629.00	0.00	629.00
6240-5220	Inpatient Therapy-Salary Expense - PT	878,015.00	(813.00)	877,202.00
			RJE - 1003	(813.00)
6255-5220	Inpatient Therapy-Rehab Program Manager	218,962.00	(203.00)	218,759.00
			RJE - 1003	(203.00)
Subtotal [12E]	Physical Therapists - SNF Only	1,095,714.00	876.00	1,096,590.00
Subgroup : [12F]	Speech Therapists			
6250-5220	Inpatient Therapy-Salary Expense - ST	230,053.00	(213.00)	229,840.00
			RJE - 1003	(213.00)
Subtotal [12F]	Speech Therapists	230,053.00	(213.00)	229,840.00
Subgroup : [12G]	Occupational Therapists - SNF Only			
6245-5220	Inpatient Therapy-Salary Expense - OT	715,597.00	(663.00)	714,934.00
			RJE - 1003	(663.00)
Subtotal [12G]	Occupational Therapists - SNF Only	715,597.00	(663.00)	714,934.00
Subgroup : [12H.10]	Recreation Workers - SNF Only			
6020-7525	Therapeutic Recreation-Salary - Director	91,095.00	0.00	91,095.00
6025-7525	Therapeutic Recreation-FTO Accrual	(2,567.00)	0.00	(2,567.00)
6050-7525	Therapeutic Recreation-Salary - Hourly Staff	456,744.00	0.00	456,744.00
Subtotal [12H.10]	Recreation Workers - SNF Only	545,272.00	0.00	545,272.00
Subgroup : [12M.33]	Social Workers/Case Management - SNF Only			
6120-1190	1f-Salary - Social Worker	14,791.00	0.00	14,791.00
6120-1201	2 - Salary - Social Worker	63,668.00	0.00	63,668.00
6120-1300	3 - Salary - Social Worker	55,010.00	0.00	55,010.00
6120-1400	4 - Salary - Social Worker	72,156.00	0.00	72,156.00
6120-2100	Post-Acute/Rehab - Salary - Social Worker	86,703.00	0.00	86,703.00
Subtotal [12M.33]	Social Workers/Case Management - SNF Only	292,328.00	0.00	292,328.00
Subgroup : [12N.25]	Marketing - Accum Costs			
Marcum 101	Marketing Salaries - Accumulated Cost	0.00	33,098.00	33,098.00
Subtotal [12N.25]	Marketing - Accum Costs	0.00	33,098.00	33,098.00
Subgroup : [12N.22]	Marketing - Non Reimb			
6020-7100	Marketing-Director	(63,152.00)	0.00	(63,152.00)
6025-7100	Marketing-FTO Accrual	11,192.00	0.00	11,192.00
6040-7100	Marketing-Salary - Salaried Staff	217,448.00	(33,098.00)	184,350.00

Subtotal [12N.22]	Marketing - Non Reimb	165,488.00	(33,098.00)	132,390.00
Subgroup : [12O.10]	Other - SNF Only			
6020-5025	Child Care Center-Salary - Director	75,999.00	0.00	75,999.00
6020-7400	Pastoral Services-Salary - Director	101,044.00	0.00	101,044.00
6025-5025	Child Care Center-FTO Accrual	752.00	0.00	752.00
6025-5225	Outpatient Therapy-FTO Accrual	(374.00)	0.00	(374.00)
6025-7400	Pastoral Services-FTO Accrual	(2,835.00)	0.00	(2,835.00)
6050-5025	Child Care Center-Salary - Hourly Staff	144,679.00	0.00	144,679.00
6050-5225	Outpatient Therapy - Salary - Hourly Staff	1,971.00	0.00	1,971.00
6130-5025	Child Care Center-Salary - Prof Staff - Hourly	194,040.00	0.00	194,040.00
6240-5225	Outpatient Therapy-Salary Expense - PT	131,504.00	0.00	131,504.00
6245-5225	Outpatient Therapy-Salary Expense - OT	32,649.00	0.00	32,649.00
6260-7400	Pastoral Services-Pastoral Student Stipend	17,512.00	0.00	17,512.00
Subtotal [12O.10]	Other - SNF Only	696,941.00	0.00	696,941.00
Subgroup : [12O.22]	Other - NON Reimbursible			
6020-5015	ADHC-Grasmere-Salary - Director	74,050.00	0.00	74,050.00
6020-5070	Home Together - Salary - Director	59,054.00	0.00	59,054.00
6020-5075	Elder Abuse Prevention-Salary - Director	23,393.00	0.00	23,393.00
6020-5125	Institute on Aging-Salary - Director	9,135.00	0.00	9,135.00
6020-7550	Work Activity Center-Salary - Director	52,338.00	0.00	52,338.00
6020-7600	Fitness Center - Salary - Director	91,042.00	0.00	91,042.00
6025-2510	Assisted Living-FTO Accrual	(8,012.00)	0.00	(8,012.00)
6025-3000	Foundation-FTO Accrual	(11,890.00)	0.00	(11,890.00)
6025-5015	ADHC-Grasmere-FTO Accrual	(1,231.00)	0.00	(1,231.00)
6025-5030	Senior Choice at Home-FTO Accrual	(998.00)	0.00	(998.00)
6025-5050	Friedman Home Care-FTO Accrual	(4,126.00)	0.00	(4,126.00)
6025-5060	Compassionate Comp - Stamford-FTO Accrual	5,757.00	0.00	5,757.00
6025-5070	Home Together-FTO Accrual	(644.00)	0.00	(644.00)
6025-5125	Institute on Aging-FTO Accrual	1,363.00	0.00	1,363.00
6025-5150	Medical Home Care-FTO Accrual	(9,371.00)	0.00	(9,371.00)
6025-5155	Hospice-FTO Accrual	(362.00)	0.00	(362.00)
6025-5160	Friedman Med Homecare-Stamford-FTO Accrual	2,763.00	0.00	2,763.00
6025-7550	Work Activity Center-FTO Accrual	351.00	0.00	351.00
6025-7600	Fitness Center-FTO Accrual	(974.00)	0.00	(974.00)
6040-2510	Assisted Living - Salary - Salaried Staff	175,511.00	0.00	175,511.00
6040-3000	Foundation-Salary - Salaried Staff	294,290.00	0.00	294,290.00
6040-5015	ADHC-Grasmere - Salary - Salaried	12,323.00	0.00	12,323.00
6040-5030	Senior Choice at Home-Salary - Salaried Staff	159,973.00	0.00	159,973.00
6040-5050	Friedman Home Care-Salary - Salaried Staff	113,574.00	0.00	113,574.00
6040-5070	Home Together-Salary - Salaried Staff	10,456.00	0.00	10,456.00
6040-5075	Elder Abuse Prevention-Salary - Salaried Staff	1,448.00	0.00	1,448.00
6040-5125	Institute on Aging-Salary - Salaried Staff	80,238.00	0.00	80,238.00
6040-5150	Medical Home Care-Salary - Salaried Staff	89,342.00	0.00	89,342.00
6040-5155	Hospice-Salary - Salaried Staff	1,445.00	0.00	1,445.00
6040-5200	Physician Practice-Salary - Salaried Staff	58,217.00	0.00	58,217.00
6040-7600	Fitness Center-Salary-Salaried Staff	65,607.00	0.00	65,607.00
6050-2510	Assisted Living-Salary - Hourly Staff	2,144.00	0.00	2,144.00
6050-5015	ADHC-Grasmere-Salary - Hourly Staff	278,213.00	0.00	278,213.00
6050-5050	Friedman Home Care-Salary - Hourly Staff	130,322.00	0.00	130,322.00
6050-5070	Home Together - Salary - Hourly Staff	13,580.00	0.00	13,580.00
6050-5075	Elder Abuse Prevention-Salary - Hourly Staff	15,501.00	0.00	15,501.00
6050-5125	Institute on Aging-Salary - Hourly Staff	2,211.00	0.00	2,211.00
6050-5150	Medical Home Care-Salary - Hourly Staff	233,797.00	0.00	233,797.00
6050-5155	Hospice-Salary-Hourly	8,851.00	0.00	8,851.00
6050-5160	Friedman Med Homecare-Stamford-Salary-Hourly Staff	104.00	0.00	104.00
6050-7550	Work Activity Center-Salary - Hourly Staff	1,753.00	0.00	1,753.00
6050-7600	Fitness Center - Salary - Hourly	390,767.00	0.00	390,767.00
6120-5030	Senior Choice at Home-Salary - Social Worker	75,824.00	0.00	75,824.00
6120-5150	Medical Home Care-Salary - Social Worker	7,434.00	0.00	7,434.00
6120-5155	Hospice-Salary-Social Worker	67,931.00	0.00	67,931.00
6130-5015	ADHC-Grasmere-Salary - Professional Staff -Hourly	85,590.00	0.00	85,590.00
6140-5050	Friedman Home Care-Salary - Caregivers	1,643,133.00	0.00	1,643,133.00
6140-5060	Friedman Homecare-Stamford-Salary-Caregivers	348,673.00	0.00	348,673.00
6140-5150	Medical Home Care-Salary - Caregivers	17.00	0.00	17.00
6140-5160	Friedman Med Homecare-Stamford - Salary-Caregivers	14,032.00	0.00	14,032.00
6160-5050	Friedman Home Care-Salary - Coordinator	92,960.00	0.00	92,960.00
6160-5060	Friedman Homecare-Stamford-Salary-Coordinator	64,904.00	0.00	64,904.00
6160-5125	Institute on Aging-Salary - Coordinator	26.00	0.00	26.00
6160-5150	Medical Home Care-Salary - Coordinator	127,012.00	0.00	127,012.00
6170-2510	Assisted Living - Salary - Clinical Nurse Leader	193,874.00	0.00	193,874.00
6170-5070	Home Together - Salary - RN	68,377.00	0.00	68,377.00
6170-5150	Medical Home Care-Salary - RN	603,731.00	0.00	603,731.00
6170-5155	Hospice-Salary - RN	220,343.00	0.00	220,343.00
6170-5160	Friedman Med Homecare-Stamford - Salary - RN	26,040.00	0.00	26,040.00
6180-2510	Assisted Living - Salary - LPN	91,539.00	0.00	91,539.00
6180-5150	Medical Home Care-Salary - LPN	186,242.00	0.00	186,242.00
6180-5160	Friedman Med Homecare-Stamford - Salary - LPN	3,875.00	0.00	3,875.00
6190-2510	Assisted Living - Salary - CNA	657,708.00	0.00	657,708.00
6190-5155	Hospice-Salary - CNA	92,843.00	0.00	92,843.00
6210-7550	Work Activity Center-Residents (WAC)	6,593.00	0.00	6,593.00
6240-5150	Medical Home Care-Salary- PT	472,708.00	0.00	472,708.00
6240-5155	Hospice-Salary-PT	13,968.00	0.00	13,968.00
6240-5160	Friedman Med Homecare-Stamford - Salary - PT	50,792.00	0.00	50,792.00
6245-5150	Medical Home Care-Salary Expense-OT	155,728.00	0.00	155,728.00
6245-5160	Friedman Med Homecare-Stamford - Salary - OT	9,233.00	0.00	9,233.00

6250-5150	Medical Home Care-Salary Expense - ST	36,756.00	0.00	36,756.00
6250-5160	Friedman Med Homecare-Stamford - Salary - ST	1,669.00	0.00	1,669.00
6733-5075	Elder Abuse Prevention-Medical Director	3,333.00	0.00	3,333.00
6733-5125	Institute on Aging-Medical Director	16,667.00	0.00	16,667.00
6733-5155	Hospice-Medical Director	25,900.00	0.00	25,900.00
Subtotal [120.22]	Other - NON Reimbursible	7,886,760.00	0.00	7,886,760.00
Subgroup : [120.25]	Other - Accum Costs			
6025-7210	Education-FTO Accrual	(4,009.00)	0.00	(4,009.00)
6040-7210	Education -Salary-Salaried Staff	181,143.00	0.00	181,143.00
6050-7210	Education-Salary - Hourly Staff	20,309.00	0.00	20,309.00
Subtotal [120.25]	Other - Accum Costs	197,443.00	0.00	197,443.00
Total [10-A]	Salaries and Wages	34,471,559.00	0.00	34,471,559.00
Group : [13-B]	Professional Fees			
Subgroup : [2.22]	Dentist - SNF Only			
6721-7075	Clinical Support Svcs-Consulting Expense - Dental	25,821.00	0.00	25,821.00
Subtotal [2.22]	Dentist - SNF Only	25,821.00	0.00	25,821.00
Subgroup : [3.03]	Pharmacist			
6723-7075	Clinical Support Svcs-Consulting Expense-Pharmacy	21,814.00	0.00	21,814.00
Subtotal [3.03]	Pharmacist	21,814.00	0.00	21,814.00
Subgroup : [4]	Podiatrist			
6755-7075	Clinical Support Svcs-Podiatric Expense	700.00	0.00	700.00
Subtotal [4]	Podiatrist	700.00	0.00	700.00
Subgroup : [5A.07]	PT - Resident Care - SNF Only			
7050-5220	Inpatient Therapy-Temporary Help	44,845.00	0.00	44,845.00
Subtotal [5A.07]	PT - Resident Care - SNF Only	44,845.00	0.00	44,845.00
Subgroup : [8A.10]	Medical Director - SNF Only			
6733-7075	Clinical Support Services-Medical Director	18,000.00	0.00	18,000.00
Subtotal [8A.10]	Medical Director - SNF Only	18,000.00	0.00	18,000.00
Subgroup : [8E]	Other - SNF Only			
6760-7075	Clinical Support Svcs-Psychiatric Expense	16,942.00	0.00	16,942.00
Subtotal [8E]	Other - SNF Only	16,942.00	0.00	16,942.00
Subgroup : [11A1]	RN's - Direct Care - Direct			
7050-7350	Nursing Support-Temporary Help	1,763,834.00	(1,635,468.00)	128,366.00
Subtotal [11A1]	RN's - Direct Care - Direct	1,763,834.00	(1,635,468.00)	128,366.00
Subgroup : [11B1]	LPN's - Direct Care			
7050-7350.1	Nursing Support - Temp Help - LPN	0.00	1,023,865.00	1,023,865.00
Subtotal [11B1]	LPN's - Direct Care	0.00	1,023,865.00	1,023,865.00
Subgroup : [11C]	Aides			
7050-7350.2	Nursing Support - Temp Help - CNA	0.00	611,603.00	611,603.00
Subtotal [11C]	Aides	0.00	611,603.00	611,603.00
Subgroup : [12.10]	Other - SNF Only			
6750-1000	Long term care-Physician	1,293.00	0.00	1,293.00
6750-2100	Post-Acute/Rehab-Physician	1,204.00	0.00	1,204.00
7035-7400	Pastoral Services-Purchased Services	6,780.00	0.00	6,780.00
Subtotal [12.10]	Other - SNF Only	9,277.00	0.00	9,277.00
Subgroup : [12.22]	Other - Non Reimbursible			
7008-5150	Medical Home Care-Billing Services	126,943.00	0.00	126,943.00
7008-5155	Hospice-Billing Services	53,032.00	0.00	53,032.00
7035-3000	Foundation-Purchased Services	35.00	0.00	35.00
7035-5050	Friedman Home Care-Purchased Services	1,573,580.00	0.00	1,573,580.00
7035-5155	Hospice-Purchased Services	9,740.00	0.00	9,740.00
Subtotal [12.22]	Other - Non Reimbursible	1,763,330.00	0.00	1,763,330.00
Total [13-B]	Professional Fees	3,664,563.00	0.00	3,664,563.00
Group : [15]	Expenditures Other than Salaries			
Subgroup : [1A1.15]	Workmen's Compensation			
6565-7200	Employee Relations-Workers' Comp Insurance	1,291,211.00	0.00	1,291,211.00
Subtotal [1A1.15]	Workmen's Compensation	1,291,211.00	0.00	1,291,211.00
Subgroup : [1A2.15]	Disability Insurance			
6550-7200	Employee Relations-Short Term/Long Term Disability	95,736.00	0.00	95,736.00
Subtotal [1A2.15]	Disability Insurance	95,736.00	0.00	95,736.00
Subgroup : [1A3.15]	Unemployment Insurance			
6555-7200	Employee Relations-State Unemployment Insurance	36,447.00	0.00	36,447.00
Subtotal [1A3.15]	Unemployment Insurance	36,447.00	0.00	36,447.00
Subgroup : [1A4.15]	Social Security (FICA)			
6520-7200	Employee Relations-FICA Expense	2,318,263.00	0.00	2,318,263.00
Subtotal [1A4.15]	Social Security (FICA)	2,318,263.00	0.00	2,318,263.00

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Subgroup : [1A5.15]	Health Insurance			
6510-7200	Employee Relations-Dental Insurance	238,924.00	0.00	238,924.00
6515-7200	Employee Relations-DPC Deduction	68,791.00	0.00	68,791.00
6517-7200	Employee Relations-Dental Contributions	(129,853.00)	0.00	(129,853.00)
6535-7200	Employee Relations-Medical Insurance	3,288,602.00	0.00	3,288,602.00
6537-7200	Employee Relations-Medical Contributions	(571,037.00)	0.00	(571,037.00)
Subtotal [1A5.15]	Health Insurance	2,895,427.00	0.00	2,895,427.00
Subgroup : [1A6.15]	Life Insurance			
6530-7200	Employee Relations-Group Life Insurance	132,074.00	0.00	132,074.00
Subtotal [1A6.15]	Life Insurance	132,074.00	0.00	132,074.00
Subgroup : [1A7.15]	Pensions			
6540-7200	Employee Relations-Pension Plan	1,239,796.00	0.00	1,239,796.00
Subtotal [1A7.15]	Pensions	1,239,796.00	0.00	1,239,796.00
Subgroup : [1A9.10]	Other			
6560-7200	Employee Relations-Tuition Reimbursement	7,190.00	0.00	7,190.00
Subtotal [1A9.10]	Other	7,190.00	0.00	7,190.00
Subgroup : [1C.42]	Bad Debts - SNF Only			
7110-7250	Finance-Bad Debt Expense	188,713.00	0.00	188,713.00
Subtotal [1C.42]	Bad Debts - SNF Only	188,713.00	0.00	188,713.00
Subgroup : [1D.42]	Accounting and Auditing			
7005-7250	Finance-Accounting Expense	117,651.00	0.00	117,651.00
Subtotal [1D.42]	Accounting and Auditing	117,651.00	0.00	117,651.00
Subgroup : [1E.10]	Legal			
7015-7010	Administration-Legal Expense	205,008.00	0.00	205,008.00
7015-7200	Employee Relations-Legal Expense	17,582.00	0.00	17,582.00
Subtotal [1E.10]	Legal	222,590.00	0.00	222,590.00
Subgroup : [1G.10]	Office Supplies - SNF Only			
7425-1480	4e - Minor Equipment	458.00	0.00	458.00
7425-1490	4f - Minor Equipment	458.00	0.00	458.00
7425-5025	Child Care Center-Minor Equipment	60.00	0.00	60.00
7430-1190	1f-Office Supplies	513.00	0.00	513.00
7430-1240	2a - Office Supplies	1,088.00	0.00	1,088.00
7430-1250	2b - Office Supplies	548.00	0.00	548.00
7430-1260	2c - Office Supplies	62.00	0.00	62.00
7430-1280	2e - Office Supplies	453.00	0.00	453.00
7430-1290	2f - Office Supplies	629.00	0.00	629.00
7430-1340	3a - Office Supplies	727.00	0.00	727.00
7430-1360	3c - Office Supplies	60.00	0.00	60.00
7430-1390	3f - Office Supplies	553.00	0.00	553.00
7430-1440	4a - Office Supplies	572.00	0.00	572.00
7430-1490	4f - Office Supplies	3,581.00	0.00	3,581.00
7430-5025	Child Care Center-Office Supplies	1,955.00	0.00	1,955.00
7430-5220	Inpatient Therapy-Office Supplies	3,444.00	0.00	3,444.00
Subtotal [1G.10]	Office Supplies - SNF Only	15,161.00	0.00	15,161.00
Subgroup : [1G.15]	Office Supplies - Split			
7410-5225	Outpatient Therapy-Printing Expense	36.00	0.00	36.00
7410-7010	Administration-Printing Expense	16,045.00	0.00	16,045.00
7410-7200	Employee Relations-Printing Expense	203.00	0.00	203.00
7425-1470	4d - Minor Equipment	458.00	0.00	458.00
7425-7010	Administration-Minor Equipment	1,300.00	0.00	1,300.00
7425-7250	Finance-Minor Equipment	732.00	0.00	732.00
7425-7300	Information Technology-Minor Equipment	17,963.00	0.00	17,963.00
7430-2100	Post-Acute/Rehab-Office Supplies	2,596.00	0.00	2,596.00
7430-5225	Outpatient Therapy-Office Supplies	589.00	0.00	589.00
7430-7010	Administration-Office Supplies	5,915.00	0.00	5,915.00
7430-7025	Administrative Services-Office Supplies	306.00	0.00	306.00
7430-7050	Admissions-Office Supplies	3,408.00	0.00	3,408.00
7430-7080	Clinic-Office Supplies	1,119.00	0.00	1,119.00
7430-7150	Dining Services-Office Supplies	3,973.00	0.00	3,973.00
7430-7200	Employee Relations-Office Supplies	11,279.00	0.00	11,279.00
7430-7210	Education-Office Supplies	1,184.00	0.00	1,184.00
7430-7225	Environmental Services-Office Supplies	333.00	0.00	333.00
7430-7250	Finance-Office Supplies	10,514.00	0.00	10,514.00
7430-7275	Health Information-Office Supplies	8,437.00	0.00	8,437.00
7430-7300	Information Technology-Office Supplies	168.00	0.00	168.00
7430-7350	Nursing Support-Office Supplies	4,127.00	0.00	4,127.00
7430-7425	Physical Plant-Office Supplies	780.00	0.00	780.00
7430-7450	Purchasing-Office Supplies	4,230.00	0.00	4,230.00
7430-7500	Security-Office Supplies	117.00	0.00	117.00
7445-7525	Therapeutic Recreation-Postage	35.00	0.00	35.00
7455-7010	Administration-Supplies Expense	1,874.00	0.00	1,874.00
7455-7200	Employee Relations-Supplies Expense	688.00	0.00	688.00
7455-7210	Education-Supplies Expense	1,676.00	0.00	1,676.00
7455-7250	Finance-Supplies Expense	42.00	0.00	42.00
7455-7275	Health Information - Supplies Expense	1,170.00	0.00	1,170.00
7455-7300	Information Technology-Supplies Expense	189.00	0.00	189.00
7805-7200	Employee Relations-Leasing/Rental	2,250.00	0.00	2,250.00
7805-7300	Information Technology-Leasing (Photocopy) Costs	116,006.00	0.00	116,006.00
7805-7450a	Equipment lease	0.00	(89,413.00)	(89,413.00)

Subtotal [1G.15]	Office Supplies - Split	219,742.00	(89,413.00)	130,329.00
Subgroup : [1G.22]	Office Supplies - Non Reimb			
7425-5015	ADHC-Grasmere-Minor Equipment	1,106.00	0.00	1,106.00
7425-5150	Medical Home Care-Minor Equipment	70.00	0.00	70.00
7430-2510	Assisted Living- Office Supplies	3,949.00	0.00	3,949.00
7430-3000	Foundation-Office Supplies	3,866.00	0.00	3,866.00
7430-5015	ADHC-Grasmere-Office Supplies	3,263.00	0.00	3,263.00
7430-5030	Senior Choice at Home-Office Supplies	1,482.00	0.00	1,482.00
7430-5050	Friedman Home Care-Office Supplies	737.00	0.00	737.00
7430-5070	Home Together - Office Supplies	670.00	0.00	670.00
7430-5075	Elder Abuse Prevention-Office Supplies	8.00	0.00	8.00
7430-5125	Institute on Aging-Office Supplies	164.00	0.00	164.00
7430-5150	Medical Home Care-Office Supplies	5,044.00	0.00	5,044.00
7430-5155	Hospice-Office Supplies	1,298.00	0.00	1,298.00
7430-5200	Physician Practice-Office Supplies	550.00	0.00	550.00
7430-7550	Work Activity Center-Office Supplies	3,606.00	0.00	3,606.00
7430-7600	Fitness Center-Office Supplies	4,292.00	0.00	4,292.00
7805-7550	Work Activity Center-Leasing (Photocopy) Costs	5,277.00	0.00	5,277.00
Subtotal [1G.22]	Office Supplies - Non Reimb	35,382.00	0.00	35,382.00
Subgroup : [1H1.42]	Telephone and Telegraph			
7125-2510	Assisted Living-Telephone	2,369.00	0.00	2,369.00
7125-7425	Physical Plant-Telephone Expense	507.00	0.00	507.00
7295-5200	Physician Practice-Telephone Expense	5,570.00	0.00	5,570.00
7295-7010	Administration-Telephone Expense	15.00	0.00	15.00
7295-7300	Information Technology-Telephone Expense	49,464.00	0.00	49,464.00
Subtotal [1H1.42]	Telephone and Telegraph	57,925.00	0.00	57,925.00
Subgroup : [1H2.30]	Cellular Phones and Beepers			
7125-5015	ADHC-Grasmere-Cell Phone Expense	1,014.00	0.00	1,014.00
7125-5030	Senior Choice at Home-Cell Phone Expense	700.00	0.00	700.00
7125-5070	Home Together-Cell Phone Expense	773.00	0.00	773.00
7125-5125	Institute on Aging-Cell Phone Expense	507.00	0.00	507.00
7125-5150	Medical Home Care-Cell Phone Expense	63,613.00	0.00	63,613.00
7125-5155	Hospice-Cell Phone Expense	5,071.00	0.00	5,071.00
7125-5220	Inpatient Therapy-Cell Phone Expense	555.00	0.00	555.00
7125-7025	Administrative Services-Cell Phone Expense	6,860.00	0.00	6,860.00
7125-7050	Admissions-Cell Phone Expense	266.00	0.00	266.00
7125-7075	Clinical Support Services-Cell Phone Expense	220.00	0.00	220.00
7125-7100	Marketing-Cell Phone Expense	507.00	0.00	507.00
7125-7150	Dining Services-Cell Phone Expense	437.00	0.00	437.00
7125-7225	Environmental Services-Cell Phone Expense	507.00	0.00	507.00
7125-7300	Information Technology-Cell Phone Expense	40,166.00	0.00	40,166.00
7125-7350	Nursing Support-Cell Phone Expense	15,324.00	0.00	15,324.00
7125-7500	Security-Cell Phone Expense	507.00	0.00	507.00
7125-7525	Therapeutic Recreation - Cell Phone Expense	967.00	0.00	967.00
Subtotal [1H2.30]	Cellular Phones and Beepers	137,994.00	0.00	137,994.00
Subgroup : [1K3.03]	Resident Day User Fee - SNF Only			
7150-7010	Administration-Nursing Home User Tax	1,478,298.00	0.00	1,478,298.00
Subtotal [1K3.03]	Resident Day User Fee - SNF Only	1,478,298.00	0.00	1,478,298.00
Total [15]	Expenditures Other than Salaries	10,489,600.00	(89,413.00)	10,400,187.00
Group : [16]	Expenditures Other than Salaries (cont'd) - Admin. and General			
Subgroup : [3]	Gifts to Staff and Residents			
7130-7200	Employee Relations-Employee Relations	113,230.00	0.00	113,230.00
Subtotal [3]	Gifts to Staff and Residents	113,230.00	0.00	113,230.00
Subgroup : [4.10]	Employee Travel - SNF Only			
7550-7350	Nursing Support-Travel Expense	15.00	0.00	15.00
7550-7400	Pastoral Services-Travel Expense	2,967.00	0.00	2,967.00
7550-7525	Therapeutic Recreation-Travel Expense	41,879.00	0.00	41,879.00
Subtotal [4.10]	Employee Travel - SNF Only	44,861.00	0.00	44,861.00
Subgroup : [4.15]	Employee Travel - Non Reimbursible			
7505-3000	Foundation-Business Meals	530.00	0.00	530.00
7505-5030	Senior Choice at Home-Business Meals	9,636.00	0.00	9,636.00
7505-7100	Marketing-Business Meals	159.00	0.00	159.00
7550-3000	Foundation-Travel Expense	1,991.00	0.00	1,991.00
7550-5030	Senior Choice at Home-Travel Expense	3,963.00	0.00	3,963.00
7550-5050	Friedman Home Care-Travel Expense	24,542.00	0.00	24,542.00
7550-5060	Friedman Homecare-Stamford-Travel Expense	1,779.00	0.00	1,779.00
7550-5070	Home Together-Travel Expense	613.00	0.00	613.00
7550-5075	Elder Abuse Prevention-Travel Expense	853.00	0.00	853.00
7550-5125	Institute on Aging-Travel Expense	935.00	0.00	935.00
7550-5150	Medical Home Care-Travel Expense	42,380.00	0.00	42,380.00
7550-5155	Hospice-Travel Expense	4,472.00	0.00	4,472.00
7550-5160	Friedman Med Homecare-Stamford - Travel Expense	187.00	0.00	187.00
7550-7100	Marketing-Travel Expense	721.00	0.00	721.00
Subtotal [4.15]	Employee Travel - Non Reimbursible	92,761.00	0.00	92,761.00
Subgroup : [4.42]	Employee Travel - All Programs			
7505-7010	Administration-Business Meals	4,509.00	0.00	4,509.00
7550-7010	Administration-Travel Expense	9,993.00	0.00	9,993.00

Subtotal [4.42]	Employee Travel - All Programs	14,502.00	0.00	14,502.00
Subgroup : [5.10]	Education Expense - SNF Only			
7520-5025	Child Care Center-Education/Inservice Expense	1,151.00	0.00	1,151.00
7520-7010	Administration-Education/Inservice Expense	200.00	0.00	200.00
7520-7200	Employee Relations-Education/Inservice Expense	2,579.00	0.00	2,579.00
7520-7210	Education-Education/Inservice Expense	54,333.00	0.00	54,333.00
7520-7350	Nursing Support-Education/Inservice Expense	4,052.00	0.00	4,052.00
7535-5025	Child Care Center-Seminars/Conferences	350.00	0.00	350.00
7535-7010	Administration-Seminars/Conferences	8,582.00	0.00	8,582.00
7535-7075	Clinical Support Svcs-Seminars/Conferences	500.00	0.00	500.00
Subtotal [5.10]	Education Expense - SNF Only	71,747.00	0.00	71,747.00
Subgroup : [5.22]	Education Expense - Non Reimbursible			
7520-5200	Physician Practice-Education/Inservice Expense	1,000.00	0.00	1,000.00
7535-2510	Assisted Living-Seminars/Conferences	1,795.00	0.00	1,795.00
7535-5015	ADHC-Grasmere-Seminars/Conferences	225.00	0.00	225.00
7535-5030	Senior Choice at Home-Seminars/Conferences	659.00	0.00	659.00
7535-5050	Friedman Home Care-Seminars/Conferences	328.00	0.00	328.00
7535-5070	Home Together-Seminars/Conferences	150.00	0.00	150.00
7535-5125	Institute on Aging-Seminars/Conferences	300.00	0.00	300.00
7535-5150	Medical Home Care-Conferences/Seminars	119.00	0.00	119.00
7535-5155	Hospice-Conferences/Seminars	293.00	0.00	293.00
Subtotal [5.22]	Education Expense - Non Reimbursible	4,869.00	0.00	4,869.00
Subgroup : [6.10]	Automobile Expense - SNF			
7205-7425	Physical Plant-Auto Maintenance & Repairs	21,788.00	0.00	21,788.00
Subtotal [6.10]	Automobile Expense - SNF	21,788.00	0.00	21,788.00
Subgroup : [M1.15]	Advertising Help Wanted			
7105-7200	Employee Relations-Advertising-Recruitment	5,186.00	0.00	5,186.00
Subtotal [M1.15]	Advertising Help Wanted	5,186.00	0.00	5,186.00
Subgroup : [M3.22]	Advertising Other - Non Reimb			
7100-5030	Senior Choice at Home-Marketing	56,426.00	0.00	56,426.00
7100-7600	Fitness Center - Marketing	13,995.00	0.00	13,995.00
7105-5150	Medical Home Care-Advertising - Classified	480.00	0.00	480.00
7140-5015	ADHC-Grasmere-Marketing Supplies	755.00	0.00	755.00
7140-5030	Senior Choice at Home-Marketing Supplies	979.00	0.00	979.00
7140-5050	Friedman Home Care-Marketing Supplies	578.00	0.00	578.00
7140-5075	Elder Abuse Prevention-Marketing Supplies	419.00	0.00	419.00
7140-5125	Institute on Aging-Marketing Supplies	295.00	0.00	295.00
7140-5150	Medical Home Care-Marketing Supplies	1,733.00	0.00	1,733.00
7140-5155	Hospice-Marketing Supplies	305.00	0.00	305.00
7140-5160	Friedman Med Homecare-Stamford-Marketing Supplies	221.00	0.00	221.00
7141-5015	ADHC-Grasmere-EML-Marketing Supp	295.00	0.00	295.00
Subtotal [M3.22]	Advertising Other - Non Reimb	76,481.00	0.00	76,481.00
Subgroup : [M3.42]	Advertising Other			
7105-7100	Marketing-Advertising - Classified	5,210.00	0.00	5,210.00
7140-5225	Outpatient Therapy-Marketing Supplies	305.00	0.00	305.00
7140-7010	Administration-Marketing Supplies	400.00	0.00	400.00
7140-7100	Marketing-Marketing Supplies	726.00	0.00	726.00
7140-7200	Employee Relations-Marketing Supplies	771.00	0.00	771.00
7145-7100	Marketing-Miscellaneous Expense	2,750.00	0.00	2,750.00
7165-7100	Marketing-Special Projects	174,854.00	0.00	174,854.00
7410-7100	Marketing-Graphic Des/Printing Expense	83,670.00	0.00	83,670.00
7430-7100	Marketing-Office Supplies	537.00	0.00	537.00
7455-7100	Marketing-Supplies Expense	51.00	0.00	51.00
7620-7100	Marketing-Website Maintenance	7,800.00	0.00	7,800.00
7620-7300	Information Technology-Website Maintenance	249.00	0.00	249.00
Subtotal [M3.42]	Advertising Other	277,323.00	0.00	277,323.00
Subgroup : [M4.10]	Fund Raising - SNF			
7133-3000	Foundation-Donor Recognition	1,119.00	0.00	1,119.00
7134-3000	Foundation-Special Events	1,501.00	0.00	1,501.00
Subtotal [M4.10]	Fund Raising - SNF	2,620.00	0.00	2,620.00
Subgroup : [M4.22]	Fund Raising - NonReimbursible			
7134-5030	Senior Choice at Home-Special Events	3,206.00	0.00	3,206.00
Subtotal [M4.22]	Fund Raising - NonReimbursible	3,206.00	0.00	3,206.00
Subgroup : [M6.03]	Barber and Beauty Supplies - SNF			
6212-7525	Therapeutic Recreation-Salary-Beauty Salon	54,000.00	0.00	54,000.00
7452-7525	Therapeutic Recreation-Beauty Salon Supplies	3,026.00	0.00	3,026.00
Subtotal [M6.03]	Barber and Beauty Supplies - SNF	57,026.00	0.00	57,026.00
Subgroup : [M7.10]	Postage			
7445-7010	Administration-Postage	39,827.00	0.00	39,827.00
7445-7250	Finance-Postage	79.00	0.00	79.00
7445-7450	Purchasing-Postage	33.00	0.00	33.00
Subtotal [M7.10]	Postage	39,939.00	0.00	39,939.00
Subgroup : [M7.22]	Postage - Non Reimb			
7445-3000	Foundation-Postage	37.00	0.00	37.00
7445-5030	Senior Choice at Home-Postage	971.00	0.00	971.00
Subtotal [M7.22]	Postage - Non Reimb	1,008.00	0.00	1,008.00

Subgroup : [M8.10]	Dues and Membership Fees to Professional Associations - Accum Cost			
7515-7010	Administration-Dues	38,642.00	(630.00)	38,012.00
			RJE - 1007 (630.00)	
7515-7400	Pastoral Services-Dues	450.00	0.00	450.00
Subtotal [M8.10]	Dues and Membership Fees to Professional Associations - Accum Cost	39,092.00	(630.00)	38,462.00
Subgroup : [M8.22]	Dues and Membership Fees to Professional Associations - Non Reimb			
7515-2510	Assisted Living-Dues	1,408.00	0.00	1,408.00
7515-5015	ADHC-Grasmere-Dues	710.00	0.00	710.00
7515-5150	Medical Home Care-Dues	5,636.00	0.00	5,636.00
Subtotal [M8.22]	Dues and Membership Fees to Professional Associations - Non Reimb	7,754.00	0.00	7,754.00
Subgroup : [M9.10]	Subscriptions - SNF Only			
7525-5025	Child Care Center-Licenses/Permits	310.00	0.00	310.00
7525-7010	Administration-Licenses/Permits	140,470.00	0.00	140,470.00
7525-7080	Clinic-Licenses/Permits	190.00	0.00	190.00
7525-7150	Dining Services-Licenses/Permits	2,300.00	0.00	2,300.00
7525-7425	Physical Plant-Licenses/Permits	240.00	0.00	240.00
7540-5025	Child Care Center-Subscriptions	69.00	0.00	69.00
7540-7010	Administration-Subscriptions	416.00	0.00	416.00
7540-7210	Education-Subscriptions	5,285.00	0.00	5,285.00
7540-7450	Purchasing-Subscriptions	860.00	0.00	860.00
Subtotal [M9.10]	Subscriptions - SNF Only	150,140.00	0.00	150,140.00
Subgroup : [M9.22]	Subscriptions - Non Reimb			
7525-5050	Friedman Home Care-Licenses/Permits	375.00	0.00	375.00
7525-5150	Medical Home Care-Licenses/Permits	180.00	0.00	180.00
7525-7550	Work Activity Center-Licenses/Permits	580.00	0.00	580.00
7525-7600	Fitness Center-Licenses/Permits	3,777.00	0.00	3,777.00
7540-5015	ADHC-Grasmere-Subscriptions	845.00	0.00	845.00
7540-5050	Friedman Home Care-Subscriptions	75.00	0.00	75.00
7540-5150	Medical Home Care-Subscriptions	10,770.00	0.00	10,770.00
7540-5155	Hospice-Subscriptions	10,677.00	0.00	10,677.00
Subtotal [M9.22]	Subscriptions - Non Reimb	27,279.00	0.00	27,279.00
Subgroup : [M11.10]	Services Provided by Contract - SNF Only			
7008-7250	Finance-Billing Services	214,792.00	0.00	214,792.00
7010-7250	Finance-Consulting	2,951.00	0.00	2,951.00
7030-7200	Employee Relations-Payroll Processing	6,655.00	0.00	6,655.00
7035-1000	Long term care-Purchased Services	8,014.00	0.00	8,014.00
7035-7010	Administration-Purchased Services	3,673.00	0.00	3,673.00
7050-7200	Employee Relations-Temporary Help	34,586.00	0.00	34,586.00
Subtotal [M11.10]	Services Provided by Contract - SNF Only	270,671.00	0.00	270,671.00
Subgroup : [M11.22]	Services Provided by Contract - Non Reimb			
7035-5070	Home Together - Purchased Services	1,099,132.00	0.00	1,099,132.00
7035-5150	Medical Home Care-Purchased Services	108,800.00	0.00	108,800.00
7035-5160	Friedman Med Homecare-Stamford-Purchased Services	2,833.00	0.00	2,833.00
7035-7600	Fitness Center - Purchased Services	135,957.00	0.00	135,957.00
Subtotal [M11.22]	Services Provided by Contract - Non Reimb	1,346,722.00	0.00	1,346,722.00
Subgroup : [M13.10]	Other - SNF Only			
7145-5025	Child Care Center-Miscellaneous Expense	50.00	0.00	50.00
Subtotal [M13.10]	Other - SNF Only	50.00	0.00	50.00
Subgroup : [M13.22]	Other - Non Reimb			
7010-5030	Senior Choice at Home-Consulting Services	14,800.00	0.00	14,800.00
7010-5125	Institute on Aging-Consulting Services	29,379.00	0.00	29,379.00
7035-2510	Assisted Living-Purchased Services	3,827.00	0.00	3,827.00
7035-5030	Senior Choice at Home-Purchased Services	2,963,064.00	116,000.00	3,079,064.00
7110-5050	Friedman Home Care-Bad Debt Expense	9,165.00	0.00	9,165.00
7110-5150	Medical Home Care-Bad Debt Expense	59,900.00	0.00	59,900.00
7110-5155	Hospice-Bad Debt Expense	103,152.00	0.00	103,152.00
7136-3000	Foundation-Contribution Expense	33,056.00	0.00	33,056.00
7145-5015	ADHC-Grasmere-Miscellaneous Expen	412.00	0.00	412.00
7145-5030	Senior Choice at Home-Miscellaneous Expense	2,268.00	0.00	2,268.00
7148-5050	Friedman Home Care-New Program Development	50.00	0.00	50.00
7210-5015	ADHC-Grasmere-Cleaning Supplies	16.00	0.00	16.00
7245-7600	Fitness Center - Facilities Maintenance/Contracts	1,266.00	0.00	1,266.00
7246-7600	Fitness Center - Equipment Maintenance/Contracts	1,475.00	0.00	1,475.00
7247-7600	Fitness Center - Pool Maintenance	32,844.00	0.00	32,844.00
7271-7600	Fitness Center - Equipment Repairs	2,983.00	0.00	2,983.00
7273-7600	Fitness Center - Facilities Parts	5,287.00	0.00	5,287.00
7410-3000	Foundation-Printing Expense	13,326.00	0.00	13,326.00
7410-5030	Senior Choice at Home-Printing Expense	19,867.00	0.00	19,867.00
7410-5070	Home Together-Printing Expense	295.00	0.00	295.00
7410-5150	Medical Home Care-Printing Expense	323.00	0.00	323.00
7410-7600	Fitness Center-Printing Expense	604.00	0.00	604.00
7420-5015	ADHC-Grasmere-Medical Supplies - non billable	373.00	0.00	373.00
7425-7600	Fitness Center - Small Equipment	2,837.00	0.00	2,837.00
7426-7600	Fitness Center - Large Equipment	372.00	0.00	372.00
7437-7600	Fitness Center-Pool Supplies	6,786.00	0.00	6,786.00
7455-7550	Work Activity Center-Supplies Expense	2,390.00	0.00	2,390.00
7455-7600	Fitness Center - Amenities Supplies	9,944.00	0.00	9,944.00
7530-3000	Foundation-Meeting Expense	66.00	0.00	66.00
7530-5030	Senior Choice at Home-Meeting Expense	166.00	0.00	166.00

7615-3000	Foundation-Software	18,983.00	0.00	18,983.00
7615-5015	ADHC-Grasmere-Software	4,501.00	0.00	4,501.00
7615-5050	Friedman Home Care-Software	55,163.00	0.00	55,163.00
7615-5070	Home Together-Software	6,408.00	0.00	6,408.00
7615-5150	Medical Home Care-Software	10,442.00	0.00	10,442.00
7615-5155	Hospice-Software	7,539.00	0.00	7,539.00
7615-7600	Fitness Center - Software	7,185.00	0.00	7,185.00
7620-7600	Fitness Center - Website Maintenance	903.00	0.00	903.00
8051-3000	Foundation-Annuity Interest Expense-Unrestricted	11,256.00	0.00	11,256.00
Subtotal [M13.22]	Other - Non Reimb	3,442,673.00	116,000.00	3,558,673.00

Subgroup : [M13.25]	Other - Accum Costs			
6545-7200	Employee Relations-Pre-Employment Screening	88,412.00	0.00	88,412.00
7010-7010	Administration-Consulting Services	40,406.00	0.00	40,406.00
7010-7200	Employee Relations-Consulting Services	150,913.00	0.00	150,913.00
7040-7200	Employee Relations-Recruitment Fees	60,523.00	0.00	60,523.00
7045-7300	Information Technology-Support Expense	317,114.00	0.00	317,114.00
7115-7250	Finance-Bank/Credit Card Fees	316,465.00	0.00	316,465.00
7145-7200	Employee Relations-Miscellaneous Expense	8,350.00	0.00	8,350.00
7515-7010.1	License Fee	0.00	630.00	630.00
7530-7010	Administration-Meeting Expense	240.00	0.00	240.00
7605-7300	Information Technology-Hardware	7,911.00	0.00	7,911.00
7610-7300	Information Technology-Network Expense	38,603.00	0.00	38,603.00
7615-5220	Inpatient Therapy-Software	10,962.00	0.00	10,962.00
7615-7050	Admissions-Software	4,292.00	0.00	4,292.00
7615-7200	Employee Relations-Software	147,728.00	0.00	147,728.00
7615-7250	Finance-Software	9,668.00	0.00	9,668.00
7615-7300	Information Technology-Software	234,275.00	0.00	234,275.00
7705-7010A	Directors and Officers Insurance	0.00	72,874.00	72,874.00
Subtotal [M13.25]	Other - Accum Costs	1,435,862.00	73,504.00	1,509,366.00

Total [16]	Expenditures Other than Salaries (cont'd) - Admin. and General	7,546,790.00	188,874.00	7,735,664.00
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Group : [18]	Dietary Basis for Allocation of Costs			
Subgroup : [2A1.03]	Raw Food - Meals			
7085-1190	1f-Food Expense	14,510.00	0.00	14,510.00
7085-1240	2a - Food Expense	14,355.00	0.00	14,355.00
7085-1250	2b - Food Expense	10,860.00	0.00	10,860.00
7085-1260	2c - Food Expense	14,948.00	0.00	14,948.00
7085-1270	2d - Food Expense	12,124.00	0.00	12,124.00
7085-1280	2e - Food Expense	14,047.00	0.00	14,047.00
7085-1290	2f - Food Expense	13,459.00	0.00	13,459.00
7085-1340	3a - Food Expense	14,377.00	0.00	14,377.00
7085-1350	3b - Food Expense	10,885.00	0.00	10,885.00
7085-1360	3c - Food Expense	14,379.00	0.00	14,379.00
7085-1370	3d - Food Expense	14,102.00	0.00	14,102.00
7085-1380	3e - Food Expense	13,716.00	0.00	13,716.00
7085-1390	3f - Food Expense	13,845.00	0.00	13,845.00
7085-1440	4a - Food Expense	15,489.00	0.00	15,489.00
7085-1450	4b - Food Expense	14,291.00	0.00	14,291.00
7085-1460	4c - Food Expense	14,643.00	0.00	14,643.00
7085-1470	4d - Food Expense	14,654.00	0.00	14,654.00
7085-1480	4e - Food Expense	14,303.00	0.00	14,303.00
7085-1490	4f - Food Expense	12,887.00	0.00	12,887.00
7085-2100	Post-Acute/Rehab-Food Expense	28,267.00	0.00	28,267.00
7085-2510	Assisted Living-Food Expense	14,878.00	0.00	14,878.00
7085-2520	Assisted Living/Memory Care-Food Expense	11,440.00	0.00	11,440.00
7085-5015	ADHC-Grasmere-Food Expense	48,437.00	0.00	48,437.00
7085-5025	Child Care Center-Food Expense	4,538.00	0.00	4,538.00
7085-7010	Administration-Food Expense	66,152.00	0.00	66,152.00
7085-7100	Marketing-Food Expense	270.00	0.00	270.00
7085-7150	Dining Services -Food Expense	(347,126.00)	0.00	(347,126.00)
7085-7200	Employee Relations-Food Expense	2,299.00	0.00	2,299.00
7085-7400	Pastoral Services-Food Expense	2,950.00	0.00	2,950.00
Subtotal [2A1.03]	Raw Food - Meals	93,979.00	0.00	93,979.00

Subgroup : [2A1.22]	Raw Food - Non Reimb			
7085-3000	Foundation-Food Expense	4,925.00	0.00	4,925.00
7085-5030	Senior Choice at Home-Food Expense	1,173.00	0.00	1,173.00
7085-5060	Friedman Homecare-Food Expense-Stamford	84.00	0.00	84.00
7085-5075	Elder Abuse Prevention-Food Expense	147.00	0.00	147.00
7085-5155	Hospice-Food Expense	1,009.00	0.00	1,009.00
7085-7600	Fitness Center-Food Expense	4,592.00	0.00	4,592.00
7088-7600	Fitness Center - Juice Bar	6,995.00	0.00	6,995.00
Subtotal [2A1.22]	Raw Food - Non Reimb	18,925.00	0.00	18,925.00

Subgroup : [2A2.03]	Non-Food Supplies			
7145-7150	Dining Services -Miscellaneous Expense	134.00	0.00	134.00
7425-7150	Dining Services-Minor Equipment	284.00	0.00	284.00
7455-7150	Dining Services-Supplies Expense	18,184.00	0.00	18,184.00
Subtotal [2A2.03]	Non-Food Supplies	18,602.00	0.00	18,602.00

Subgroup : [2B.03]	Purchased Services - Meals			
7010-7150	Dining Services-Consulting Service	45,127.00	0.00	45,127.00
7011-7150	Dining Services-Consulting Service-Morrison	852,186.00	0.00	852,186.00
7035-7150	Dining Services-Purchased Services	21,570.00	0.00	21,570.00

7086-7150	Dining Services-Food Expense-Morrison	1,727,779.00	0.00	1,727,779.00
7457-7150	Dining Services-Supplies Expense-Morrison	171,728.00	0.00	171,728.00
7459-7150	Dining Services-Direct Expenses-Morrison	138,657.00	0.00	138,657.00
Subtotal [2B.03]	Purchased Services - Meals	2,957,047.00	0.00	2,957,047.00
Subgroup : [2D.03]	Other - Meals			
7020-7150	Dining Services-Management Fee-Morrison	151,800.00	0.00	151,800.00
Subtotal [2D.03]	Other - Meals	151,800.00	0.00	151,800.00
Total [18]	Dietary Basis for Allocation of Costs	3,240,353.00	0.00	3,240,353.00
Group : [19]	Laundry-Basis for Allocation of Costs			
Subgroup : [3A1.10]	Bed Linens, etc...washed, ironed..			
7415-7325	Laundry-Linen & Bedding	14,027.00	0.00	14,027.00
Subtotal [3A1.10]	Bed Linens, etc...washed, ironed..	14,027.00	0.00	14,027.00
Subgroup : [3A4.10]	Repair and/or purchased linens			
7270-7325	Laundry-Repairs & Maintenance	6,051.00	0.00	6,051.00
7455-7325	Laundry-Supplies Expense	9,328.00	0.00	9,328.00
Subtotal [3A4.10]	Repair and/or purchased linens	15,379.00	0.00	15,379.00
Subgroup : [3B.10]	Purchased Services			
7011-7325	Laundry-Consulting Services-Morrison	7,322.00	0.00	7,322.00
7459-7325	Laundry-Direct Expenses-Morrison	80,298.00	0.00	80,298.00
Subtotal [3B.10]	Purchased Services	87,620.00	0.00	87,620.00
Subgroup : [3D.05]	Other			
7020-7325	Laundry-Management Fee-Morrison	24,634.00	0.00	24,634.00
Subtotal [3D.05]	Other	24,634.00	0.00	24,634.00
Total [19]	Laundry-Basis for Allocation of Costs	141,660.00	0.00	141,660.00
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Costs			
Subgroup : [4A1.22]	In-House Care Supplies - Non Reimb			
7210-7600	Fitness Center - Cleaning Supplies	8,892.00	0.00	8,892.00
Subtotal [4A1.22]	In-House Care Supplies - Non Reimb	8,892.00	0.00	8,892.00
Subgroup : [4A1.02]	In-House Care Supplies - Sqft			
7210-7225	Environmental Services-Cleaning Supplies	3,702.00	0.00	3,702.00
7212-7225	Environmental Services-Paper & Plastic Supplies	227.00	0.00	227.00
7255-7225	Environmental Services-Pest Control	11,100.00	0.00	11,100.00
7455-7225	Environmental Services-Supplies Expense	25,416.00	0.00	25,416.00
7460-7225	Environmental Services-Uniform Expense	829.00	0.00	829.00
Subtotal [4A1.02]	In-House Care Supplies - Sqft	41,274.00	0.00	41,274.00
Subgroup : [4B.02]	Purchased Services - Sqft			
7011-7225	Environmental Services-Consulting Services-Morrison	7,322.00	0.00	7,322.00
7459-7225	Environmental Services-Direct Expenses-Morrison	80,297.00	0.00	80,297.00
Subtotal [4B.02]	Purchased Services - Sqft	87,619.00	0.00	87,619.00
Subgroup : [4D]	Other			
7020-7225	Environmental Services-Management Fee-Morrison	24,634.00	0.00	24,634.00
Subtotal [4D]	Other	24,634.00	0.00	24,634.00
Subgroup : [5A.03]	Purchased From - SNF			
6745-1000	Long term care-Pharmacy Expense	78,493.00	0.00	78,493.00
6745-2100	Post-Acute/Rehab-Pharmacy Expense	192,884.00	0.00	192,884.00
6745-5155	Hospice-Pharmacy Expense	40,499.00	0.00	40,499.00
Subtotal [5A.03]	Purchased From - SNF	311,876.00	0.00	311,876.00
Subgroup : [5B.10]	Medicine Cabinet Drugs - SNF Only			
6745-7075	Clinical Support Svcs-Pharmacy Expense	5,821.00	0.00	5,821.00
Subtotal [5B.10]	Medicine Cabinet Drugs - SNF Only	5,821.00	0.00	5,821.00
Subgroup : [5C.10]	Medical and Therapeutic Supplies - SNF Only			
6735-1000	Long term care-Medical/Surgical Supplies	53,461.00	0.00	53,461.00
6735-1190	1f - Medical/Surgical Supplies	27,725.00	0.00	27,725.00
6735-1240	2a - Medical/Surgical Supplies	29,961.00	0.00	29,961.00
6735-1250	2b - Medical/Surgical Supplies	37,968.00	0.00	37,968.00
6735-1260	2c - Medical/Surgical Supplies	16,472.00	0.00	16,472.00
6735-1270	2d - Medical/Surgical Supplies	30,553.00	0.00	30,553.00
6735-1280	2e - Medical/Surgical Supplies	28,595.00	0.00	28,595.00
6735-1290	2f - Medical/Surgical Supplies	27,363.00	0.00	27,363.00
6735-1340	3a - Medical/Surgical Supplies	25,987.00	0.00	25,987.00
6735-1350	3b - Medical/Surgical Supplies	28,448.00	0.00	28,448.00
6735-1360	3c - Medical/Surgical Supplies	26,605.00	0.00	26,605.00
6735-1370	3d - Medical/Surgical Supplies	25,507.00	0.00	25,507.00
6735-1380	3e - Medical/Surgical Supplies	27,475.00	0.00	27,475.00
6735-1390	3f - Medical/Surgical Supplies	25,209.00	0.00	25,209.00
6735-1440	4a - Medical/Surgical Supplies	27,232.00	0.00	27,232.00
6735-1450	4b - Medical/Surgical Supplies	25,944.00	0.00	25,944.00
6735-1460	4c - Medical/Surgical Supplies	30,559.00	0.00	30,559.00
6735-1470	4d - Medical/Surgical Supplies	32,822.00	0.00	32,822.00
6735-1480	4e - Medical/Surgical Supplies	27,555.00	0.00	27,555.00
6735-1490	4f - Medical/Surgical Supplies	25,466.00	0.00	25,466.00
6735-2100	Post-Acute/Rehab-Medical/Surgical Supplies	77,295.00	0.00	77,295.00

6735-7350	Nursing Support-Medical/Surgical Supplies	79,585.00	0.00	79,585.00
7420-7080	Clinic-Medical Supplies - non billable	313.00	0.00	313.00
Subtotal [5C.10]	Medical and Therapeutic Supplies - SNF Only	738,100.00	0.00	738,100.00
Subgroup : [5C.22]	Medical and Therapeutic Supplies - Non Reimb			
6735-2510	Assisted Living-Medical/Surgical Supplies	11,543.00	0.00	11,543.00
6735-2520	Assisted Living/Memory Care-Medical/Surgical Suppl	11,364.00	0.00	11,364.00
6735-5150	Medical Home Care-Medical/Surgical Supplies	19,480.00	0.00	19,480.00
6735-5155	Hospice-Medical/Surgical Supplies	37,815.00	0.00	37,815.00
7420-5150	Medical Home Care-Medical Supplies - nonbil	2,068.00	0.00	2,068.00
7420-5155	Hospice-Medical Supplies-Nonbillable	777.00	0.00	777.00
Subtotal [5C.22]	Medical and Therapeutic Supplies - Non Reimb	83,047.00	0.00	83,047.00
Subgroup : [5D.03]	Abulance/Limousine			
6705-2100	Post-Acute/Rehab-Ambulance Expense	2,418.00	0.00	2,418.00
7080-5015	ADHC-Grasmere-Client Transportation	3,840.00	0.00	3,840.00
Subtotal [5D.03]	Abulance/Limousine	6,258.00	0.00	6,258.00
Subgroup : [5E2.10]	Oxygen - Other - SNF			
6740-1000	Long term care-Oxygen Expense	32,258.00	0.00	32,258.00
6740-2100	Post-Acute/Rehab-Oxygen Expense	16,916.00	0.00	16,916.00
Subtotal [5E2.10]	Oxygen - Other - SNF	49,174.00	0.00	49,174.00
Subgroup : [5F.22]	X-Rays and related radiological - SNF Only			
6770-1000	Long term care-X-Ray Expense	4,925.00	0.00	4,925.00
6770-2100	Post-Acute/Rehab-X-Ray Expense	39,005.00	0.00	39,005.00
Subtotal [5F.22]	X-Rays and related radiological - SNF Only	43,930.00	0.00	43,930.00
Subgroup : [5G]	Dental			
7456-7075	Clinical Support Svcs-Supplies Expense - Dental	9,059.00	0.00	9,059.00
Subtotal [5G]	Dental	9,059.00	0.00	9,059.00
Subgroup : [5H.10]	Laboratory - SNF			
6730-1000	Long term care-Lab Expense	25,643.00	0.00	25,643.00
6730-2100	Post-Acute/Rehab-Lab Expense	99,455.00	0.00	99,455.00
Subtotal [5H.10]	Laboratory - SNF	125,098.00	0.00	125,098.00
Subgroup : [5I.10]	Recreation - SNF Only			
7085-7525	Therapeutic Recreation-Food Expense	2,777.00	0.00	2,777.00
7160-7525	Therapeutic Recreation-Pets Expense	43,244.00	0.00	43,244.00
7430-7525	Therapeutic Recreation-Office Supplies	955.00	0.00	955.00
7450-1190	1f-Recreation Supplies & Activities	110.00	0.00	110.00
7450-1240	2a - Recreation Supplies & Activities	1,189.00	0.00	1,189.00
7450-1250	2b - Recreation Supplies & Activities	576.00	0.00	576.00
7450-1260	2c - Recreation Supplies & Activities	729.00	0.00	729.00
7450-1270	2d - Recreation Supplies & Activities	698.00	0.00	698.00
7450-1280	2e - Recreation Supplies & Activities	631.00	0.00	631.00
7450-1290	2f - Recreation Supplies & Activities	704.00	0.00	704.00
7450-1340	3a - Recreation Supplies & Activities	596.00	0.00	596.00
7450-1350	3b - Recreation Supplies & Activities	589.00	0.00	589.00
7450-1360	3c - Recreation Supplies & Activities	549.00	0.00	549.00
7450-1370	3d - Recreation Supplies & Activities	641.00	0.00	641.00
7450-1380	3e - Recreation Supplies & Activities	626.00	0.00	626.00
7450-1390	3f - Recreation Supplies & Activities	626.00	0.00	626.00
7450-1440	4a - Recreation Supplies & Activities	631.00	0.00	631.00
7450-1450	4b - Recreation Supplies & Activities	605.00	0.00	605.00
7450-1460	4c - Recreation Supplies & Activities	1,047.00	0.00	1,047.00
7450-1470	4d - Recreation Supplies & Activities	517.00	0.00	517.00
7450-1480	4e - Recreation Supplies & Activities	608.00	0.00	608.00
7450-1490	4f - Recreation Supplies & Activities	670.00	0.00	670.00
7450-2100	Post-Acute/Rehab - Recreation Supplies & Activitie	220.00	0.00	220.00
7450-5025	Child Care Center-Recreation Supplies & Activities	7,941.00	0.00	7,941.00
7450-7400	Pastoral Services-Recreation Supplies & Activities	2,396.00	0.00	2,396.00
7450-7525	Therapeutic Recreation-Recreation Supplies & Activ	107,033.00	0.00	107,033.00
7455-7525	Therapeutic Recreation-Supplies Expense	369.00	0.00	369.00
Subtotal [5I.10]	Recreation - SNF Only	177,277.00	0.00	177,277.00
Subgroup : [5I.22]	Recreation - Non Reimb			
7450-2510	Assisted Living-Recreation Supplies & Activities	19,643.00	0.00	19,643.00
7450-2520	Assisted Living/Memory Care-Recreation Supplies &	969.00	0.00	969.00
7450-5015	ADHC-Grasmere-Recreation Supplies & Activities	7,584.00	0.00	7,584.00
7451-5015	ADHC-Grasmere-EML-Recreation Supplies	3,225.00	0.00	3,225.00
7455-2510	Assisted Living-Supplies Expense	373.00	0.00	373.00
Subtotal [5I.22]	Recreation - Non Reimb	31,794.00	0.00	31,794.00
Subgroup : [5L.03]	Other - SNF			
6765-1000	Long term care-Therapy Supplies & Expense	432.00	(432.00)	0.00
6765-5220	Inpatient Therapy-Therapy Supplies & Expense	0.00	432.00	432.00
7010-5220	Inpatient Therapy-Consulting Services	5,040.00	0.00	5,040.00
7010-7075	Clinical Support Services-Consulting	26,898.00	0.00	26,898.00
7035-5220	Inpatient Therapy-Purchased Service	6,770.00	0.00	6,770.00
7155-7350	Nursing Support-Patient Lost Articles	1,659.00	0.00	1,659.00
7425-5220	Inpatient Therapy-Minor Equipment	145.00	0.00	145.00
7425-7350	Nursing Support-Minor Equipment	2,331.00	0.00	2,331.00
7455-5025	Child Care Center-Supplies Expense	1,142.00	0.00	1,142.00
7455-5220	Inpatient Therapy-Supplies Expense	31,314.00	0.00	31,314.00
7455-5225	Outpatient Therapy-Supplies Expense	1,368.00	0.00	1,368.00

7455-7075	Clinical Support Services-Supplies Expense	37.00	0.00	37.00
7455-7080	Clinic-Supplies Expense	377.00	0.00	377.00
7455-7350	Nursing Support-Supplies Expense	19,140.00	0.00	19,140.00
7455-7400	Pastoral Services-Supplies Expense	987.00	0.00	987.00
Subtotal [5L.03]	Other - SNF	97,640.00	0.00	97,640.00
Subgroup : [5L.10]	Other - Sqft			
7275-7425	Physical Plant-Satellite Television Expense	71,196.00	0.00	71,196.00
Subtotal [5L.10]	Other - Sqft	71,196.00	0.00	71,196.00
Subgroup : [5L.22]	Other - Non Reimbursible			
6747-5150	Medical Home Care-Infusion Expense	2,370.00	0.00	2,370.00
7010-2520	Assisted Living/Memory Care-Consulting Services	2,600.00	0.00	2,600.00
7155-5050	Friedman Home Care-Patient Lost Article	743.00	0.00	743.00
7455-5015	ADHC-Grasmere-Supplies Expense	1,637.00	0.00	1,637.00
7455-5150	Medical Home Care-Supplies Expense	3,466.00	0.00	3,466.00
7455-5155	Hospice-Supplies Expense	1,466.00	0.00	1,466.00
Subtotal [5L.22]	Other - Non Reimbursible	12,282.00	0.00	12,282.00
Total [20]	Housekeeping and Resident Care Basis for Allocation of Costs	1,924,971.00	0.00	1,924,971.00
Group : [22]	Maintenance and Property			
Subgroup : [6A.02]	Repairs and Maintenance - Sqft			
7220-7425	Physical Plant-Elevator Maintenance	73,977.00	0.00	73,977.00
7225-7425	Physical Plant-Fire Alarm Maintenance	61,529.00	0.00	61,529.00
7245-7300	Information Technology-Maint Expense & Contracts	1,127.00	0.00	1,127.00
7245-7425	Physical Plant-Maint Expense & Contracts	109,705.00	0.00	109,705.00
7270-7080	Clinic-Repairs & Maintenance	2,066.00	0.00	2,066.00
7270-7225	Environmental Services-Repairs & Maintenance	2,701.00	0.00	2,701.00
7270-7300	Information Technology-Repairs & Maintenance	1,147.00	0.00	1,147.00
7270-7425	Physical Plant-Repairs & Maintenance	167,699.00	0.00	167,699.00
Subtotal [6A.02]	Repairs and Maintenance - Sqft	419,951.00	0.00	419,951.00
Subgroup : [6B.33]	Heat			
7235-7425	Physical Plant-Heating, Vent. Air Conditioning	59,768.00	0.00	59,768.00
7250-7425	Physical Plant-Natural Gas	174,273.00	0.00	174,273.00
Subtotal [6B.33]	Heat	234,041.00	0.00	234,041.00
Subgroup : [6C.33]	Light & Power			
7215-7425	Physical Plant-Electricity	746,124.00	0.00	746,124.00
Subtotal [6C.33]	Light & Power	746,124.00	0.00	746,124.00
Subgroup : [6D.33]	Water - Sqft			
7305-7425	Physical Plant-Water	38,999.00	0.00	38,999.00
Subtotal [6D.33]	Water - Sqft	38,999.00	0.00	38,999.00
Subgroup : [6E]	Equipment Lease			
7805-7425	Physical Plant-Auto/Equipment Lease	7,023.00	0.00	7,023.00
7805-7450b	Equipment lease	0.00	89,413.00	89,413.00
Subtotal [6E]	Equipment Lease	7,023.00	89,413.00	96,436.00
Subgroup : [6F.02]	Other - Sqft			
7035-7425	Physical Plant-Purchased Services	132,404.00	0.00	132,404.00
7240-7425	Physical Plant-Landscaping	50,397.00	0.00	50,397.00
7280-7425	Physical Plant-Sewage	89,060.00	0.00	89,060.00
7285-7425	Physical Plant-Snow Removal	4,946.00	0.00	4,946.00
7290-7425	Physical Plant-Solid Waste Removal	166,599.00	0.00	166,599.00
7425-7425	Physical Plant-Minor Equipment	540.00	0.00	540.00
7455-7425	Physical Plant-Supplies Expense	103,376.00	0.00	103,376.00
7455-7500	Security-Supplies Expense	414.00	0.00	414.00
7460-7425	Physical Plant-Uniform Expense	1,087.00	0.00	1,087.00
7460-7500	Security-Uniform Expense	260.00	0.00	260.00
7615-7425	Physical Plant-Software	1,500.00	0.00	1,500.00
Subtotal [6F.02]	Other - Sqft	550,583.00	0.00	550,583.00
Subgroup : [7B.10]	Building & Building Improvements - Sqft			
8105-7720	Depreciation-Depreciation - Building	3,337,292.00	0.00	3,337,292.00
Subtotal [7B.10]	Building & Building Improvements - Sqft	3,337,292.00	0.00	3,337,292.00
Subgroup : [7C.10]	Non-movable Equipment - SNF Only			
8150-7720B	Depreciation-Depreciation - Non-movable Reclass	0.00	131,587.00	131,587.00
Subtotal [7C.10]	Non-movable Equipment - SNF Only	0.00	131,587.00	131,587.00
Subgroup : [7D.10]	Movable Equipment - SNF			
8110-7720	Depreciation-Depreciation - Computers/Software	92,405.00	0.00	92,405.00
8115-7720	Depreciation-Depreciation - Furniture/Fixtures	232,126.00	0.00	232,126.00
8130-7720	Depreciation-Depreciation - Vehicles	15,991.00	0.00	15,991.00
8150-7720A	Depreciation-Depreciation - Non-movable Reclass	0.00	(131,587.00)	(131,587.00)
Subtotal [7D.10]	Movable Equipment - SNF	340,522.00	(131,587.00)	208,935.00
Subgroup : [8B.33]	Mortgage Expense			
8040-7250	Finance-Bond Expense	46,201.00	0.00	46,201.00
Subtotal [8B.33]	Mortgage Expense	46,201.00	0.00	46,201.00
Subgroup : [8B.22]	Mortgage Expense - Non Reimb			
8100-5060	Friedman Homecare-Stamford-Amortization	10,000.00	0.00	10,000.00

8100-5160	Friedman Med Homecare-Stamford-Amortization	10,000.00	0.00	10,000.00
Subtotal [8B.22]	Mortgage Expense - Non Reimb	20,000.00	0.00	20,000.00
Subgroup : [10B]	Real estate taxes paid by lessor - Sqft			
7152-7010	Administration-Property Tax	50,000.00	0.00	50,000.00
Subtotal [10B]	Real estate taxes paid by lessor - Sqft	50,000.00	0.00	50,000.00
Total [22]	Maintenance and Property	5,790,736.00	89,413.00	5,880,149.00
Group : [26]	Interest			
Subgroup : [12A1]	First Mortgage - Sqft			
8010-7250	Finance-Bond SWAP Expense	(207,235.00)	0.00	(207,235.00)
8050-7250	Finance-Interest Expense - Revenue Bonds	2,322,535.00	0.00	2,322,535.00
Subtotal [12A1]	First Mortgage - Sqft	2,115,300.00	0.00	2,115,300.00
Total [26]	Interest	2,115,300.00	0.00	2,115,300.00
Group : [27]	Interest and Insurance			
Subgroup : [14A.10]	Insurance on Property - SNF			
7705-7010	Administration-Insurance General	704,784.00	(601,238.00)	103,546.00
Subtotal [14A.10]	Insurance on Property - SNF	704,784.00	(601,238.00)	103,546.00
Subgroup : [14A.22]	Insurance on Property - Non Reimb.			
7705-7010G	Insurance - GPG Group	0.00	16,000.00	16,000.00
Subtotal [14A.22]	Insurance on Property - Non Reimb.	0.00	16,000.00	16,000.00
Subgroup : [14B]	Insurance of Automobiles			
7705-7010C	Auto Insurance	0.00	17,832.00	17,832.00
Subtotal [14B]	Insurance of Automobiles	0.00	17,832.00	17,832.00
Subgroup : [14C1]	Umbrella			
7705-7010D	Umbrella Insurance	0.00	448,463.00	448,463.00
Subtotal [14C1]	Umbrella	0.00	448,463.00	448,463.00
Subgroup : [14C3.10]	Other - SNF Only			
7705-7010E	Day Care Insurance	0.00	11,866.00	11,866.00
Subtotal [14C3.10]	Other - SNF Only	0.00	11,866.00	11,866.00
Subgroup : [14C3.22]	Other - Non Reimb			
7705-5200	Physician Practice-Insurance General	1,838.00	0.00	1,838.00
Subtotal [14C3.22]	Other - Non Reimb	1,838.00	0.00	1,838.00
Subgroup : [14C3.42]	Other - Accum Costs			
7705-7010F	Crime & Fiduciary / Cyber	0.00	34,203.00	34,203.00
Subtotal [14C3.42]	Other - Accum Costs	0.00	34,203.00	34,203.00
Total [27]	Interest and Insurance	706,622.00	(72,874.00)	633,748.00
Group : [30]	Statement of Revenue			
Subgroup : [I1A.10]	Medicaid R&B SNF Only			
4103-1000	Long term care-Private Pending Medicaid	53,060.00	0.00	53,060.00
4400-1000	Long term care-Room and Board-Medicaid	(44,885,816.00)	0.00	(44,885,816.00)
4400-2040	Post-acute/Rehab-Room and Board-Medicaid	(866,176.00)	0.00	(866,176.00)
4401-1000	Long term care-Room & Board Allow-Medicaid	20,604,043.00	0.00	20,604,043.00
4401-2040	Post-acute/Rehab-Room & Board Allow-Medicaid	544,856.00	0.00	544,856.00
Subtotal [I1A.10]	Medicaid R&B SNF Only	(24,550,033.00)	0.00	(24,550,033.00)
Subgroup : [I3A.10]	Medicare R&B - SNF Only			
4200-1000	Long term care-Room and Board-Medicare A	(973,764.00)	0.00	(973,764.00)
4200-2040	Post-acute/Rehab-Room and Board-Medicare A	(6,992,191.00)	0.00	(6,992,191.00)
4201-1000	Long term care-Room & Board Allow-Medicare A	(91,853.00)	0.00	(91,853.00)
4201-2040	Post-acute/Rehab-Room & Board Allow-Medicare A	2,033,701.00	0.00	2,033,701.00
Subtotal [I3A.10]	Medicare R&B - SNF Only	(6,024,107.00)	0.00	(6,024,107.00)
Subgroup : [I4A.10]	Private Pay R&B - SNF Only			
4100-1000	Long term care-Room and Board-Private	(12,196,122.00)	0.00	(12,196,122.00)
4100-2040	Post-acute/Rehab-Room and Board-Private	(1,364,365.00)	0.00	(1,364,365.00)
4500-1000	Long term care-Room and Board-Medicare Mgd Care	(709,324.00)	0.00	(709,324.00)
4500-2000	Post-Acute/Rehab-Room & Board-Medicare Managed Car	(3,208,121.00)	0.00	(3,208,121.00)
4500-2040	Post-acute/Rehab-Room & Board-Mdcare Mgd Care	(41,220.00)	0.00	(41,220.00)
4501-1000	Long term care-Room & Board Allow-Mdcare Mgd Care	836,274.00	0.00	836,274.00
4501-2040	Post-acute/Rehab-Room & Board Allow-Mdcare Mgd	63,284.00	0.00	63,284.00
4600-1000	Long term care-Room and Board-Commercial	(586,526.00)	0.00	(586,526.00)
4600-2040	Post-acute/Rehab-Room and Board-Commercial	(194,324.00)	0.00	(194,324.00)
4601-1000	Long term care-Room & Board Allow-Commercial	228,334.00	0.00	228,334.00
4601-2040	Post-acute/Rehab-Room & Board Allow-Commercial	93,937.00	0.00	93,937.00
4700-1000	Long term care-Room and Board-Evercare	(57,060.00)	0.00	(57,060.00)
4701-1000	Long term care-Room & Board Allow-Evercare	16,695.00	0.00	16,695.00
Subtotal [I4A.10]	Private Pay R&B - SNF Only	(17,118,538.00)	0.00	(17,118,538.00)
Subgroup : [I1A.10]	Prescription Drugs Medicare - SNF Only			

4270-1000	Long term care-Pharmacy-Medicare A	(278,991.00)	0.00	(278,991.00)
4271-1000	Long term care-Pharmacy Allow-Medicare A	278,991.00	0.00	278,991.00
Subtotal [I1A.10]	Prescription Drugs Medicare - SNF Only	0.00	0.00	0.00
Subgroup : [I1C.10] Prescription Drugs Non-Medicare - SNF Only				
4470-1000	Long term care-Pharmacy-Medicaid	(6,897.00)	0.00	(6,897.00)
4471-1000	Long term care-Pharmacy Allow-Medicaid	6,897.00	0.00	6,897.00
4670-1000	Long term care-Pharmacy-Commercial	(29,983.00)	0.00	(29,983.00)
4671-1000	Long term care-Pharmacy Allow-Commercial	29,983.00	0.00	29,983.00
Subtotal [I1C.10]	Prescription Drugs Non-Medicare - SNF Only	0.00	0.00	0.00
Subgroup : [I13A.10] PT Medicare - SNF Only				
4220-1000	Long term care-PT (in patient)-Medicare A	(699,936.00)	0.00	(699,936.00)
4221-1000	Long term care-PT (in patient) Allow-Medicare A	699,936.00	0.00	699,936.00
4320-1000	Long term care-PT (in patient)-Medicare B	24,626.00	0.00	24,626.00
4320-5220	Inpatient Therapy-PT (in patient)-Medicare B	(372,868.00)	0.00	(372,868.00)
4321-1000	Long term care-PT (in patient) Allow-Medicare B	7,791.00	0.00	7,791.00
4321-5220	Inpatient Therapy-PT (inpatient) Allow-Medicare B	53,131.00	0.00	53,131.00
Subtotal [I13A.10]	PT Medicare - SNF Only	(287,320.00)	0.00	(287,320.00)
Subgroup : [I13C.10] PT Non Medicare - SNF Only				
4120-1000	Long term care-PT (in patient)-Private	(4,187.00)	0.00	(4,187.00)
4521-1000	Long term care-PT (in pat) Allow-Medicare Mgd Care	77,704.00	0.00	77,704.00
4620-5220	Inpatient Therapy-PT (in patient)-Commercial	(29,875.00)	0.00	(29,875.00)
4621-1000	Long term care-PT Inpatient Comm Allowance	547,374.00	0.00	547,374.00
4621-5220	Inpatient Therapy-PT (in patient) Allow-Commercial	13,682.00	0.00	13,682.00
4720-1000	Long term care-PT (in patient)-Evercare	(741.00)	0.00	(741.00)
4720-5220	Inpatient Therapy- PT (inpatient)-Evercare B	(136,690.00)	0.00	(136,690.00)
4721-1000	Long term care-PT (in patient) Allow-Evercare	741.00	0.00	741.00
4721-5220	Inpatient Therapy- PT (inpatient)-Allow-Evercare B	16,565.00	0.00	16,565.00
5025-5225	Outpatient Therapy-Physical Therapy	(258,631.00)	0.00	(258,631.00)
5031-5225	Outpatient Therapy-Contractual	64,838.00	0.00	64,838.00
Subtotal [I13C.10]	PT Non Medicare - SNF Only	290,780.00	0.00	290,780.00
Subgroup : [I14A.10] ST Medicare - SNF Only				
4240-1000	Long term care-ST (in patient)-Medicare A	(127,285.00)	0.00	(127,285.00)
4241-1000	Long term care-ST (in patient) Allow-Medicare A	132,771.00	0.00	132,771.00
4340-5220	Inpatient Therapy-ST (in patient)-Medicare B	(67,665.00)	0.00	(67,665.00)
4341-5220	Inpatient Therapy-ST (inpatient) Allow-Medicare B	1,988.00	0.00	1,988.00
Subtotal [I14A.10]	ST Medicare - SNF Only	(60,191.00)	0.00	(60,191.00)
Subgroup : [I14C.10] ST Other - SNF Only				
4140-1000	Long term care-ST (in patient)-Private	(6,207.00)	0.00	(6,207.00)
4440-1000	Long term care-ST (in patient)-Medicaid	(117.00)	0.00	(117.00)
4441-1000	Long term care-ST (in patient) Allow-Medicaid	117.00	0.00	117.00
4640-1000	Long term care-ST (in patient)-Commercial	(805.00)	0.00	(805.00)
4640-5220	Inpatient Therapy-ST (in patient)-Commercial	(31,536.00)	0.00	(31,536.00)
4641-5220	Inpatient Therapy-ST (in patient) Allow-Commercial	784.00	0.00	784.00
4740-5220	Inpatient Therapy-ST (inpatient)-Evercare B	(30,739.00)	0.00	(30,739.00)
4741-5220	Inpatient Therapy-ST (inpatient) Allow-Evercare B	139.00	0.00	139.00
5045-5225	Outpatient Therapy-Speech Therapy	(4,587.00)	0.00	(4,587.00)
Subtotal [I14C.10]	ST Other - SNF Only	(72,951.00)	0.00	(72,951.00)
Subgroup : [I15A.10] OT Medicare - SNF Only				
4230-1000	Long term care-OT (in patient)-Medicare A	(726,349.00)	0.00	(726,349.00)
4231-1000	Long term care-OT (in patient) Allow-Medicare A	726,510.00	0.00	726,510.00
4330-1000	Long term care-OT (in patient)-Medicare B	(5,812.00)	0.00	(5,812.00)
4330-5220	Inpatient Therapy-OT (in patient)-Medicare B	(182,603.00)	0.00	(182,603.00)
4331-5220	Inpatient Therapy-OT (inpatient) Allow-Medicare B	31,433.00	0.00	31,433.00
Subtotal [I15A.10]	OT Medicare - SNF Only	(156,821.00)	0.00	(156,821.00)
Subgroup : [I15C.10] OT Non Medicare - SNF Only				
4130-1000	Long term care-OT (in patient)-Private	(4,205.00)	0.00	(4,205.00)
4630-5220	Inpatient Therapy-OT (in patient)-Commercial	(105,900.00)	0.00	(105,900.00)
4631-5220	Inpatient Therapy-OT (in patient) Allow-Commercial	27,976.00	0.00	27,976.00
4730-1000	Long term care-OT (in patient)-Evercare	(263.00)	0.00	(263.00)
4730-5220	Inpatient Therapy-OT (inpatient)-Evercare B	(57,081.00)	0.00	(57,081.00)
4731-1000	Long term care-OT (in patient) Allow-Evercare	263.00	0.00	263.00
4731-5220	Inpatient Therapy-OT (inpatient)-Evercare B	(4,129.00)	0.00	(4,129.00)
5035-5225	Outpatient Therapy-Occupational Therapy	(61,187.00)	0.00	(61,187.00)
Subtotal [I15C.10]	OT Non Medicare - SNF Only	(204,526.00)	0.00	(204,526.00)
Subgroup : [I16A.10] Other Medicare - SNF Only				
4250-1000	Long term care-X-RAY-Medicare A	(39,001.00)	0.00	(39,001.00)
4251-1000	Long term care-X-RAY Allow-Medicare A	39,001.00	0.00	39,001.00
4280-1000	Long term care-Laboratory-Medicare A	(135,654.00)	0.00	(135,654.00)
4281-1000	Long term care-Laboratory Allow-Medicare A	135,654.00	0.00	135,654.00
4350-1000	Long term care-Laboratory-Medicare B	(10,256.00)	0.00	(10,256.00)
4351-1000	Long term care-Laboratory Allow-Medicare B	896.00	0.00	896.00
Subtotal [I16A.10]	Other Medicare - SNF Only	(9,360.00)	0.00	(9,360.00)
Subgroup : [I16B.10] Other Non Medicare - SNF Only				
4450-1000	Long term care-X-RAY-Medicaid	(461.00)	0.00	(461.00)
4451-1000	Long term care-X-RAY Allow-Medicaid	461.00	0.00	461.00
4480-1000	Long term care-Laboratory-Medicaid	(648.00)	0.00	(648.00)
4481-1000	Long term care-Laboratory Allow-Medicaid	648.00	0.00	648.00
4580-1000	Long term care-Laboratory-Medicare Managed Care	(334.00)	0.00	(334.00)

4581-1000	Long term care-Laboratory Allow-Medicare Mgd Care	141.00	0.00	141.00
4650-1000	Long term care-X-RAY-Commercial	(2,918.00)	0.00	(2,918.00)
4651-1000	Long term care-X-RAY Allow-Commercial	1,523.00	0.00	1,523.00
4680-1000	Long term care-Laboratory-Commercial	(5,130.00)	0.00	(5,130.00)
4681-1000	Long term care-Laboratory Allow-Commercial	5,130.00	0.00	5,130.00
4780-1000	Long term care-Laboratory-Evercare	(6,256.00)	0.00	(6,256.00)
4781-1000	Long term care-Laboratory-Contractual-Evercare	847.00	0.00	847.00
Subtotal [I16B.10]	Other Non Medicare - SNF Only	(6,997.00)	0.00	(6,997.00)
Subgroup : [I16B.22]				
4190-1000	Long term care-Dental-Private	(8,805.00)	0.00	(8,805.00)
Subtotal [I16B.22]	Other Non Medicare - A/L	(8,805.00)	0.00	(8,805.00)
Subgroup : [IV8.22]				
4405-7550	Work Activity Center-WAC Medicaid Recoupment	361.00	0.00	361.00
4800-2510	Assisted Living - Private	(1,309,106.00)	0.00	(1,309,106.00)
4800-2520	Assisted Living/Memory Care - Private	(1,422,259.00)	0.00	(1,422,259.00)
4803-2510	Assisted Living-Levels of Care	(130,058.00)	0.00	(130,058.00)
4803-2520	Assisted Living/Memory Care-Levels of Care	(7,256.00)	0.00	(7,256.00)
4805-2510	Assisted Living-Medication Packages	(73,780.00)	0.00	(73,780.00)
4805-2520	Assisted Living/Memory Care-Medicatin Packages	(11,468.00)	0.00	(11,468.00)
4807-2510	Assisted Living-Other Services	(6,547.00)	0.00	(6,547.00)
5000-5030	Senior Choice at Home-Revenue	(534,000.00)	0.00	(534,000.00)
5000-5050	Friedman Home Care-Revenue	(4,354,453.00)	0.00	(4,354,453.00)
5000-5060	Friedman Homecare-Stamford-Revenue	(494,753.00)	0.00	(494,753.00)
5000-5070	Home Together - Revenue	(1,563,707.00)	0.00	(1,563,707.00)
5000-5075	Elder Abuse Prevention-Revenue	(4,000.00)	0.00	(4,000.00)
5000-5125	Institute on Aging-Revenue	(8,398.00)	0.00	(8,398.00)
5000-5150	Medical Home Care-Revenue	(2,197,983.00)	0.00	(2,197,983.00)
5000-5160	Friedman Med Homecare-Stamford - Revenue	(379,534.00)	0.00	(379,534.00)
5000-6000	Other Operating- Dental Revenue	(48,814.00)	0.00	(48,814.00)
5000-7550	Work Activity Center-Revenue	(8,415.00)	0.00	(8,415.00)
5000-7600	Fitness Center - Revenue - Dues	(630,164.00)	0.00	(630,164.00)
5002-5050	Friedman Home Care-Revenue-Other	(27,717.00)	0.00	(27,717.00)
5002-7600	Fitness Center - Revenue - Personal Trainer	(73,054.00)	0.00	(73,054.00)
5003-5155	Hospice Revenue	(1,192,843.00)	0.00	(1,192,843.00)
5008-7600	Fitness Center - Revenue - Swim Lessons	(164,851.00)	0.00	(164,851.00)
5009-7600	Fitness Center - Revenue - Other	(146,823.00)	0.00	(146,823.00)
5100-5015	ADHC-Grasmere-Private Pay Revenue	(386,004.00)	0.00	(386,004.00)
5110-5015	ADHC-Grasmere-SWCAA/Medicaid Revenue	(90,197.00)	0.00	(90,197.00)
5115-5015	ADHC-Grasmere-Respite (State) Revenue	(41,425.00)	0.00	(41,425.00)
5130-5015	ADHC-Grasmere-Title III Grant	(60,062.00)	0.00	(60,062.00)
5140-5015	ADHC-Grasmere-Department of Ed Grant	(19,638.00)	0.00	(19,638.00)
5150-5015	ADHC-Grasmere-Veterans Admin Revenue	(25,643.00)	0.00	(25,643.00)
5155-5015	ADHC-Grasmere-TOF Grant Revenue	(36,471.00)	0.00	(36,471.00)
5165-5015	ADHC-Grasmere-CDBG Grant Revenue	(4,500.00)	0.00	(4,500.00)
5175-5015	ADHC-Grasmere-Alzheimers Grant	(18,814.00)	0.00	(18,814.00)
5178-5015	ADHC-Grasmere-EML Revenue	(19,664.00)	0.00	(19,664.00)
5200-5030	Senior Choice at Home - Monthly Revenue	(1,389,828.00)	0.00	(1,389,828.00)
5210-5030	Senior Choice at Home-Application Fee	(3,250.00)	0.00	(3,250.00)
5215-5030	Senior Choice at Home - Care Coordination Revenue	(13,685.00)	0.00	(13,685.00)
5545-6000	Other Operating-ADHC Meals	(33,804.00)	0.00	(33,804.00)
5565-6000	Other Operating-Beauty Salon	(74,668.00)	0.00	(74,668.00)
5570-6000	Other Operating-GPG LLC Income	(11,610.00)	0.00	(11,610.00)
66000.BSC	Additional Pension Liability	(310,277.00)	0.00	(310,277.00)
Subtotal [IV8.22]	Other - Non Reimbursible	(17,329,162.00)	0.00	(17,329,162.00)
Subgroup : [IV8.10]				
4200-2040-Marcum	CARES Medicare Monies	(840,000.00)	0.00	(840,000.00)
5000-5025	Child Care Center-Revenue	(520,642.00)	0.00	(520,642.00)
5325-6000	Other Operating-OH Allocation	(15,245.00)	0.00	(15,245.00)
5401-3000	Foundation-Contributions - Unrestricted	(3,529,036.00)	0.00	(3,529,036.00)
5403-3000	Foundation-Contributions - Endowment	(68,983.00)	0.00	(68,983.00)
5404-3000	Foundation-Contributions - Temporarily Restricted	(109,953.00)	0.00	(109,953.00)
5520-6000	Other Operating-Cafe	(245,401.00)	0.00	(245,401.00)
5523-3000	Foundation-Men's Club/Women's Auxiliary	(320,648.00)	0.00	(320,648.00)
5525-6000	Other Operating-Catering	(99,798.00)	0.00	(99,798.00)
5530-6000	Other Operating - Community Events	(23,655.00)	0.00	(23,655.00)
5535-6000	Other Operating-Vending Machine	(334.00)	0.00	(334.00)
5540-6000	Other Operating-Congregate Food Program	(12,100.00)	0.00	(12,100.00)
5550-6000	Other Operating-Television	(73,670.00)	0.00	(73,670.00)
5555-6000	Other Operating-Physician Practice Office Rent	(26,500.00)	0.00	(26,500.00)
5601-7710	Non-Operating-Investment Income - Unrestricted	(34,056.00)	0.00	(34,056.00)
5603-7710	Non-Operating-Investment Income - Restricted	(128,209.00)	0.00	(128,209.00)
5604-7710	Non-Operating-Investment Income - Temp Restricted	(182,862.00)	0.00	(182,862.00)
5605-7710	Non-Operating-Bank Interest	(141,417.00)	0.00	(141,417.00)
5615-7710	Non-Operating-Gain/Loss on Sale of Assets	18,283.00	0.00	18,283.00
5620-7710	Non-Operating-Interest Income	(761.00)	0.00	(761.00)
5621-7710	Non-Operating-Realized Gain/Loss-Unrestricted	(7,046.00)	0.00	(7,046.00)
5623-7710	Non-Operating-Realized Gain/Loss-Endowment	(6,694.00)	0.00	(6,694.00)
5624-7710	Non-Operating-Realized Gain/Loss-Temporarily Restr	(56,720.00)	0.00	(56,720.00)
5630-6000	Other Operating-Miscellaneous Income	(18,176.00)	0.00	(18,176.00)
5632-1000	Long term care-Late Fee	(3,157.00)	0.00	(3,157.00)
5641-7710	Non-Operating-Unrealized Gain/Loss - Unrestricted	(89,085.00)	0.00	(89,085.00)
5643-7710	Non-Operating-Unrealized Gain/Loss - Restricted	(140,211.00)	0.00	(140,211.00)
5644-7710	Non-Operating-Unrealized Gain/Loss - Temp Restrict	(746,476.00)	0.00	(746,476.00)
5651-7710	Non-Operating-Unrealized Gain/Loss-Change in Swap	(872,505.00)	0.00	(872,505.00)

5655-7710	Non-Operating Gain/Loss-Distribution to TJH	4,000,372.00	0.00	4,000,372.00
7111-3000	Foundation-Investment Management Fees-Unrestricted	9,153.00	0.00	9,153.00
7113-3000	Foundation-Investment Management Fees - Restricted	32,087.00	0.00	32,087.00
7114-3000	Foundation-Investment Management Fees-Temp Restrict	28,386.00	0.00	28,386.00
Subtotal [IV8.10]	Other - SNF Only	(4,225,059.00)	0.00	(4,225,059.00)
Total [30]	Statement of Revenue	(69,763,090.00)	0.00	(69,763,090.00)
Group : [31 - 32]	Assets			
Subgroup : [A1]	Cash			
1003	People's Bank-Operating	2,439,034.00	0.00	2,439,034.00
1006	Checking Clearing Account	5,411.00	0.00	5,411.00
1016	PEOPLE'S BANK - PAYROLL	3,130.00	0.00	3,130.00
1018	CASH-SENIOR CHOICE AT HOME	1,812,063.00	0.00	1,812,063.00
1020	PETTY CASH JHE	600.00	0.00	600.00
1022	Petty Cash - ADHC	200.00	0.00	200.00
1025	PETTY CASH DINING SERVICES	1,500.00	0.00	1,500.00
1026	PETTY CASH-FITNESS	300.00	0.00	300.00
1044	PEOPLE'S BANK - FOUNDATION	884,892.00	0.00	884,892.00
1046	PEOPLE'S BANK - FOUNDATION - CREDIT CARDS	1,000.00	0.00	1,000.00
Subtotal [A1]	Cash	5,148,130.00	0.00	5,148,130.00
Subgroup : [A2]	Resident Accounts Receivable			
1210	A/R - PRIVATE	474,482.00	0.00	474,482.00
1212	A/R - Private Pending Medicaid	346,150.00	0.00	346,150.00
1220	A/R - MEDICAID	1,934,881.00	0.00	1,934,881.00
1230	A/R MEDICARE Fee for Service	709,224.00	0.00	709,224.00
1235	A/R MEDICARE PT B	47,644.00	0.00	47,644.00
1240	A/R MEDICARE A SECONDARY	91,207.00	0.00	91,207.00
1245	A/R MEDICARE B SECONDARY	11,899.00	0.00	11,899.00
1250	A/R COMMERCIAL	109,287.00	0.00	109,287.00
1255	A/R COMMERCIAL COINSURANCE	4,696.00	0.00	4,696.00
1260	A/R MEDICARE EVERCARE	63,140.00	0.00	63,140.00
1265	A/R MEDICARE MANAGED	405,846.00	0.00	405,846.00
1270	ALLOWANCE FOR DOUBTFUL ACCOUNT	(378,593.00)	0.00	(378,593.00)
1280	A/R-Assisted Living Private	45,083.00	0.00	45,083.00
1320	A/R - ADHC - GRASMERE - VETERANS ADMINISTRATION	1,174.00	0.00	1,174.00
1350	A/R - ADHC - GRASMERE - PRIVATE PAY	37,778.00	0.00	37,778.00
1355	A/R - ADHC - GRASMERE - SWCAA STATE	5,691.00	0.00	5,691.00
1360	A/R - ADHC - GRASMERE - RESPITE	4,697.00	0.00	4,697.00
1405	HOME TOGETHER A/R	143,805.00	0.00	143,805.00
1410	A/R - FRIEDMAN HOME CARE	777,512.00	0.00	777,512.00
1412	A/R - MEDICAL HOME CARE	823,515.00	0.00	823,515.00
1413	A/R-Hospice	750,599.00	0.00	750,599.00
1414	MHC & HOSPICE-ALLOWANCE FOR DOUBTFUL ACCOUNTS	(102,700.00)	0.00	(102,700.00)
1415	FHC - ALLOWANCE FOR DOUBTFUL ACCT	(76,132.00)	0.00	(76,132.00)
1435	A/R - CONGREGATE MEALS	2,039.00	0.00	2,039.00
Subtotal [A2]	Resident Accounts Receivable	6,232,924.00	0.00	6,232,924.00
Subgroup : [A3]	Other Accounts Receivable			
1420	ENTRANCE FEE RECEIVABLE-SCAH	40,556.00	0.00	40,556.00
Subtotal [A3]	Other Accounts Receivable	40,556.00	0.00	40,556.00
Subgroup : [A4]	Inventory			
1510	FOOD INVENTORY	84,397.00	0.00	84,397.00
1520	MED SURG INVENTORY	31,717.00	0.00	31,717.00
Subtotal [A4]	Inventory	116,114.00	0.00	116,114.00
Subgroup : [A5]	Prepaid Expenses			
1445	PREPAID EXPENSE - AGREEMENTS	29,875.00	0.00	29,875.00
Subtotal [A5]	Prepaid Expenses	29,875.00	0.00	29,875.00
Subgroup : [A8]	Other Current Assets			
1030	RESIDENT BANK - CHECKING	169,550.00	0.00	169,550.00
1035	RESIDENT BANK - CASH ON HAND	736.00	0.00	736.00
1370 BSC	Current portion of pledges receivable	305,786.00	0.00	305,786.00
1450	DUE FROM GPG	735.00	0.00	735.00
1462	DUE FROM TJH SENIOR LIVING	(1,232.00)	0.00	(1,232.00)
1466	DUE FROM GIFT SHOP	64.00	0.00	64.00
1825	457B PENSION PLAN	131,391.00	0.00	131,391.00
Subtotal [A8]	Other Current Assets	607,030.00	0.00	607,030.00
Subgroup : [B1]	Land			
1610	LAND	5,000,000.00	0.00	5,000,000.00
Subtotal [B1]	Land	5,000,000.00	0.00	5,000,000.00
Subgroup : [B3]	Building Improvements			
1620	BUILDING	92,838,179.00	0.00	92,838,179.00
1720	ACCUM.DEP-BUILDING	(23,837,567.00)	0.00	(23,837,567.00)
Subtotal [B3]	Building Improvements	69,000,612.00	0.00	69,000,612.00
Subgroup : [B5 - B6]	Non-Movable / Movable Equipment			
1630	FURNITURE & EQUIPMENT	4,451,483.00	0.00	4,451,483.00
1635	COMPUTERS AND SOFTWARE	1,673,083.00	0.00	1,673,083.00
1730	ACCUM.DEP-FURNITURE & EQUIPMEN	(2,926,103.00)	0.00	(2,926,103.00)
1735	ACCUM.DEP-COMPUTERS & SOFTWARE	(1,448,088.00)	0.00	(1,448,088.00)

Subtotal [B5 - B6]	Non-Movable / Movable Equipment	1,750,375.00	0.00	1,750,375.00
Subgroup : [B7]	Motor Vehicle			
1645	AUTOMOBILES	377,001.00	0.00	377,001.00
1745	ACCUM.DEP-AUTOMOBILES	(375,711.00)	0.00	(375,711.00)
Subtotal [B7]	Motor Vehicle	1,290.00	0.00	1,290.00
Subgroup : [B9]	Other Fixed Assets			
1650	CONSTRUCTION IN PROGRESS	37,119.00	0.00	37,119.00
Subtotal [B9]	Other Fixed Assets	37,119.00	0.00	37,119.00
Subgroup : [D5]	Investments Related to Resident Care			
1101	MORGAN STANLEY - UNRESTRICTED	855,417.00	0.00	855,417.00
1103	MORGAN STANLEY - ENDOWMENT	9,644,907.00	0.00	9,644,907.00
1104	MORGAN STANLEY - TEMPORARILY RESTRICTED	1,203,636.00	0.00	1,203,636.00
1123	MERRILL LYNCH - HW	1,133,157.00	0.00	1,133,157.00
Subtotal [D5]	Investments Related to Resident Care	12,837,117.00	0.00	12,837,117.00
Subgroup : [D7]	Other Assets			
1371	Pledges Receivable - Federation	25,000.00	0.00	25,000.00
1371 BSC	Reclass portion of pledges receivable	(305,786.00)	0.00	(305,786.00)
1373	PLEDGES RECEIVABLE - ENDOWMENT	21,000.00	0.00	21,000.00
1374	PLEDGES RECEIVABLE - SPECIAL	4,617.00	0.00	4,617.00
1375	PLEDGES RECEIVABLE DISCOUNT - ENDOWMENT	(4,460.00)	0.00	(4,460.00)
1381	ANNUAL CAMPAIGN RECEIVABLE	6,750.00	0.00	6,750.00
1383	CONTRIBUTIONS RECEIVABLE	268,090.00	0.00	268,090.00
1383-BSC	CONTRIBUTIONS RECEIVABLE ALLOWANCE	(142,894.00)	0.00	(142,894.00)
1384	PLEDGES RECEIVABLE - VISION 2031	1,069,675.00	0.00	1,069,675.00
1385	PLEDGES DISCOUNT/ALLOWANCE	(96,271.00)	0.00	(96,271.00)
1960	Other Intangible Assets	380,000.00	0.00	380,000.00
2500	Swap Liability	837,202.00	0.00	837,202.00
Subtotal [D7]	Other Assets	2,062,923.00	0.00	2,062,923.00
Total [31 - 32]	Assets	102,864,065.00	0.00	102,864,065.00
Group : [32 - 34]	Liabilities			
Subgroup : [A1]	Accounts Payable			
2105	ACCOUNTS PAYABLE	(1,131,668.00)	0.00	(1,131,668.00)
Subtotal [A1]	Accounts Payable	(1,131,668.00)	0.00	(1,131,668.00)
Subgroup : [A4]	Accrued Payroll			
2140	ACCRUED PAYROLL	(703,126.00)	0.00	(703,126.00)
Subtotal [A4]	Accrued Payroll	(703,126.00)	0.00	(703,126.00)
Subgroup : [A6]	Accrued Payroll Taxes Payable			
2170	FICA PAYABLE	(47,250.00)	0.00	(47,250.00)
Subtotal [A6]	Accrued Payroll Taxes Payable	(47,250.00)	0.00	(47,250.00)
Subgroup : [A9]	Mortgage Payable			
2449	BOND LIABILITY - S/T	(2,446,667.00)	0.00	(2,446,667.00)
Subtotal [A9]	Mortgage Payable	(2,446,667.00)	0.00	(2,446,667.00)
Subgroup : [A12]	Other Current Liabilities			
2110	ACCRUED EXPENSES	(782,413.00)	0.00	(782,413.00)
2150	ACCRUED VACATION	(1,251,658.00)	0.00	(1,251,658.00)
2165	457B PENSION PLAN	(132,180.00)	0.00	(132,180.00)
2200	HOSPICE PASS THRU	(283,894.00)	0.00	(283,894.00)
2220	PAID FAMILY LEAVE	(4,286.00)	0.00	(4,286.00)
2225	HEALTH SAVINGS ACCOUNT	(4,543.00)	0.00	(4,543.00)
2230	VOLUNTARY CHOICE CARE W/H	(49,625.00)	0.00	(49,625.00)
2290	EMPLOYEE GIVING FUND	(46,024.00)	0.00	(46,024.00)
2305	DEFERRED REVENUE - STIMULUS	(950,700.00)	0.00	(950,700.00)
2310	DEFERRED REVENUE - RECEIVABLES	(154,516.00)	0.00	(154,516.00)
2320	DEFERRED REVENUE-ADHC	(30,662.00)	0.00	(30,662.00)
2322	Deferred Revenue-Grants	(73,545.00)	0.00	(73,545.00)
2335	DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI	(8,855.00)	0.00	(8,855.00)
2337	Deposits-Assisted Living	(298,852.00)	0.00	(298,852.00)
2350	RESIDENT BANK - EQUITY	(170,286.00)	0.00	(170,286.00)
Subtotal [A12]	Other Current Liabilities	(4,242,039.00)	0.00	(4,242,039.00)
Subgroup : [B2]	Mortgage payable			
2450	BOND LIABILITY - LT	(45,567,500.00)	0.00	(45,567,500.00)
Subtotal [B2]	Mortgage payable	(45,567,500.00)	0.00	(45,567,500.00)
Subgroup : [B4]	Other Long Term Liabilities			
1800	PREPAID PENSION EXPENSE	(367,927.00)	0.00	(367,927.00)
1930	DEFERRED BOND COST	656,850.00	0.00	656,850.00
2330	Deferred Revenue-Senior Choice at Home	(4,746,636.00)	(116,000.00)	(4,862,636.00)
2400	GIFT ANNUITY LIABILITY	(137,799.00)	0.00	(137,799.00)
Subtotal [B4]	Other Long Term Liabilities	(4,595,512.00)	(116,000.00)	(4,711,512.00)
Total [32 - 34]	Liabilities	(58,733,762.00)	(116,000.00)	(58,849,762.00)
Group : [35]	Equity			
Subgroup : [B5]	Cumulated Earnings			
3010	FUND BALANCE	(31,293,775.00)	0.00	(31,293,775.00)

3013	NET ASSETS - ENDOWMENT-PERM RESTRICTED	(11,117,101.00)	0.00	(11,117,101.00)
3014	NET ASSETS - TEMP RESRTICTED	(2,048,491.00)	0.00	(2,048,491.00)
Subtotal [B5]	Cumulated Earnings	(44,459,367.00)	0.00	(44,459,367.00)
Total [35]	Equity	(44,459,367.00)	0.00	(44,459,367.00)
		<u>0.00</u>	<u>0.00</u>	
		<u>0.00</u>	<u>0.00</u>	

Client: **Jewish Senior Services**
 Engagement: **Medicaid - Mozaic Senior Life**
 Period Ending: **9/30/2023**
 Trial Balance: **A.010 - TB**
 Workpaper: **H.01 - Combined Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
Reclassifying Journal Entries				
Reclassifying Journal Entries JE # 1001				
To reclass expense				
6765-5220	Inpatient Therapy-Therapy Supplies & Expense		432.00	
6765-1000	Long term care-Therapy Supplies & Expense			432.00
Total			432.00	432.00
Reclassifying Journal Entries JE # 1002				
To record PBC CJE				
7035-5030	Senior Choice at Home-Purchased Services	H.01a	116,000.00	
2330	Deferred Revenue-Senior Choice at Home			116,000.00
Total			116,000.00	116,000.00
Reclassifying Journal Entries JE # 1003				
To reclass salaries per PBC document				
50011.00	VP OF OPERATIONS/BUSINESS	D.01 - Salaries	313,559.00	
6010-7010a	Admin Salary - Administrator		793,672.00	
6010-7010c	Administration Salary - VP Finance		254,254.00	
6025-5220	Inpatient Therapy-FTO Accrual		1,892.00	
Marcum 101	Marketing Salaries - Accumulated Cost		33,098.00	
6010-7010	Administration-Salary - Director			1,361,485.00
6040-7100	Marketing-Salary - Salaried Staff			33,098.00
6240-5220	Inpatient Therapy-Salary Expense - PT			813.00
6245-5220	Inpatient Therapy-Salary Expense - OT			663.00
6250-5220	Inpatient Therapy-Salary Expense - ST			213.00
6255-5220	Inpatient Therapy-Rehab Program Manager			203.00
Total			1,396,475.00	1,396,475.00
Reclassifying Journal Entries JE # 1004				
To reclass nursing purchased services				
7050-7350.1	Nursing Support - Temp Help - LPN	D.01 - Tab I	1,023,865.00	
7050-7350.2	Nursing Support - Temp Help - CNA		611,603.00	
7050-7350	Nursing Support-Temporary Help			1,635,468.00
Total			1,635,468.00	1,635,468.00
Reclassifying Journal Entries JE # 1005				
To reclass equipment leases				
7805-7450a	Equipment lease	E.03	7,023.00	
7805-7450b	Equipment lease		96,436.00	
7805-7450a	Equipment lease			96,436.00
7805-7450b	Equipment lease			7,023.00
Total			103,459.00	103,459.00
Reclassifying Journal Entries JE # 1006				
To reclass insurance expense				
7705-7010A	Directors and Officers Insurance	E.02	72,874.00	
7705-7010C	Auto Insurance		17,832.00	
7705-7010D	Umbrella Insurance		448,463.00	
7705-7010E	Day Care Insurance		11,866.00	
7705-7010F	Crime & Fiduciary / Cyber		34,203.00	
7705-7010G	Insurance - GPG Group		16,000.00	
7705-7010	Administration-Insurance General			601,238.00
Total			601,238.00	601,238.00
Reclassifying Journal Entries JE # 1007				
To reclass expenses not related to dues				
7515-7010.1	License Fee	D.01 - Tab O	630.00	
7515-7010	Administration-Dues			630.00
Total			630.00	630.00
Reclassifying Journal Entries JE # 1008				
To reclass non-movable equipment				
8150-7720B	Depreciation-Depreciation - Non-movable Reclass	K.02	131,587.00	
8150-7720A	Depreciation-Depreciation - Non-movable Reclass			131,587.00
Total			131,587.00	131,587.00
Total Reclassifying Journal Entries			3,985,289.00	3,985,289.00
Total All Journal Entries			3,985,289.00	3,985,289.00



Provider Name: Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Mozaic Senior Life
Provider Number: 9233
Period Ended: 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? <i>Request insurance cards and current vehicle registration.</i>				
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 allowable monthly 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: