State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2023

Name of Facility (as licensed)				
Jewish Home for the Elderly of Fai	rfield County, Inc	c. d/b/a Mozaic Senior Life		
Address (No. & Street, City, State,	Zip Code)			
4200 Park Ave, Bridgeport, CT 066	504			
Type of Facility				
Chronic and Convalescent ☑ Nursing Home (CCNH) & RHNS Combined	_	(Specify)	□ (Sp	pecify)
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
Medicaid Provider Numbers:		CCNH / RHNS	(Specify)	(Specify)
	9233			

General Information

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

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 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 reivew

Signed (Administrator)		Date	Signed (Owner)	Date		
Printed Name (Administrator)			Printed Name (Owner)			
Andrew Banoff						
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires		
to before me:						
				/ /		
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 Adjus	Page	of		
	1A	37		
Name of Facility	From	То		
Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Moza	10/1/2022	9/30/2023		
Address of Facility				
4200 Park Ave, Bridgeport, CT 06604	1		T	
Report Prepared By	Phone Nun		Date	
Marcum LLP	203-781-96	500	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

				ne No. of Facility		Report for Ye	ar Endec	_	of
			860	-561-4000		9/30/2023		2	37
Name of Facility (as shown	,			Address (No. & S					
Jewish Home for the Elderly	y of Fairfield (Bridge		4		
T' N 1		CCNH / RHNS		(Specify)		(Specify)			Provider No.
License Numbers:	1	923-C						07-5353	
Type of Facility (Check app Chronic and Con		s))							
✓ Nursing Home (П	(Sne	ecify)		П	(Specify	7)	
RHNS Combine		_	(Dp	certy)		_	(Specify)	
Type of Ownership (Check		x)							
O Proprietorship O LI		Partnership	\circ	Profit Corp.	•	Non-Profit Con	m (Government	O Truct
O Proprietorship O EE	0	Tartifership		Tront Corp.			_		O Hust
TO 1 1 0 111 1 1 1	1.1.				Date	e Opened	Date Clo	osed	
If this facility opened or clo	sed during rep	ort year provide:							
Has there been any change i	n ownershin								
or operation during this repo			0	Yes	•	No	If "Yes	" explain ful	lv
or operation during this repo	ore year.			103		110	11 105,	скрит тиг	.,.
Administrator									
Name of Administrator						Nursing	Home		
Andrew Banoff						Administ		001719	
						Licens	e No.:		
Other Operators/Owners wh	no are assistant	administrators (f	ull o	r part time) of this	facili	•			
Name						Licens	e No.:		
N/A									

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility Jewish Home for the Elderly o		License No. 923-C	Report for Y 9/30/2023	ear Ended	Page 3	of 37
Legal Name of Part		Business A		State(s) and/ Which R	or Town(s	s) in
N/A	•					
Name of Partners/Members	Business Ac	ldress	,	Γitle	% Ow	ned
N/A						

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year E	nded	Page	of
Jewish Home for the Elderly of Fairfield Cour	923-C	9/30/2023		3A	37
If this facility is owned or operated as a corpo	ration, provide the	following informa	tion:		
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ch Incorp	orated
Jewish Home for the Elderly of	4200 Park Ave, B	ridgeport, CT	Connecticut		
Fairfield County, Inc. d/b/a	06604				
Mozaic Senior Life					
Name of Directors, Officers	Busines	s Address	Title	No. Sh Held by	
See attached listing of Board of Directors					
Names of Stockholders Owning at Least 10% of Shares					
N/A					

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

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Jewish Home for the Elderly of Fairfield County, l	1 923-C	9/30/2023	3B 37
If this facility is owned or operated as an individua	al proprietorship, p	rovide the following informat	ion:
	ner(s) of Facility		

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of
Jewish Home for the Ele	derly of Fairfield County, Inc. o	ł	923-C		9/30/2023		4	37
Are any individuals rece	eiving compensation from the f	acility re	elated th	rough		If "Yes," provide the	ne Name/Ad	dress and
marriage, ability to cont	rol, ownership, family or busin	ess asso	ciation?	•	Yes O No	complete the inform	nation on Pa	ige 11 of the report.
Are any individuals or c	ompanies which provide goods	or serv	ices,					
_	roperty or the loaning of funds		-					
	ssociation, common ownership				⊙ Yes O No			
association to any of the	owners, operators, or officials	of this t	facility?			If "Yes," provide the	ne following	information:
			so Provi			Indicate Where		
			ds/Servi			Costs are Included		
Name of Related	Business		Related		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Marty Wolf	Cohen & Wolf, P.C.	•	0		Legal Service	15 / 1e	21,546	21,546
		•	0					
		0	•					
		0	•					
		0	•					
		0	•					
		0	•					
		0	•					
		0	•					

^{*} 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

NameAddressDescriptionTotal ExpenseAmountMarty WolfCohen & Wolf, P.C.Legal service32,48021,546Accum Cost66.3373%

A.022

General Information and Questionnaire Basis for Allocation of Costs

•				Page	of 37
Jewish Home for the Elderly of Fairfield County					
If the facility is licensed as CDH and/or RCH or	provides Al	DS or TBI	services with special Medicaid	rates, cost	S
must be allocated to CCNH and RHNS as follow	s:				
Item			Method of Allocation		
Dietary		Number of	f meals served to residents		
Laundry Number of pounds processed					
Housekeeping		Number of	f square feet serviced		
		Number of	f hours of routine care provided	by EACH	
Nursing		employee	classification, i.e., Director (or C	Charge Nu	ırse),
		Registered	Nurses, Licensed Practical Nur	ses, Aides	and
		Attendants	S		
Direct Resident Care Consultants		Number of	f hours of resident care provided	by EACI	Ŧ
specialist (See listing page 13)					
Maintenance and operation of plant		Square fee	t		
Property costs (depreciation)		Square fee	t		
Employee health and welfare		Gross sala	ries		
Management services		Appropria	te cost center involved		
All other General Administrative expenses		Total of D	irect and Allocated Costs		
The preparer of this report must answer the follow	wing question	ons applica	ble to the cost information provi	ided.	
1. In the preparation of this Report, were all	O 1/	O N	If "No," explain fully why sucl	h allocatio	n was not
costs allocated as required?	• Yes	O No	made.		
The facility utilizes an allocation template and al	locates cost	s for non-re	eimbursable programs out on the	allocation	n templat
using appropriate methodologies, accumulated co	ost, or direct	assignmer	nt. The non-reimbursable costs a	re not incl	luded in
the cost report. Please see cover letter included w	ith the cost	report.			
		_			
2. Explain the allocation of related company exp	enses and a	ttach copy	of appropriate supporting data.		
See page 4 and page 4 attachment.					
3. Did the Facility appropriately allocate and sel	f-disallow d	irect and ir	ndirect costs to non-nursing hom	e cost cen	iters?
(e.g., Assisted Living, Home Health, Outpatie	nt Services,	Adult Day	Care Services, etc.)		
	• Yes	O No	If "No," explain fully why such made.	n allocatio	n was not
			made.		

Mozaic Senior Life						
ALLOCATION SECT	TION					
Cost Year 2023				TOTA	AL	
		INPUT		ALLOCATED A	AMOUNTS	
ACCOUNT		Total	ALLOCATION	Skilled Nursing	A/L	
<u>NUMBER</u>	ACCOUNT NAME	<u>AMOUNT</u>	<u>BASIS</u>	<u>Facility</u>	<u>Unit</u>	<u>TOTAL</u>
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 SEC	TION					
Cost Year 2023				TOTAL		
		INPUT		ALLOCATED AT	MOUNTS	
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 120.25	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 120.22	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 Lif	e					
ALLOCATION SEC	TION					
Cost Year 2023				TOTA	AL	
		INPUT		ALLOCATED A	AMOUNTS	
ACCOUNT		Total	ALLOCATION	Skilled Nursing	A/L	
<u>NUMBER</u>	ACCOUNT NAME	<u>AMOUNT</u>	<u>BASIS</u>	<u>Facility</u>	<u>Unit</u>	<u>TOTAL</u>
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		188,713 117,651
15 1D.42 15 1E.10	Accounting and Auditing	117,651	Accum Costs	78,046	39,605	222,590
15 1E.10	Legal - Expenses Office Supplies - Non Reimbursible	222,590 35,382	Accum Costs A/L	147,660	74,930 35,382	35,382
15 1G.22 15 1G.10	Office Supplies - North Refinibulishe Office Supplies - SNF Only	15,161	Nursing Home	15,161	-	15,161
15 1G.10 15 1G.15	Office Supplies - Accum Costs	130,329	Accum Costs	86,457	43,872	130,329
15 16.13 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 SECT	TON					
Cost Year 2023				TOTAL		
		INPUT		ALLOCATED AN	OUNTS	
ACCOUNT		Total	ALLOCATION	Skilled Nursing	A/L	
<u>NUMBER</u>	ACCOUNT NAME	<u>AMOUNT</u>	<u>BASIS</u>	<u>Facility</u>	<u>Unit</u>	<u>TOTAL</u>
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 51.10	Recreation - SNF	177,277	Nursing Home	177,277	-	177,277
20 51.22	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 Lif	e					
ALLOCATION SEC	TION					
Cost Year 2023				TOTA	AL	
		INPUT		ALLOCATED	AMOUNTS	
ACCOUNT		Total	ALLOCATION	Skilled Nursing	A/L	
NUMBER	ACCOUNT NAME	AMOUNT	BASIS	<u>Facility</u>	<u>Unit</u>	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
	Reconcilation to Cost Repo	rt 445,064.00		46,574,196	23,633,961	
	Cost Report To			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	923-0	C		9/30/2023	6	37
Square footage of	entire facility.	317,000 **		**Re	presents square footage	entire cam	pus
Outpatient Ther	ару						
Does the Facility	provide outpatient th	nerapy services?	Yes				
	plete the following:						
1,636 - Overhead	Square footage of the	herapy space.					
Maala on Whaala							
Meals on Wheels				1			
Does the facility	provide Meals on W	heels?	No				
If ves. please com	plete the following:						
ij yes, preuse com	Square footage of k	ritahan					1
	Number of meals se						-
No	Are meals included		on page 18	of the	Annual Report?		1
No	Are direct costs inc				Timuar report.		1
110	If yes, please state v						1
No	Are drivers for the			lity's p	payroll?]
	If yes, please compl				y		
		Amount Repor	rted				
		Annual Report					
	Please state the sala	<u> </u>			·		
	Please state where t	the cooks and/or	dietary aide	s are r	reported in the Annual F	Report]
Apartments, Ind	ependent Living, A	ssisted Living					
-	nave apartments, ind	0	and/or	Yes			
assisted living?	iave apartments, mo	ependent nving,	and/Oi	1 68			
	plete the following:				I		
0	Square footage of a	nartments					
0	Square rootage or a	partments					
0	Square footage of in	ndependent living	g				
29,063	Square footage of a	ssisted living					
	Please identify the s	services provided	∟ l:				
	Costs and revenues						
			_				

General Information and Questionnaire Other Lines of Business (Continued)

Name of Fac		Report for Year Ended	Page	of
Jewish Hom	e for the I 923-C	9/30/2023	7	37
Child Day C	Care			
Does the Fac	cility provide Child Day Care? Yes			
If yes, please	e complete the following:			
7,047 S	Square footage of child day care space.			
0 A	Average number of daily participants.			
0 N	Number of meals per day provided to child day care.			
N	Nature of services provided:			
S	see self- disallowance filed with cost report.			
Adult Day (Care			
Does the Fac	cility provide Adult Day Care? Yes			
If yes, please	e complete the following:			
7,417 S	Square footage of adult day care space.			
0 P	Please state where it is located in relation to the facil	ity.		
0 A	Average number of daily participants.			
0 N	Number of meals per day provided to adult day care.			
N	Nature of services provided:			
C	Costs and revenues related to the adult day care			
b	business are not included within the annual report of	•		

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Schedule of Resident Statistics

Name of Facility			License No	0.			Report for	Year Ended				
Jewish Home for the Elderly of Fairfield County, Inc	. d/b/a Mo	zaic Senio	92	3-С			9/30/2023				8	37
					Period 10/1 Thru 6/30 Period					Period 7	/1 Thru 9/3	0
		Total CCNH /										
	Total All	RHNS		Total		CCNH /				CCNH /		
	Levels	Level	Total	(Specify)	Total	RHNS	(Specify)	(Specify)	Total	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		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days		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	1	License No.	Report for Year Ended	Page	of
Jewish	n Home for	r the Elderly of Fairfield County, Inc. d/b/a Mozaic				
Senior	r Life		923-C	9/30/2023	8a	37
			Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)
1.	Certifi	ed Bed Capacity				
	A.	On last day of PREVIOUS report period	294	294		
	B.	On last day of THIS report period	294	294		
2.	Numbe	er of Residents				
	A.	As of midnight of PREVIOUS report period	285	285		
	B.	As of midnight of THIS report period	285	285		
3.	Total N	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 N	Number of Days Not Included in Figures in 3G for				
4.	Which	Revenue Was Received for Reserved Beds				
	A.	Medicaid Bed Reserve Days	94	94		
	B.	Other Bed Reserve Days	61	61		
5.	Total 1	Resident Days (3G + 4A + 4B)	104,817	104,817		

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Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	nse No.				Report	for Year	Ended		Page	of		
Jewish Home	for the E	Elderly of Fai	irfield County, In	92	23-C					9/30/202	3		9	37		
4. Were the	ere any cl	hanges in the	certified bed ca	pacity	y durinş	g the 1	eport	year?		0	Yes	•	No			
If "YES'	', provide	e the following	ng information:													
		Place of C	hange		С	hange	e in Be	ds		Ca	apacity Afte	r Change				
	CCNH															
Data of	,	(Specify)	(Specify)		Last			Caima	.a							
Date of	KIINS	(Specify)	(Specify)		Lost		'	Gaine	a	CCNH						
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	/ RHNS	(Specify)	(Specify)	Reason for Change			
	(-)	(-)	(0)	(-)	(-)	(-)	(-)	(-)	(-)		(-F)	(-F5)				
					<u> </u>											
	_	-	-	-	_	repo	rt year	(as re	eported	in item 4	above) prov	vide the number	t			
		(Change in Reside	ent Da	ays					CCNH	I / RHNS	(Specify)	(Spe	ecify)		
,																
Date of RHNS (Specify) (Specify) Lost Gained CCNH CCNH (Specify) (Specify)																
										S	elf-Pay		Other Sta	te Assisted		
					NH/			CC	NH/							
			CCNH / RHNS	RI	HNS	(Sp	ecify)	RF	HNS	(Sp	ecify)	(Specify)	R.C.H.	ICF-MR		
			16		178		_		80							
			V:		2(0.55				((7.00							
			various		309.33				007.00							
			erapy Treatments	S				TO		CCNH		(Specify)	Outpatient	(Specify)		
			of Dout D)						10,917		10,917					
D.																
	Other								40,434		40,434					
								51,351		51,351						
	. Were there any changes in the certified bed capacity of If "YES", provide the following information: Place of Change CCNH Date of RHNS (Specify) (Specify) Change (1) (2) (3) (1) If there was any change in certified bed capacity during RESIDENT DAYS for 90 days following the change Change in Resident Days 1st change 2nd change 3rd change 4th change Number of Residents and Rates on September 30 of Companies of Residents No. of Residents Per Diem Rate a. One bed rm. b. Two bed rms. c. Three or more bed rms. Total Number of Physical Therapy Treatments A. Medicare - Part B B. Medicaid (Exclusive of Part B)															
			- f.D D)						811		811					
D.																
C.									3,792		3,792					
									4,603		4,603					
	cCNH / / (Specify) (Specify) nge (1) (2) (3) (3) there was any change in certified bed capacity (ESIDENT DAYS for 90 days following the change in Resident st change in Resident st change in Change in Resident st change in CCNH / RHNS (Specify) Item (CCNH / RHNS) Out of Residents and Rates on September 30 in Medicare in Medic															
	Place of Change CCNH / RHNS (Specify) (Specify) Inge (1) (2) (3) There was any change in certified bed RESIDENT DAYS for 90 days following the change and change an								5,930		5,930					
В.																
C.		I I I I I							33,205		33,205					
		ccupational	Therapy Treatm	ents					39,135		39,135					

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Report of Expenditures - Salaries & Wages

	Report of E	expenditui	res - Sal	Salaries & Wages					
Name of Facility	License No.			Report for Yea	r Ended			Page	of
Jewish Home for the Elderly of Fairfield County, Inc. d/b/a	M 923-C			9/30/2023				10	37
	1			Yes			N		
Are time records maintained by all individuals receiving co	npensation?		•				No		
				Total (Cost and Hours		1	1	
									1
									1
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						_			
	901 156	(160 221)	2.000						
of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV	801,156	(160,231)	2,080						
I	202.500		1 001						
of Schedule A1)	283,599		1,881						
Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	1,595,693		49,016						
5. Dietary Service	1,393,093		49,010						
a. Head Dietitian									
b. Food Service Supervisor					†			1	i
c. Dietary Workers	1,816,425		97,060						i
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	200 202		0.040					1	
	209,382		8,840						
8. Laundry Service a. Supervisor									
b. Other Laundry Workers	268,950		15,610						
Barber and Beautician Services	200,550		10,010						
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					1	
2. Administrative** c. LPN	925,488		19,591						
c. LPN 1. Direct Care	3,750,465		101,935						
2. Administrative**	3,730,403		101,733		†			†	
d. Aides and Attendants	6,825,800		306,120		† †		1	1	
e. Physical Therapists	1,096,590		27,341		<u> </u>				
f. Speech Therapists	229,840		4,440						<u> </u>
g. Occupational Therapists	714,934	(714,934)	15,516						
h. Recreation Workers	545,272		22,848						
i. Physicians									
1. Medical Director								1	
Utilization Review Resident Care***					+			+	
4. Other (Specify)									
other (openity)									İ
j. Dentists					†			1	i
k. Pharmacists					1				
1. Podiatrists									
m. Social Workers/Case Management	292,328		9,144						
n. Marketing	21,956	(21,956)	419						
o. Other (Specify)	0.2.2.0.1.2	/#20 0 DEC							
See Attached Schedule	827,919	(530,870)	28,949		1		 	+	
A-13. Total Salary Expenditures	24,520,107	(1,427,991)	832,558				I	1	

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

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

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

Schedule of Other Salaries and Wages (Page 10)

		CCNH / RHNS			(Specify)			(Specify)	
Position	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
	-								
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 was	ges	(38,679)							
Total	\$ 827,919	\$ (530,870)	28,949	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

		CCNH / RHNS (Specify)				(Specify)			
Service	\$	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 fee	s	(3,027)							
Total	\$ 9,277	\$ (5,524)	259	\$ -	\$ -	-	\$ -	\$ -	-

CSP-11 Rev. 10/2005

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

Name of Facility				License No.	Report for	Year Ended	Page	of		
Jewish Home for the Elderly of F	airfield Cou	inty, Inc. d/b	/a Mozaic Se	923-C		9/30/2023			11	37
		Salary Paid	1	E' D "						
Name	CCNH / RHNS	(Specify)	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Claimed on	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)	Name of Facility (as licensed)			License No.		Report for Year Ended				of
Jewish Home for the Elderly of Fa	irfield Cou	nty, Inc. d/b/	a Mozaic Se	923-C		9/30/2023			12	37
		Salary Paid	1	Fringe Benefits						
Name	CCNH / RHNS	(Specify)	(Specify)	and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***										
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.

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B. Report of Expenditures - Professional Fees

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, In		923-C		9/30/2023				13	37	
				Total	l Cost and Ho	urs				
	CCNH /									
Item	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										
Infection Control Committee										
(Quarterly meetings)										
2. Pharmaceutical Committee										
(Quarterly meetings) 3. Staff Development Committee					1			 		
(Once annually)										
e. Other (Specify)										
Psychiatric	16,942	(16,942)	450							
9. Speech Therapist	- 7-	(- 7)								
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***	120,500		1,,,00		†			†		
b. LPN										
1. Direct Care	1,023,865		18,380							
2. Administrative***	1,023,003		10,500		†			†		
c. Aides	611,603		19,770							
d. Other	011,003		17,770		+		<u> </u>			
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)			+					
* Do not include in this section management consultants or services whi				by required inform	D 17		<u> </u>	<u> </u>		

^{*} 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.			Year Ended	Page	of	
Jewish Home for the Elderly of Fairfield Co	ounty, Inc. d/ 923-C		9/30/2023		14	37	
			to Owners,				
Name & Address of Individual	Full Explanation of Service		rs, Officers	Explanation of Relationship			
G 1 M	D (1)	Yes	No	27/4			
Carla Monteiro, D.M.D., 1825 Barnum Ave, Suite 303, Stratford, CT 06614	Dentist	0	•	N/A			
Partners Pharmacy, 6 Thompson Rd, East Windsor CT 06088	Pharmacist	0	•	N/A			
Northeast Medical Group, 55 Holly Hill Ln, Greenwich, CT 06830	Podiatrist	0	•	N/A			
Sacred Heart University, 5150 Park Ave, Fairfield, CT 06825	Inpatient physical therapy	0	•	N/A			
Summit Healthcare LLC, 24 Silver Ridge Common, Weston, CT 06883	Medical Director	0	•	N/A			
Joseph Fickes, M.D., 51 Merwins Ln, Fairfield, CT 06824	Psychiatric	0	•	N/A			
Father Churchhill Penn, Saint Charles Parish, 391 Ogden St, Bridgeport, CT 06608	Pastoral care	0	•	N/A			
Dr. Jeffrey Kerner, 95 Intrevale Rd, Stamford, CT 06905	Medicare office visits	0	•	N/A			
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				
		0	•				

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.		Report for Y	ear Ended				Page	of
Jewish Home for the Elderly of Fairfield County, 923-C		9/30/2023		1		1	15	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Administrative and General				,	1 2/	1	1 3/	3
a. Employee Health & Welfare Benefits								
Workmen's Compensation	\$	872,417	918,456	(46,039)				
Disability Insurance	\$	68,098	68,098					
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)	\$	881,884	881,884					
(not-owners and not-operators)		·						
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>)	\$	(4,203)	5,114	(9,317)				
See Attached Schedule								
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	(100,/13)				
e. Legal (Services should be fully described on Page 15b)	\$	13,518	147,660	(134,142)				
f. Insurance on Lives of Owners and	\$	13,316	147,000	(134,142)				
Operators (Specify)*	φ							
g. Office Supplies	\$	101,618	101,618					
h. Telephone and Cellular Phones	φ	101,018	101,018					
Telephone & Pagers 1. Telephone & Pagers	\$	38,426	38,426					
2. Cellular Phones	\$	3,800	91,541	(87,741)		1		
i. Appraisal (Specify purpose and	\$	3,000	71,541	(67,741)		1		
attach copy)*	Φ							
unuch copy)								
j. Corporation Business Taxes (franchise tax)	\$							
k. Other Taxes (Not related to property - See Page 22)								
1. Income*	\$							
2. Other (Specify)	\$							
See Attached Schedule								
3. Resident Day User Fee	\$	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)

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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

CSP-15b Rev. 3/2023

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Jewish Home for the Elderly of Fa	ii 923-C	9/30/2023		15b	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
•	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP		555 Long Wharf Drive, New Haven, CT	06511		
2					
3					
4					
Services Provided by This Firm (de	escribe fully)				
1 Annual FS audit, Medicaid and Medi	care cost reporting, 990 prep, benefi	t plan audits	\$	78,046	
2			\$		
3			\$		
4			\$		
·				r Services Pi	rovided
					Ovided
A TI CI DOLLI' II E	I'd D. C. CTI. D. 49 ICW	G 'C F GI 'C ' II' N	\$	78,046	
YesNo	Page 15, line 1d	s, Specify Expense Classification and Line No.			
Legal Services Information	rage 13, mic ru				
	at Attamax		Talambana	Numban	
Name of Legal Firm or Independen	n Attorney		Telephone		
1 See attached			See attach	ea	
2					
3					
4					
5					
Address (No. & Street, City, State,	Zip Code)				
1 See attached					
2					
3					
4					
5					
Services Provided by This Firm (de	escribe fully)				
1 See attached			\$	147,660	
2			\$		
3			\$		
4			\$		
5			\$		
			Charge for	r Services Pr	rovided
			\$	147,660	
Are These Charges Reflected in the Expen	•	es, Specify Expense Classification and Line No.	1 *	.,	
• Yes O No	Page 15, line 1e				

A.022 66.3373%

78,046

78,046

							66.3373%		
								ALLOCATED	
<u>Law Firm</u>	Address One Century Tower, New Haven,	Phone Number	Total Expense	<u>Description</u> General legal / collections /	Allowable	<u>Disallowed</u>	Amount	Allowable	Disallowed
Wiggin & Dana	CT 06508 1115 Broad Street, Bridgeport,	203-498-4384	106,386	Miscellaneous	3,700	102,686	70,574	2,455	68,119
Cohen and Wolf	CT 06604	203-368-0211	32,480	Attention to trademarks	-	32,480	21,546	-	21,546
Jackson Lewis	200 G		3,397	Employee law	3,397	-	2,253	2,253	-
Goldman, Gruder & Woods, LLC	200 Connecticut Avenue, Norwalk, CT 06854 10 Sasco Hill Rd, Fairfield, CT	203-899-8900	18,550	Collections		18,550	12,306	-	12,306
Russo & Rizzio	06824	203-254-7579		Parking garage		-	-	-	-
Sheriff	850 Main St, Bridgeport, CT		250	Probate		250	165	-	165
Pullman & Comley	06601 265 Church Street. New Haven,	203-330-2000	18,180	Refinancing		18,180	12,060	-	12,060
Shipman & Goodwin	CT 06510 63 Cherry St #1, Milford, CT	203-836-2801	12,305	Bond financing		12,305	8,163	-	8,163
Lynch, Trembicki & Boynton	06460 265 Church St #1001, New	203-878-4669	12,500	Employee settlement		12,500	8,292	-	8,292
Updike, Kelly & Spellacy	Haven, CT 06510 234 Church St, New Haven, CT	203-786-8300	5,475	Employee relations	5,475		3,632	3,632	-
Reid & Riege Attorneys	06510 195 Church St, New Haven, CT	203-777-8008	3,762	Refinancing Home related issues /		3,762	2,496	-	2,496
Law Offices of Jeffrey Hellman	06510 82 Hopmeadow Street #210,	203-691-8762	1,500	collections		1,500	995	-	995
Litchfield Cavo LLP	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
								ALLOCATED	1
Accounting Firm	Address		<u>7005-7250</u>	<u>Description</u>	Allowable	Disallowed	Amount	Allowable	Disallowed
Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511	203-781-9600	117 (51	Annual FS audit, Medicaid and Medicare cost reporting, 990	117.651		79.046	79.046	
Marcum LLP	114,011, 01 00011	203-781-9000	117,651	prep, benefit plan audits	117,651		78,046	78,046	

117,651

117,651

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

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	Salary Disallowed	Benefits Disallow %	Benefits Disallowed
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 I	ink
Total benefits (1a1, 1a3 & 1a4)	2,593,394 тв п	ink
% to total	10.5766%	

	Expense	Disallowance	Pg. / Line
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 Ye	or Endad				Page	of
Jewish Home for the Elderly of Fairfield County, Inc. 923-C	9/30/2023	ai Eliucu	16	37			
Jewish Home for the Elderry of Fairfield County, file. 725-C	7/30/2023		1		I	10	37
		CCNH /					
T4	Total	RHNS	A di	(C:£-)	A 41:	(6:6.)	A 1:
Item Subtotals Brought Forward			Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Suotottus Brought Forward Travel and Entertainment	7,276,389	/,826,296	(549,907)				
	r.						
	§						
		75 114	(20.045)				
-	36,169	75,114	(38,945)				
4. Employee Travel	54,481	54,481					
V	47,595	47,595	(= 100)				
or remaining the first transfer of the processing of	\$ 16,379	21,788	(5,409)				
7. Other (Specify)	5						
See Attached Schedule							
m. Other Administrative and General Expenses							
the state of the s	3,440	3,440					
(w)	\$						
3. Advertising Other (Specify)***	\$	183,969	(183,969)				
See Attached Schedule							
8	\$	2,620	(2,620)				
¥ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$						
or Barber and Beauty Supplies (It ams service is supplied	\$	57,026	(57,026)				
directly and not by contract or fee for service)***							
. 8	\$ 26,494	26,494					
* 8. Dues and Membership Fees to Professional	\$ 25,515	25,515					
Associations (Specify)							
See Attached Schedule							
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	179,556	179,556					
Schedule C-2, Page 21 for each firm or individual)							
	\$						
<u> </u>	694,343	1,001,323	(306,980)				
See Attached Schedule							
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 expensein the Adjustment column.

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

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	\$ -	\$ -	S -	\$ -	s -

Schedule of Contributions

Description	CCNH / RHN	S Adjustm	ent (S	pecify)	Adjustment	(Specify)	Adjustment
	-						
Total Contributions	S -	\$	- \$	-	\$ -	S -	s -

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 & surveyong	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)				
Commity 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)	s -	s -	s -	s -

Schedule C-1 - Management Services*

Name of Facility Jewish Home for the Elderly of Fairfield	License No. 923-C	Report for Year Ended 9/30/2023	Page of 17 37
Name & Address of Individual or Company Supplying Service Morrison Mgmt. Specialists, Inc 400 Northridge Rd. Suite 600, Atlanta, GA 30350	Cost of Management Service 124,437	Full Description of Mgmt. Service Provided Management Services - Dietary	Indicate Where Costs are Included in Annual Report Page #/Line # 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 o	of Facility	License		Report for Ye		iocation of C	osts (Sec 1 (d	Page	of
Jewish	Home for the Elderly of Fairfield County, Inc.	. d/t	923-C	9/30/2023				18	37
				CCNH /					
	Item		Total	RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	hietary								
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)	\$							
h	Purchased Services (by contract other	\$	2,319,983	2,424,024	(104,041)				
0.	than through Management Services)	Ψ	2,517,705	2,424,024	(104,041)				
	(Complete Schedule C-2 att. Page 21)								
c.	Other (Specify)	\$	124,437	124,437					
	Management services		, , , ,	,					
	C								
2D. To	<i>Total Dietary Expenditures</i> (2a + b + c + d)	\$	2,533,451	2,640,749	(107,298)				
	vietary Questionnaire	1*	Total	CCNH	/ RHNS	(Spec	cify)	(Spe	cify)
	esident Meals: Total no. of meals served per d		-						
G. Is	cost of employee meals included in 2D?	O Yes	•	No					
H. D	rid you receive revenue from employees?	Yes	0	No		If yes, specify amt.			
I. W	here is the revenue received reported in the Co	ost Report?	(Page/Line Ite	m)				Not reported	
Is	cost of meals provided to persons other than	-	-			If you amonify			
	1 ,	O Yes	•	No		If yes, specify cost.			
G	uests) included in 2D?					cost.			
K. Is	any revenue collected from these people?	⊙ Yes		No		If yes, specify			
	, , ,					amt.			
L. W	There is the revenue received reported in the Co	ost Report?	(Page/Line Ite	m)				Not reported	
M. at	cost of food (other than meals, e.g., snacks monthly staff meetings, board meetings) rovided to employees included in 2D?	O Yes	•	No		If yes, specify cost.			
N. Is	any revenue collected from employees?	O Yes	•	No		If yes, specify amt.			
O. W	here is the revenue received reported in the Co	ost Report?	(Page/Line Ite	m)					

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

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

Name of Facility	License		Report for Yea	r Ended			Page	of
Jewish Home for the Elderly of Fairfield County, Inc. d/	Ş	923-C	9/30/2023		T		19	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.	12,807	12,807					
washed, ironed, and/or processed.***	7 tiiιt. ψ	12,007	12,007					
Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.							
processed.***	Amt. \$							
3. Personal clothing of residents	Lbs.							
washed, ironed, and/or processed.***	Amt. \$							
4. Repair and/or purchase of linens.***	Lbs.							
	Amt. \$	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. <i>Total Laundry Expenditures</i> (3a + b + c)	\$	129,126	129,342	(216)				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?	Yes	•	No		If yes, specify cost.			
	Yes	•	No		If yes, specify amt.			
H. Where is the revenue received reported in the Cost	Report?		(Page/Line It	em)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	•	No		If yes, specify cost.			
	Yes	•			If yes, specify amt.			
K. Where is the revenue received reported in the Cost	Report?		(Page/Line It	em)				

^{*} 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 L	icense No. 1	Repoi	t for Year E	ıded				Page	of
Jewish Home for the Elderly of Fairfield Count	923-C	F	9/30/2023					20	37
				CCNH /					
Item			Total	RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4. Housekeeping Se	q. Ft. Serviced				,	\ 1 \ 2/	<u>J</u>	(1)/	
1 0	by Personnel								
Supplies - Cleaning (Mops,	Amt.	\$	29,081	29,081					
pails, brooms, etc.)			1	,					
•	q. Ft. Serviced								
l	by Personnel								
(Complete Schedule C-2 att.	Amt.	\$	61,553	61,734	(181)				
Page 21)			, , , , , , , , , , , , , , , , , , ,	,	,				
C. Other (Specify)		\$	17,357	17,357					
Management services									
4D. Total Housekeeping Expenditures (4a + b	+ c)	\$	107,991	108,172	(181)				
5. Resident Care (Supplies)**					Ì				
a. Prescription Drugs***		-							
Own Pharmacy		\$							
Purchased from		\$		311,876	(311,876)				
Partners Pharmacy									
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									
For Emergency Use		\$							
2. Other***		\$		49,174	(49,174)				
f. X-rays and Related Radiological		\$		43,930	(43,930)				
Procedures***									
g. Dental (Not dentists who should be included)	ded under	\$		9,059	(9,059)				
salaries or fees)									
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)****		\$	21,499	97,640	(76,141)				
See Attached Schedule									
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.

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Inpatient therapy expense	\$ 432	\$ (432)				
Inpatient therapy consulting	5,040	(5,040)				
Medicare consulting	26,898	(26,898)				
Inpatient therapy equipment	6,770	(6,770)				
Nursing patient lost articles	1,659	(1,659)				
Inpatient therapy - Minor equipment	145	(145)				
Nursing support - Minor equipment	2,331					
Child care center supplies (See disallowance schedule)	1,142	(897)				
Inpatient therapy supplies	31,314	(31,314)				
Outpatient therapy supplies (Disallowed)	1,368	(1,368)				
Clinical support services supplies	37	(37)				
Clinic supplies	377					
Nursing supplies	19,140					
Pastoral services supplies	987					
Unallowable (Non-Medicaid) beds disallowance - Resident Care		(1,581)				
Total Other Resident Care	\$ 97,640	\$ (76,141)	\$ -	\$ -	\$ -	\$ -

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

Pg. 20b

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

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

Name of Facility				License No.	Report for Year Ende	d			Page	
Jewish Home for the Elderly	of Fairfield County, In-	c. d/b/a Moz	aic Senior l	923-C	9/30/2023				21	37
		Related ** Operators					Total Cost/Page Ref.***			
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH / RHNS	(Specify)	(Specify)	Рσ	Line
Marsh & McLennan Agency LLC	Avenue, Suite 4E03, Norwalk, CT 06854	0	•	N/A	Insurance Consulting	33,169	(aprilary)	(======================================		m13
Pereira Engineering LLC	2150 Post Rd, Fairfield,	0	•	N/A	Zoning & Surveying Compensation Study &	10,137			16	m13
Gallagher Benefit Services	CT 06824	0	•	N/A	Consulting	23,791			16	m13
Weston Benefit Cards of Naples, LLC	Suite 200, Naples, FL 34103-3108	0	•	N/A	Medical Insurance Consulting	19,901			16	m13
ZurickDavis, Inc.		0	•	N/A	Executive Job Search Consulting	35,325			16	m13
Peretz Robinson	84 Senior Place, Fairfield, CT 06825	0	•	N/A	Supervision & Consulting	11,954			18	2b
Evan Rogol	73 West Rock Ave, New Haven, CT 06515	0	•	N/A	Supervision & Consulting	17,334			18	2b
Harmony Healthcare International	430 Boston St #403, Topsfield, MA 01983	0	•	N/A	Medicare Consulting	26,898			20	5L
Canon Financial Services	America, One Canon Park, Melville, NY	0	•	N/A	Copier Lease & Maintenance	81,735			Var	Var
MBS Lawn & Tree	65 Riverview Pl, Stratford, CT 06615	0	•	N/A	Landscaping	35,509			22	6f
ADT Commercial/Red Hawk	55 Robinson Blvd, Orange, CT 06477	0	•	N/A	Fire Alarm Maintenance	15,165			22	6a
Nick's Carting, Inc.	388 Knowlton St, Bridgeport, CT 06608	0	•	N/A	Waste Removal	79,740			22	6f
Bioserv	10 Grammar Avenue, Prospect, CT 06712	0	•	N/A	Waste Removal	37,642			22	6f
Facilities Compliance Fire Protection	201 Christian Ln, Berlin, CT 06037	0	•	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				License No.	Report for Year Ended				Page	of
Jewish Home for the Elderly of Fairfie	eld County, Inc. d/b/a Mozaic Senior Life			923-C	9/30/2023				21a	37
		Relate	d ** to				Total C	Cost/Page R	ef.***	
				Explanation of	Full Explanation of Service				,	
Name of Individual or Company	Address	Yes	No	Relationship	Provided*	CCNH	RHNS	(Specify)	Pg	Line
Flagship Networks, Inc.	100 Beard SawmillRd, Suite 340, Shelton, CT 06484	0	•	N/A	IT support	210,365			16	m13
Morrison Mgmt. Specialists Inc.	400 Northridge Rd. Suite 600, Atlanta, GA 30350	0	•	N/A	Dietary services	2,493,787			18	2b/c
Morrison Mgmt. Specialists Inc.	400 Northridge Rd. Suite 600, Atlanta, GA 30350	0	•	N/A	Laundry services	102,493			19	Var
Morrison Mgmt. Specialists Inc.	400 Northridge Rd. Suite 600, Atlanta, GA 30350	0	•	N/A	Housekeeping services	79,091			20	Var
Hartford Elevator LLC		0	•	N/A	Elevator maintenance	51,108			22	6a
		0	•	N/A						
		0	•	N/A					,	
		0	•	N/A					,	
		0	•	N/A					,	
		0	•	N/A						
		0	•	N/A						
		0	•	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 Lice	nse No.	Report for Year	r Ended				Page	of
	923-C	9/30/2023	Lilava				22	37
,			CCNH/		(9 :0)			
Item		Total	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 22		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. <i>Total Depreciation Costs</i> (7a + b + c + d)	\$	2,961,060	2,591,307	369,753				
Amortization (Complete att. Schedule Page 24* a. Organization Expense) \$							
b. Mortgage Expense	\$		32,552	(32,552)				
c. Leasehold Improvements	\$		32,332	(32,332)				
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. <i>Total Property Expenses</i> (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

Schedule of Other Repairs and Maintenance

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	-					
Purchased services	\$ 93,289					
Landscaping	35,509					
Sewage	62,750					
Snow removal	3,485					
Solid waste removal	117,382					
Linen & bedding	380					
Minor equipment	72,836					
Supplies expense	292					
Security supplies	766					
Plant uniform expense	183					
Security uniform expense	1,057					
Unallowable (Non-Medicaid) beds disallowance - Maint. and operating		(2,458)				
		_	_			
Total Other Repairs and Maintenance	\$ 387,929	\$ (2,458)	\$ -	\$ -	\$ -	\$ -

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.

e of Facility			License No.	Report for Y	Page	of		
ewish Home for the Elderly of Fairfield Co	unty, Ind	c. d/b/a	923-C	9/30/2023			22b	37
	Relate	ed * to						
	Owı	ners,						
	Oper	ators,				Annual		
	Offi	cers		Date of	Term of	Amount	Amount Claimed	
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease		
aul Miller Nissan, LLC, 930 Kings Highway East, airfield, CT 06825	0	•	Automobile	See attached detail	See attached detail	2,910	2,910	
anon Solutions America, One Canon Park, Melville, NY 1747	0	•	Copiers (See attached detail)	See attached detail	See attached detail	61,672	61,672	
itney Bowes Global, 27 Waterview Dr, Shelton, CT 6484	0	•	Mail machine	03/18/20	63 months	3,365	3,365	
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						
	0	•						

Is a Mileage Log Book Maintained for All Leased Vehicles?

^{*} 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%

					70.437870	
					ALLOCATED	
Name and Address of Lessor	Description	Dateof Lease	<u>Term</u>	Total Expense	Amount	
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	



SignatureLEASE®

NISSAN MOTOR ACCEPTANCE COMPANY LLC

Motor Vehicle Lease Agreement With Arbitration Clause — Connecticut

1. PARTIES		
LESSOR		
PAUL MILLER NISSAN, L.L.C	(203) 367-5050 LESSOR TELEPHONE NUMBER	01/19/2023 LEASE DATE
930 KINGS HWY E STREET ADDRESS	FAIRFIELD, CT 06825	02413 NNAG DEALER NUMBER
LESSEE & CO-LESSEE	,	
THE JEWISH HOME FOR THE E	N/A	ZAMOHT M NITZUL
NAME OF LESSEE 4200 PARK AVENUE	BRIDGEPORT, CT, FAIRFIELD	NAME OF DRIVER (IF LESSEE IS A BUSINESS) 06604
LESSEE STREET ADDRESS 4200 PARK AVENUE	CITY, STATE, COUNTY BRIDGEPORT, CT, FAIRFIELD	21P CODE 06604
LESSEE MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY, STATE, COUNTY	ZIP CODE
4200 PARK AVENUE VEHICLE GARAGING ADDRESS (IF DIFFERENT FROM ABOVE)	BRIDGEPORT, CT, FAIRFIELD CITY, STATE, COUNTY	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.

is a L	ease. You do not ow	n this Vehicle	, unless and	until you exercis	se your option t	purchase this Vehicle.		Lease, for understand that this
2.	DESCRIPTION	OF LEASE	D PROPE	RTY		ALK DE SEE		
	YEAR	MAKE	$\Rightarrow \downarrow$	MODEL		BODY STYLE	VEHICLE IDI	ENTIFICATION NUMBER (VIN)
	2023	NISSAN		ROGUE		AWD S		T3ABXPC768851
⊠ N □ U:	ew 9 ed ODOMETER I	11	N/A COLOR/KET C			rging Accessories	Primary Use Persons	ersial al, Family or Household
ALL DO	mount Due At mase Signing or elivery from Section 4, emized below)	Monthly Your firs \$ 397.9: signing, payment on the 1 beginnin The tota	y Payments t monthly pay	oment of lue on 35 3 due on month, 2023 . thly	a) Disposition the Vehicle b) N/A c) N/A Total	es* (Not part of your monthly pa) In Fee (if you do not purchase e) Ou may have to pay excess wear a	\$ 395.00 + \$ N/A + \$ N/A = \$ 395.00	Total of Payments (The amount you will have paid by the end of the Lease.)
_	mount Due At Leas Capitalized Cost Re net trade-in allowa First Monthly Payn Refundable Securit Title Fees Registration Fees Tax on Capitalized Sales Tax Paid in A N/A N/A	eduction includence nent ty Deposit	Delivery ing any	+ \$	4,102:07 397.93 N/A N/A N/A N/A N/A N/A N/A	k) N/A N/A N/A N/A N/A N/A N/A N/A O) Total How The Amount Due at I) Net Trade-In Allowance II) Rebates and Non-Cash C III) Amount To Be Paid in C IV) Total	Credits	+ \$ N/A + \$ N/A + \$ N/A + \$ N/A + \$ N/A + \$ N/A = \$ 4,500.00 ery Will be Paid \$ N/A + \$ 500.00 + \$ 4,000.00 = \$ 4,500.00
a)	YOUR MONTH! GROSS CAPITALIZE Vehicle (\$ 32,275.0 lease term such as translation and any outstanding want an itemization CAPITALIZED COST trade-in allowance, you pay that reduces ADJUSTED CAPITAL calculating your base RESIDUAL VALUE. The Lease used in care	D COST. The ago on and areas, fees, serving prior credit on of this amoun REDUCTION. The rebate, non-cases the gross capi IZED COST. The se monthly pay the value of the	reed upon val ny items you p ce contracts, i lease balance t, please see S ne amount of sh credit or ca talized cost. e amount use ment.	ue of the pay over the insurance e. If you ection 7. \$ any net sh din =	33,919.00 4,102.07 29,816.93	e) DEPRECIATION AND ANY The amount charged for value through normal u paid over the lease term. f) RENT CHARGE. The amount to the depreciation and a g) TOTAL OF BASE MONTHLY	use and for other items . Dunt charged in addition any amortized amounts. / PAYMENTS. The depreciation unts plus the rent charge. ENTS IN YOUR LEASE ENT OR LEASE TAX	= 8,571.83 + 5,753.65 n = 14,325.48 ÷ 36 = 397.93 + N/A + N/A = \$ 397.93

6. IMPORTANT TERMS		八字 製品 建 : : : :
EARLY TERMINATION. You may have to pay a substantial charge if you end	PURCHASE OPTION	
this Lease early. The charge may be up to several thousand dollars. The	If this box is checked, you have an option	
actual charge will depend on when the Lease is terminated. The earlier you	at the end of the Lease for \$21,245.10	
end the Lease, the greater this charge is likely to be. See Section 14.	Option Fee of \$300. The purchase option	price does not include
EXCESSIVE WEAR AND USE. You may be charged for excessive wear based	official fees such as those for taxes, tags, li	censes and registration.
on our standards for normal use and for mileage in excess of10000	☐ If this box is checked, you DO NOT have an	option to purchase the
miles per year at the rate of <u>25</u> cents per mile. See Section 20.	Vehicle at the end of the lease term.	
☐ If this box is checked, this mileage includes N/A miles over	OTHER IMPORTANT TERMS. This Lease contains	s additional information
the term of the Lease purchased at 10 cents per mile, which is included	on early termination, purchase options and main	
in your monthly payment. There will be no refund for unused miles,	warranties, late and default charges, insurance,	
including any additional miles purchased by you.	if applicable.	and any becauty inversely
7. ITEMIZATION OF GROSS CAPITALIZED COST	9. ESTIMATED FEES AND TAXES	Street, St. Mary
The following items you will pay over the lease term and are in your monthly	The estimated total amount you will pay for officia	I and license fees, registration
payment:	title and taxes, including personal property taxes	
a) Agreed upon value of the Vehicle \$ 32,275.00	whether included with your monthly paymen	nts or assessed otherwise i
b) Up-Front Sales Tax, if applicable + N/A	\$_4.059.28 . The actual total of fees and	taxes may be higher or lowe
c) Title, License and Registration + 250.00	depending on the tax rates in effect or the value of a fee or tax is assessed.	the leased property at the tim
d) Acquisition Fee + 695.00	a fee of tax is assessed.	
e) Service Contract(s) and/or Maintenance	10. OPTIONAL INSURANCE, COVERAGE	S, AND WARRANTIES
Contract(s) (See Section 10) + N/A	These products are not required to enter into this	Lease and will not be provide
f) Credit Life and/or Disability/Insurance	thitess you sign below if insurance coverages and by you, these are shown in a notice given to you or	dor warranties are purchase
(See Section 10)	by you, these are shown in a notice given to you or	this date. These products ma
g) Prior Credit or Lease Balance	not be available in some states.	
h) DOCUMENTATION FEE	a) Bredit Life Insurance	ş N/A
i) N/A +N/A		PREMIUM
j) N/A + N/A	N/A INSTRUCT	\$ N/A INITIAL CONTRAGE AMOUNT N/A
k) N/A + N/A	N/A DISTREBES	1ESSEE INITIALS CO-LESSEE INITIALS
1) N/A + N/A	b) Credit Disability Insurance	\$ N/A
m) Total Gross Capitalized Cost = 33,919.00	STREET I	PREMIUM
	N/A INSURER	\$ N/A MONTHLY COVERAGE AMOUNT N/A
8. VEHICLE WARRANTIES	N/A (NSURED(S)	N/A N/A LESSEE INITIALS CO-LESSEE INITIALS
This Vehicle is covered by any warranty, extended warranty, service contract or	Service Contract 57	\$ N/A
maintenance contract indicated below:		CHARGE
Standard New Vehicle Limited Warranty provided by the manufacturer or	(Covers parts of Vehicle up to sooner of N/A month	
distributor of this Vehicle.	/ N/A //	N/A N/A LESSEE INITIALS CO-LESSEE INITIALS
Service Contract, a contract for the repairs of certain major mechanical	d) Maintenance Contract	\$ N/A
breakdowns of this Vehicle and related expenses.		CHARGE N/A N/A
Maintenance Contract, a contract for regularly scheduled care and maintenance of this Vehicle.	N/A PROVIDER	LESSEE INITIALS CO-LESSEE INITIALS
	e) N/A	\$ N/A
Used Vehicle Limited Warranty	-,	CHARGE N/A N/A
N/A	N/A PROVIDER	LESSEE INITIALS CO-LESSEE INITIALS
EXCEPT AS EXPRESSLY PROVIDED UNDER THIS LEASE, WE OFFER NO	f) <u>N/A</u>	\$_N/A
EXPRESS WARRANTIES WITH RESPECT TO THIS VEHICLE.	N/A	CHARGE N/A N/A
	PROVIDER	LESSEE INITIALS CO-LESSEE INITIALS
	g) <u>N/A</u>	\$ N/A
	N/A	CHARGE N/A N/A
	PROVIDER	LESSEE INITIALS CO-LESSEE INITIALS
	Total Premiums/Charges	\$ <u>N/A</u>

11. TRADE-IN VEHICLE

Year N/A Make

N/A __Model_

N/A

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 gay 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 fit 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:

 1) the amounts disclosed in Section 13; plus

 II) an Early Termination Charse equal to the difference, if any, between the yousted lease Balance and this Vehicle's Fair Market Wholesale Value of it 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

"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 o 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 laxes, achield inspection costs required in councillor with the purchase, and a Purchase Option Prec of \$300.00, which fees, tooks and costs are not included in the Purchase Option Price layered to in Section 6. If you purchase the Vehicle at the end of the lease term, the Purchase Option Price will be the Residual Valuorshown 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 15). In either case, you must also pay other amounts due under this Lease at the time of purchase. 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 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. 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 charge 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

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 Salety Administration ("NITSA") 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 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 wan the battery and that you may replace it only with our permission and only with a seminde 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 qualified, insured operators with your permission, you shall retain possession of this Vehicle. 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
- 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; (vi) 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 fability 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 from 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 wh

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 ON 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 ABSTRATION 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 applyable rules, to conduct the arbitration: JAMS (800 352-5267, www.jamsacr.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 attories 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.

SIGNATURES

SIGNATURE/DATE (LESSEE OR CO-LESSEE)

Electronic Contracting and Signature Acknowledgment

N/A

You agree that (i) this contract is an electronic contract executed by you using your electronic signature; (ii) your electronic signature signifies your intent to enter into this contract and that this contract be legally valid and enforceable in accordance with its terms to the same extent as if you had executed this contract using your written signature; and (iii) the authoritative copy of this contract ("Authoritative Copy") shall be that electronic copy that resides in a document management system designated by us for the storage of authoritative copies of electronic records, which shall be deemed held by us in the ordinary course of business. Notwithstanding the foregoing, if the Authoritative Copy is converted by printing a paper copy which is marked by us as the original (the "Paper Contract"), then you acknowledge and agree that (1) your signing of this contract with your electronic signature also constitutes issuance and delivery of such Paper Contract; (2) your electronic signature associated with this contract, when affixed to the Paper Contract, constitutes your legally valid and binding signature on the Paper Contract; and (3) subsequent to such conversion, your obligations will be evidenced by the Paper Contract alone.

SignatureDIRECTPAY AUTHORIZATION AGREEMENT (Not required. Please complete and sign if you want this option.)

Mr.

You agree to let us debit the payments shown in this contract from your account electronically when they are due. The payments will be debited from the Bank or other financial institution listed below. You also agree to let your Bank honor the debit requests. You agree to continue to make your payments until you are notified by us that the debit payment process is engaged. This agreement will be in effect until all the payments have been made. You can stop the debits at any time by giving us and your Bank written notice to cancel that allows a reasonable period of time for us to act. You acknowledge that we will not send you paper monthly billing statements. You will be able to view your monthly billing statement electronically by logging in and registering at www.nissanfinance.com. You agree to provide us with a voided check that has your Bank name, branch address and account number so we can arrange the debits.

SIGNATURE/DATE (BANK ACCOUNT OWNER OR JOINT OWNER IF

01/19/2023

NISSAN INFINITI LT

BANK NAME

Lessee		
Notice regarding Arbitration	n: By signing below, you acknowledge that this Lease cor	ntains an Arbitration Clause and that you have read it. READ THE
	SECTION 29 BEFORE SIGNING HERE.	
Lessee signature:	90-Lespee	
This Lease is the entire agreement an if this Lease is assigned. There are no affecting in any way the remaining pr	nd can only be changed by written agreement between the other written or verbal agreements. Any provision of this rovisions. All lessees and guarantors are jointly and severa	Lessee, Co-Lessee (if applicable) and Dealer, NILT, or any other assigned Lease which is invalid illegal or unenforceable shall be ineffective without lib liable.
 By signing below, you acknowledge the This Lease is completely filled ou You have read this entire Lease of 	hat: ut; carefully and agree to all of its terms.	ou read it. You are entitled to a completed copy of this lease when you sign it.
 You have received a completed c 	copy of this lease.	
N/A	THE JEWISH HOME FOR THE E	JUSTIN M THOMAS
LESSEE SIGNATURE	BUSINESS NAME V	NAME (PLEASE PRINT)
N/A		ØIRECTOR
CO-LESSEE SIGNATURE	BY (SIGNATURE)	TITLE
Guarantor		2) }/
against Lessee, any other guarantor compromise, extension, renewal or a	r or taking possession of and disposing of this Vehicle.	rally and unconditionally guarantee the performance of all payment an ssor's option, proceed immediately against me/us without first proceedin . My/Our liability is primary and will be unaffected by any settlemen ge of Lessee or other guarantor. I/We waive all notices and all rights t gns.
N/A	N/A	N/A
	N/A GUARANTOR SIGNATURE	N/A GUARANTOR SIGNATURE
		guarantor signature N/A
GUARANTOR SIGNATURE	GUARANTOR SIGNATURE	GUARANTOR SIGNATURE
GUARANTOR SIGNATURE N/A PRINT NAME	GUARANTOR SIGNATURE N/A	GUARANTOR SIGNATURE N/A
GUARANTOR SIGNATURE N/A PRINT NAME Lessor a) Lessor accepts the terms of this Lea b) Lessor assigns and transfers to Nis payable thereunder, pursuant to the	GUARANTOR SIGNATURE N/A PRINT NAME ase; and ssan-Infiniti LT LLC ("NILT") all of Lessor's rights, title the terms of the applicable written Retailer Agreement be	And interest in and to this Vehicle and this Lease including all amountetween Lessor and Nissan Motor Acceptance Company LLC ("NMAC"), the
N/A PRINT NAME Lessor a) Lessor accepts the terms of this Lea b) Lessor assigns and transfers to Nis payable thereunder, pursuant to the benefits of which have been assign Retailer Agreement.	GUARANTOR SIGNATURE N/A PRINT NAME ase; and ase; and ssan-Infiniti LT LLC ("NILT") all of Lessor's rights, title the terms of the applicable written Retailer Agreement be ned by NMAC to NILT for purposes of leases assigned to	And interest in and to this Vehicle and this Lease including all amountetween Lessor and Nissan Motor Acceptance Company LLC ("NMAC"), the
N/A PRINT NAME Lessor a) Lessor accepts the terms of this Lea b) Lessor assigns and transfers to Nis payable thereunder, pursuant to the	GUARANTOR SIGNATURE N/A PRINT NAME ase; and ase; and ssan-Infiniti LT LLC ("NILT") all of Lessor's rights, title the terms of the applicable written Retailer Agreement be ned by NMAC to NILT for purposes of leases assigned to	guarantor signature N/A



SignatureLEASE®

Motor Vehicle Lease Agreement With Arbitration Clause — Connecticut

					- 707
ESSOR		65000	95.	01/10/2022	
AUL MILLER NISSAN, L.L	"C	(203) 367-5050 LESSOR TELEPHONE NO		01/19/2023 LEASE DATE	
ME OF LESSOR (DEALER)		FAIRFIELD, C		02413	
BO KINGS HWY E		CITY, STATE, ZIP CODE	1 00023	NMAC DEALER NUMBER	
SSEE & CO-LESSEE		- 4 - 2			
HE JEWISH HOME FOR T	THE E	N/A		JUSTIN M THOMA	
TE DE VVISH HOWLE TOR		NAME OF CO-LESSEE		NAME OF DRIVER (IF LESSEE)	S A BUSINESS)
00 PARK AVENUE			, CT, FAIRFIELD	06604 ZIP CODE	
SEE STREET ADDRESS		CITY, STATE, COUNTY	, CT, FAIRFIELD	06604	
00 PARK AVENUE	POW HOURS	CITY, STATE, COUNTY	, CI, FAIRFIELD	ZIP CODE	
SEE MAILING ADDRESS (IF DIFFERENT I	FROM ABOVE)		, CT, FAIRFIELD	06604	
CIT CIDICING INDRESS /IS DISCEDEN	IT FROM ABOVE)	CITY, STATE, COUNTY	ning this Lease. "We", "us" and "our" re	ZIP CODE	
YEAR	HAKE MAKE	MODEL	BODY STYLE		ENTIFICATION NUMBER (VIN)
	3777141677 and of 1 mm, 1 mg		BODY STYLE		
2023	NISSAN	ROGUE	AWD S		BT3ABXPC768851
New <u>9</u>	N/A	7 (6)	Charging Accessories	Copin	GUERNI
Used ODOMETER REAL	1 1		Charging Accessories	Primary Use Person	al, Family or Household
Used ONOMETER REAL B. CONSUMER LEA	SING ACT DISCLOSE	JRE BOX			Total of Payments
Used ODOMETER REAL 3. CONSUMER LEA Amount Due At	SING ACT DISCLOSU	JRE BOX	ther Charges* (Not part of your monthly paym		Total of Payments
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Used ONOMETER REAL 3. CONSUMER LEA Amount Due At Lease Signing or Delivery (From Section 4, itemized below) \$4,500.00 4. ITEMIZATION OF Amount Due At Lease a) Capitalized Cost Redu	Monthly Payments Your first monthly payments \$ 397.93 is due or signing, followed by35 payments of \$ 397.93 on the _18TH of each mobeginning on _02/18/202 The total of your monthly payments is \$ 14,325.48 AMOUNT DUE AT L. Signing or Delivery oction including any	at of a) on due b) onth, c) EASE SIGNIN	Disposition Fee (if you do not purchase the Vehicle) N/A N/A Total n addition, you may bave to pay excess wear and k) N/A N/A N/A N/A N/A N/A N/A N/	\$ 395.00 + \$ N/A + \$ N/A = \$ 395.00	Total of Payments (The amount you will have paid by the end of the Lease.) \$ 18,822.55
3. CONSUMER LEA Amount Due At Lease Signing or Delivery (From Section 4, itemized below) \$ 4.500.00 4. ITEMIZATION OF Amount Due At Lease a) Capitalized Cost Redunct trade-in allowance	Monthly Payments Your first monthly paymee \$ 397.93 is due of signing, followed by35 payments of \$_397.93 on the _18TH of each mode beginning on _02/18/202 The total of your monthly payments is \$ 14,325.48 F AMOUNT DUE AT LESigning or Delivery oction including any e	on due b) Onth, c) EASE SIGNIN	Disposition Fee (if you do not purchase the Vehicle) N/A N/A Total n addition, you may bave to pay excess wear and k, N/A N/A N/A N/A N/A N/A N/A N/A	\$ 395.00 + \$ N/A + \$ N/A = \$ 395.00	Total of Payments (The amount you will have paid by the end of the Lease.) \$ 18,822.55 + \$ N/A + \$ N/A
Jused ONOMETER REAL Amount Due At Lease Signing or Delivery (From Section 4, itemized below) \$4,500.00 4. ITEMIZATION OF Amount Due At Lease a) Capitalized Cost Redunct trade-in allowance b) First Monthly Payment	Monthly Payments Your first monthly paymee \$ 397.93 is due of signing, followed by35 payments of \$_397.93 on the _18TH of each mode beginning on _02/18/202 The total of your monthly payments is \$ 14,325.48 F AMOUNT DUE AT LESigning or Delivery oction including any ent	at of a) on due b) onth, c) EASE SIGNIN	Charges* (Not part of your monthly payments of	\$ 395.00 + \$ N/A + \$ N/A = \$ 395.00	Total of Payments (The amount you will have paid by the end of the Lease.) \$ 18,822.55 + \$ N/A
3. CONSUMER LEA Amount Due At Lease Signing or Delivery (From Section 4, itemized below) \$4.500.00 4. ITEMIZATION OF Amount Due At Lease a) Capitalized Cost Redunct trade-in allowance	Monthly Payments Your first monthly paymee \$ 397.93 is due of signing, followed by35 payments of \$_397.93 on the _18TH of each mode beginning on _02/18/202 The total of your monthly payments is \$ 14,325.48 F AMOUNT DUE AT LESigning or Delivery oction including any ent	on due b) Onth, c) EASE SIGNIN	Disposition Fee (if you do not purchase the Vehicle) N/A N/A Total n addition, you may bave to pay excess wear and k, N/A N/A N/A N/A N/A N/A N/A N/A	\$ 395.00 + \$ N/A + \$ N/A = \$ 395.00 d use and mileage, if any.	Total of Payments (The amount you will have paid by the end of the Lease.) \$ 18,822.55 - + \$ N/A

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.	\$ 33,91
b)	CAPITALIZED COST REDUCTION. The amount of any net trade-in allowance, rebate, non-cash credit or cash	4 14

- you pay that reduces the gross capitalized cost. ADJUSTED CAPITALIZED COST. The amount used in
- calculating your base monthly payment. RESIDUAL VALUE. The value of the Vehicle at the end of the Lease used in calculating your base monthly payment.
- 719.00 4,102.07 29,816.93 21,245.10 1)

N/A

N/A

N/A

N/A

- 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. RENT CHARGE. The amount charged in addition to the depreciation and any amortized amounts.
 - TOTAL OF BASE MONTHLY PAYMENTS. The depreciation and any amortized amounts plus the rent charge. THE NUMBER OF PAYMENTS IN YOUR LEASE BASE MONTHLY PAYMENT

I) Net Trade-In Allowance

IV) Total

II) Rebates and Non-Cash Credits

III) Amount To Be Paid in Cash

8,571.83 5,753.65 14,325.48 = 36 ÷ 397.93 = N/A MONTHLY SALES, USE OR LEASE TAX + N/A MONTHLY LUXURY TAX 397.93 TOTAL MONTHLY PAYMENT

Page 1 of 5

N/A

500.00

4,000.00

4,500.00

Registration Fees

f)

g)

N/A h)

N/A i)

Tax on Capitalized Cost Reduction

Sales Tax Paid in Advance

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is
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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 of10000 miles per year at the rate of25 cents per mile. See Section 20. If this box is checked, this mileage includes N/A miles over the term of the Lease purchased at10 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 at the end of the Lease for \$21,245.10 Option Fee of \$300. The purchase option official fees such as those for taxes, tags, lic If this box is checked, you DO NOT have an Vehicle at the end of the lease term. OTHER IMPORTANT TERMS. This Lease contains on early termination, purchase options and mair warranties, late and default charges, insurance, a if applicable.	, and a Purchase price does not include senses and registration. option to purchase the sadditional information atenance responsibilities,
The following items you will pay over the lease term and are in your monthly payment: a) Agreed upon value of the Vehicle b) Up-Front Sales Tax, if applicable c) Title, License and Registration d) Acquisition Fee e) Service Contract(s) and/or Maintenance Contract(s) (See Section 10) f) Credit Life and/or Disability Insurance (See Section 10) Prior Credit or Lease Balance h) DOCUMENTATION FEE i) N/A k) N/A h) N/A h) N/A c) Total Gross Capitalized Cost = 33,919.00	9. ESTIMATED FEES AND TAXES The estimated total amount you will pay for official title and taxes, including personal property taxes whether included with your monthly paymer \$ 4,059.28 . The actual total of fees and depending on the tax rates in effect or the value of a fee or tax is assessed. 10. OPTIONAL INSURANCE, COVERAGE These products are not required to enter into this impless your steps below if insurance, coverages as by you, these are shown into a hotice given to you on the available in some states. a) Gredit Life Insurance N/A INSURANCES N/A INSURANCES Credit Disability Insurance	, over the term of your Lease its or assessed otherwise is taxes may be higher or lowe the leased property at the time. S, AND WARRANTIES Lease and will not be provided for warranties are purchase in this date. These products may be a support of the second with the second will not be provided for warranties are purchase in this date. These products may be a support of the second with the second will not be provided for warranties are purchase in this date. These products may be a support of the second will not be provided for warranties are purchase in this date. These products may be second will not be provided for the second will not be provided for warranties are purchase in this date. These products may be second will not be provided for the second will not be provided for warranties are purchase in this date. These products may be second will not be provided for the second w
III) Total Gloss displanmed dose	N/A ISSEER N/A	\$ N/A MOSTULY CONCERNIGE AMOUNT N/A
B. 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.	Covers parts of Vehicle up to sooner of N/A monte (Covers parts of Vehicle up to sooner of Ve	N/A LESSEE INITIALS N/A CO-LESSEE INITIALS N/A LESSEE INITIALS N/A CHARGE N/A LESSEE INITIALS N/A CHARGE N/A LESSEE INITIALS N/A CHARGE N/A CHARGE N/A CHARGE N/A CHARGE N/A CHARGE N/A LESSEE INITIALS N/A CHARGE N/A N/A N/A N/A N/A N/A N/A
	PROVIDER Total Premiums/Charges	S N/A

11. TRADE-IN VEHICLE

Year N/A Make

N/A

Model

N/A

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 lederal law. If you keep possession of this Vehicle past the 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 by all need the monthly commanded and other changes under this Lease above.

all past-due monthly payments, and other charges under this Lease; plus
 any amounts owed as a result of excessive wear and use, as disclosed in Section 20; plus

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. 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 may as 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 fil you are in default assessment 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 just us:

1) the amounts disclosed in Section 13; plus

II) an Early Termination Charge equal to the difference, if any, between the vigjusted lease Balance and this Vehicle's Pais Market Wholesale Value of the 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 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, achieve inspection costs required in connection with the purchase, and a Purchase Option Price plus any official fees, tooks and costs are not included in the Purchase Option Price lighted to Jin Section 6. If you purchase the Vehicle at the end of the lease term, the Purchase Option Price will be the Residual Valuoyshown in Section 5.d). If you purchase the Vehicle before the end of the lease term, the Purchase Option Price will be the Residual Valuoyshown 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 17). In either ease, you must also pay other amounts due under this Lease at the time of ourchase. 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) Bodiv 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 insure 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 (l). 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 charge incoverage. You appoint us as your attorney-in-fact to arrange for and procure payment of insurance proceeds directly with your insurance carrier(s) and to endorse, present and collect insurance loss proceeds checks. oss 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 59% 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) 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 you't use or improper use of the switch. For an electric vehicle, you agreelthat we swim the battery and that you may replace it only with our permission and only with a gentine 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 if 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 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 tom 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 adomments, 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(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. 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 MILT, 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 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 attemets 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 69/a per annum or such other rate as may be allowed by applicable law on any termination hability 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 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 arms to refund you only the governmental value of the terminate this lease pursuant to the terms of this lease. In the instance ross index of the 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 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 patd 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 nor more parts are not permitted. Only Genuine Nissan parts may be used to repair the Vehicle into two or more parts are not permitted. 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 NII.T, 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

FRA DISPUTE IS-ARBITRATED, YOU WHAT GIVE UP YOUR RIGHT TO PARTICIPATE AS A CLASS REPRESENTATIVE OR CLASS MEMBER ON ANY CLASS CLAIM YOU MAY HAVE AGAINST US INCLIDING CLASS ARBITRATION OR ANY CONSOLIDATION OF INDIVIDUAL ARBITRATIONS.

DISCOVERY AND LIGHTS TO APPEAL IN ARRITRATION ARE GENERALLY MORE LIMITED THAN LEVA CAWBUIT AND OTHER INGHES 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 agreement or any resulting transaction of retailousing including any services 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 ORIGINAL AND DISPUTE OF THE CLAIM OR DISPUTE IS TO BE ARBITRATED. 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 CYASS ACTION. You may choose one of the following arbitration organizations, land its applicable rules, to conduct the arbitration: JAMS (800 352-5267, www.jamsacr.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 filling 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.

SIGNATURES

Electronic Contracting and Signature Acknowledgment

You agree that (i) this contract is an electronic contract executed by you using your electronic signature; (ii) your electronic signature signifies your intent to enter into this contract and that this contract be legally valid and enforceable in accordance with its terms to the same extent as if you had executed this contract using your written signature; and (iii) the authoritative copy of this contract ("Authoritative Copy") shall be that electronic copy that resides in a document management system designated by us for the storage of authoritative copies of electronic records, which shall be deemed held by us in the ordinary course of business. Notwithstanding the foregoing, if the Authoritative Copy is converted by printing a paper copy which is marked by us as the original (the "Paper Contract"), then you acknowledge and agree that (1) your signing of this contract with your electronic signature also constitutes issuance and delivery of such Paper Contract; (2) your electronic signature associated with this contract, when affixed to the Paper Contract, constitutes your legally valid and binding signature on the Paper Contract; and (3) subsequent to such conversion, your obligations will be evidenced by the Paper Contract alone.

SignatureDIRECTPAY AUTHORIZATION AGREEMENT (Not required. Please complete and sign if you want this option.)

You agree to let us debit the payments shown in this contract from your account electronically when they are due. The payments will be debited from the Bank or other financial institution listed below. You also agree to let your Bank honor the debit requests. You agree to continue to make your payments until you are notified by us that the debit payment process is engaged. This agreement will be in effect until all the payments have been made. You can stop the debits at any time by giving us and your Bank written notice to cancel that allows a reasonable period of time for us to act. You acknowledge that we will not send you paper monthly billing statements. You will be able to view your monthly billing statement electronically by logging in and registering at www.nissanfinance.com. You agree to provide us with a voided check that has your Bank name, branch address and account number so we can arrange the debits.

ARBITRATION CLAUSE IN SEC	OTHER THAN LESSEE OR CO-L	OUNT OWNER OR JOINT OWNER IF ESSEE)	BANK NAME
Notice regarding Arbitration: By ARBITRATION CLAUSE IN SEC	signing helow you acknowledge t		
ARBITRATION CLAUSE IN SECTION	signing below you acknowledge t		
9	ION 29 BEFORE SIGNING	hat this Lease contains an Arbi HERE.	tration Clause and that you have read it. READ THE
affecting in any way the remaining provision	ns. All lessees and guarantors are	ment between the Lesse, Co-L provision of this Lesse which i Jointly and severally liable.	essee (if applicable) and Dealer, NILT, or any other assignee, sinvalid illegal or unenforceable shall be ineffective without
NOTICE TO THE LESSEE: This is a lease. You are By signing below, you acknowledge that: This Lease is completely filled out; You have read this entire Lease carefue You have received a completed copy of	not buying the Vehicle. Do not sign ly and agree to all of its terms.	this lease before you read it. You	are entitled to a completed copy of this lease when you sign it.
N/A	THE JEWISH OME	FOR THE E	JUSTIN M THOMAS
LESSEE SIGNATURE	BUSINESS NAME	205	(PLEASE PRINT)
N/A	(phr. ()		/pirector
CO-LESSEE SIGNATURE	INY (SIGNATURE)		TITLE
For purposes of this section, I/we/my/our/ other obligations of the Lessee, under this against Lessee, any other guarantor or to compromise, extension, renewal or modified demands and presentments. This guarantee	ication of this Lease or by any i	elease or discharge of Lessee	onditionally guarantee the performance of all payment and proceed immediately against me/us without first proceeding bility is primary and will be unaffected by any settlement, or other guarantor. I/We waive all notices and all rights to
N/A	N/A		N/A
GUARANTOR SIGNATURE	GUARANTOR SIGNATURE		GUARANTOR SIGNATURE
N/A	N/A		N/A
PRINT NAME	PRINT NAME		PRINT NAME
	nfiniti LT LLC ("NILT") all of L ms of the applicable written Ret y NMAC to NILT for purposes of		in and to this Vehicle and this Lease including all amounts and Nissan Motor Acceptance Company LLC ("NMAC"), the paranty by Retailer is made notwithstanding the terms of the
D) Digiting boton, and Booton accorda and to	.1		MANAGER
PAUL MILLER NISSAN, L.L.C LESSOR (PRINT NAME)	LESSOR SIGNATURE		MANAGER TITLE

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

Customer: The Jewish Home for the Elderly of Fairfield County, Inc.

Salesperson: Lawrence C Lewis

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Transaction #: S1305125 CFS App #: 1896231 Agreement #: MA2072

Canon Solutio	Canon Solutions America, Inc. ("CSA") Agreement #: MA2072	12072		Ţ	Transaction #: S1305125 Order Date: 08/19/22
One Canon Pa	One Canon Park, Melville, NY 11747	Payment Information	formation		Equipment Maintenance Information
(800)-613-2228	28	Listed Items Lease Term	# of Le	# of Lease Payments	Maintenance included for all Equipment
Billing Inform	Billing Information Customer Account: 1564206	63 Months		82	Excess Per Image Charge invoiced Annually by CFS
Company: The	Company: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, IN				i
DBA:		Payment" (*Plus Applicable Taxes)	Taxes)	CFS Invoicing	New Fleet Plan
Address: 42(Address: 4200 PARK AVE	Total		Lease Payment	Standard Price Plan
Address 2:		\$5,267.00		shall be invoiced	Other Transaction Details
City: BRIDGEPORT	EPORT County: FAIRFIELD			A LOUISING	Purchase Option: Fair Market Value
State: CT	State: CT Zip: 06604-1049 Phone #; 203.396.1053	Due at Signing	Signing		Tax Exempt (Certificate Attached)
Contact: SCOTT FEDA	OTT FEDA Fax#:	# of Payments in Advance	Total	Total Due at Signing	
Email: sfeda(Email: sfeda@jseniors.org	0	j	\$0.00	
Covered Dev	Covered Device - Rider A (Office Equip/Cut Sheet Production)	Covered Images Included in Payment	cluded in P	ayment	Excess Per Image Charge(s)
		B&W: 120,000	20,000		B&W: \$0.009500
Item Code	Listed Items Description		OĐ.		Ship To & Maintenance Billing Information
5532C002	IRADVDX4825I		. Sh	ipping: 4200 PARK	Shipping: 4200 PARK AVE P-185 LL ADULT DAY CARE CTR Delivery Date: 09/15/22
40175000	A012CODS CASSETTE EFFORMS UNIT ANA		1 80	Address 2.	

		BAW. 120,000			DOWN.	DOENY: \$0.003500	
Item Code	Listed Items Description	Oth Oth		Ship To &	Ship To & Maintenance Billing Information	nformation	
5532C002	IRADVDX4825I	-	Shipping: 4200	Shipping: 4200 PARK AVE P-185 LL ADULT DAY CARE CTR	JLT DAY CARE CTR	Delivery Date: 09/15/22	5722
4917C002	CASSETTE FEEDING UNIT-AWH	-	Address 2:				
4000C002	INNER FINISHER-L1	-	City: BRIDGEPORT	PORT	County: FAIRFIELD	LD State: CT Zip: 06604-1049	-1049
4063C001	SINGLE PASS DADF-C1		Primary Custo	Primary Customer Contact: SCOTT FEDA	FEDA		
4919C001	SUPER G3 FAX BOARD-BH1	_	Phone #: 203.396.1053	396.1053	Email: sfeda@jseniors.org	ors.org	********
4144V252	IMAGERUNNER ADVANCE DX 4845I/ 4835I/ 4825I INSTALL PAK	-	Meter Contact:	21			
2368V119	LOW VOLUME CONNECTIVITY UP TO 30PPM	-	Phone #:		Email:		
IntSupplies	Pre-Installed Supplies Installed in Machine	-	IT Contact: SCOTT FEDA	OTT FEDA			
			Phone #: 203.396.1053	396.1053	Email: sfeda@jseniors.org	irs.org	
			Billing:				
			Address 2:				
			City:		County:	State: Zip:	
			Billing Contact	ĸ			
			Phone #:		Email:		
			Elevator: No	Loading Dock: No # of Steps: 0	# of Steps: 0	Hrs of Operation: 9-5	
	Additional Requirements:		Consumables: Toner Only	: Toner Only			
		The second secon					

THIS SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES THE TEAKS 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 OFS MASTER AGREEMENT ARE REFERENCED ON THIS SCHEDULE (THE "EXISTING MASTER CFS LEASE REMAINS IN EFFECT. STANDARD TERMS AND CONDITIONS AND APPLICABLE HIDERS SCHEDULE, THEY SHALL CONTROL OVER THE MASTER LEASE FEMAINS IN EFFECT. STANDARD TERMS AND CONDITIONS AND APPLICABLE HIDERS INCORPORATED HERRIN ARE AVAILABLE AT ESS.CSA.CANION.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 CSA AND LESSOR AS PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER CUSTOMER REPRESENTS THATEXECUTION OF THIS SCHEDULE HAS BEEN DULY AUTHORIZED. BY YOUR SIGNING BY CUSTOMER CUSTOMER CUSTOMER CONTINUED IN THE LEASE THE MAINTENANCE SERVICES DESCRIBED HEREIN. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS SCHEDULE. Config: A - 1 | 68617454

X Customer Authorized Signature:

ACCEPTANCE CERTIFICATE Printed Name: Rock 20 20 50

Title: いっているよう

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E/12/27 Date:

Corporate Advantage

Meter Method: imageWare Remote

For CSA USE ONLY:

To: CSA and Lesson. 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 (d) the Listed Items are irrevocably accepted by the Customer for all purposes under the Agreement. Accordingly, Customer hereby authorizes billing under this Schedule.

CFS Authorized Signature:

For Internal Purposes Only:

Authorized Signature:

SER-800 Blended Lease March 2020

Printed Name:

Printed Name:

**Requires ImageWARE Remote

Date: Date:

Title: Title:

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Additional Equipment List to: S1305125

Camon

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

Covered Ima

Agreement #: MA2072 Covered Images Included in Payment

See Page 1

(SER-801)

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

See Page 1

Item Code	Listed Items Description	₽	Ship	Ship To & Maintenance Billing Information	ng Information
5532C002	5532C002 RADVDX4825i	-	Shipping: 4200 PARK AVE OUTPATIENT REHAB	PATIENT REHAB	Delivery Date: 09/15/22
4917C002	CASSETTE FEEDING UNIT-AW1	•	Address 2:		
4000C002	INNER FINISHER-L1		City: BRIDGEPORT	County: FAIRFIELD	AIRFIELD State: CT Zip: 06604-1049
4063C001		·	Contact: SCOTT FEDA	Ph #: 203.396.1053	Ph #: 203.396.1053 Email: sfeda@jseniors.org
4919C001		-	Mtr Contact:	Ph #:	Email:
4144V252		-	IT Contact: SCOTT FEDA	Ph #: 203,396,1053	Email: sfeda@jseniors.org
2368V119		•	Billing:		
IntSupplies			Address 2:		
			City:	County	State: Zip:
			Contact:	Ph.#	Email:
			Elevator: No Loading Dock: No	k: No # of Steps: 0	Hrs of Operation: 9-5
		*****	Consumables: Toner Only		
			Meter Method: imageWare Remote	mote	Corporate Advantage
			For CSA USE ONLY:		
			Config: A - 2 68617454		
Post	County Onition Didge A (Office Equipp) at Sheet Droduction)	Parameter in Payment	d in Payment	Excess	Excess Per Image Charge(s)
Swelfa Ce	Mos - Riber A (Olifice Equipment Street Frederick)	COVERED INTEGERS INTEREST	III Laymont	The second secon	

Hem Code	Listed Items Description	ğ	HS.	Ship To & Maintenance Billing Information	ng Information	
5532C002	(RADVDX4825)	-	Shipping: 4200 PARK AVE RECEPTIONIST	EPTIONIST		Delivery Date: 09/15/22
0165C001		-	Address 2:			
4917C002	CASSETTE FEEDING UNIT-AWI	-	City: BRIDGEPORT	County: FAIRFIELD		State: CT Zip: 06604-1049
40000000	NNER FINISHER-I	•	Contact: SCOTT FEDA	Ph #; 203.396.1053 Email: sfeda@jseniors.org	Email: sfeda@j	jseniors.org
40670002		i je	Mtr Contact:	Ph #:	Email:	
4063C001		-	IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@iseniors.org	Email: sfeda@	jjseniors.org
4919C001		+	Billing:			
1630V764		••	Address 2:			
4144V252		•	City:	County:	u,	State: Zip:
	Modes of all Mark Share of the Control of the Contr	•	Contact:	Ph#:	Email:	

See Page 1

Covered Images Included in Payment

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

See Page 1

Corporate Advantage

**Requires ImageWARE Remote

Hrs of Operation: 9-5

Loading Dock: No # of Steps: 0

Meter Method: imageWare Remote For CSA USE ONLY:

Config: B | 68617455

Consumables: Toner Only

Elevator: No

Contact:

LOW VOLUME CONNECTIVITY UP TO 30PPM

2368V119 3575B504 IntSupplies

Pre-Installed Supplies Installed in Machine

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SER-801 Blended Lease March 2020

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Additional Equipment List to: \$1305125

(SER-801)

Canon

Agreement #: MA2072

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

Delivery Date: 09/15/22 Corporate Advantage State: CT Zip: 06604-1049 Zibi Ph #: 203.396.1053 Email: sfeda@jseniors.org Ph #: 203,396,1053 Email: sfeda@jseniors org Hrs of Operation: 9-5 State: Excess Per Image Charge(s) Ship To & Maintenance Billing Information See Page 1 County: FAIRFIELD Email: Email: # of Steps: 0 County: ₽h# Loading Dock: No Weter Method: imageWare Remote For CSA USE ONLY: Shipping: 4200 PARK AVE FL 1 PT Consumables: Toner Only IT Contact: SCOTT FEDA Config: C - 1 | 68617456 Contact: SCOTT FEDA City: BRIDGEPORT Elevator: No Mtr Contact Address 2: Address 2: Covered Images Included in Payment Contact: Billing: City: ð See Page 1 Customer: THE JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC.

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

Covered Ins. IMAGERUNNER ADVANCE DX 4845J/4835J/4825J INSTALL PAK Listed Items Description MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM Pre-Installed Supplies Installed in Machine CASSETTE FEEDING UNIT-AWI SUPER G3 FAX BOARD-BH1 SINGLE PASS DADF-C1 INNER FINISHER-L1 IRADVDX4845I 5530C002 IntSupplies Item Code 4917C002 4000C002 4144V252 2368V120 4063C001 4919C001

Excess Per Image Charge(s) See Page 1 Covered Images Included in Payment See Page 1 Covered Device - Rider A (Office Equip/Cut Sheet Production)

SSSOCOD2 IRAD/OXABASI Tablipping: 4200 PARK AVE IOA Address 2: Address 2: Address 2: Address 2: Address 2: County: FAIRFIELD State: CT Zp: 06604-10 4917C002 SINGLE PASS DADF-C1 1 Cortact: SCOTT FEDA Ph #: 203.396-1053 Email: sfeda@jseniors.org 4919C001 SUPER GS FAX BOARD-BH1 MT Contact: SCOTT FEDA Ph #: 203.396-1053 Email: sfeda@jseniors.org 4919C01 SUPER GS FAX BOARD-BH1 MT Contact: SCOTT FEDA Ph #: 203.396-1053 Email: sfeda@jseniors.org 2288V12o MID VOLUME CONNECTIVITY 30-PPM UP TO 79PPM 1 IT Contact: SCOTT FEDA Ph #: 203.396-1053 Email: sfeda@jseniors.org 2288V12o MID VOLUME CONNECTIVITY 30-PPM UP TO 79PPM 1 Address 2: County: A for Steps: 0 Ph #: 203.396-1053 Email: sfeda@jseniors.org Address 2: Chrys Contact: SCOTT FEDA Ph #: 203.396-1053 Email: sfeda@jseniors.org Address 2: Chrys Contact: SCOTT FEDA Ph #: 300-1053 Email: sfeda@jseniors.org Address 2: Chrys Contact: Scott FEDA Ph #: 300-1053 Ph #: 300-1053 Address 2: 300-1053	hem Code	Listed Items Description	Oth		Ship To & Maintenance Billing Information	ng Information
Address 2: City: BRIDGEPORT County: FAIRFIELD State	5530C002	IRADVDX4845I	-	Shipping: 4200 PARK AVE 10A		Delivery Date: 09/15/22
City: BRIDGEPORT County; FAIRFIELD State	4917C002	CASSETTE FEEDING UNIT-AWI		Address 2:		
Contact: SCOTT FEDA Ph #: 203.396.1053	4000C002	INNER FINISHER-L1	7	City: BRIDGEPORT	County: FA	ARFIELD State: CT Zip: 06604-1049
SUPER G3 FAX BOARD-BH1 With Contact: Ph #: Fmail: Fmail: <td>4063C001</td> <td>SINGLE PASS DADF-C1</td> <td>•</td> <td>Contact: SCOTT FEDA</td> <td>Ph #: 203.396.1053</td> <td>Email: sfeda@jseniors.org</td>	4063C001	SINGLE PASS DADF-C1	•	Contact: SCOTT FEDA	Ph #: 203.396.1053	Email: sfeda@jseniors.org
IMAGERUNNER ADVANCE DX 4845I/ 4835I/ 4825I INSTALL PAK MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM Pre-Installed Supplies Installed Supplies Inst	4919C001	SUPER G3 FAX BOARD-BH1) (**)	Mtr Contact:	₽h#	Email:
MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM Pre-Installed Supplies Installed in Machine City: Contact: Contact: Contact: Consumables: Toner Only Meter Method: imageWare Remote For CSA USE ONLY: Config. C-2 68617456	4144V252	IMAGERUNNER ADVANCE DX 48451/48351/48251 INSTALL PAK	*	IT Contact: SCOTT FEDA	Ph #: 203.396.1053	- 1
Pre-Installed Supplies Installed in Machine City: County: State Contact: Ph #: Email: Elevator: No Loading Dock: No # of Steps: 0 Hrs of Operatio Consumables: Toner Only Meter Method: imageWare Remote For CSA USE ONLY: Config: C-2 68617456	2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	•	Billing:		
Contact: Contact: Email: Elevator: No # of Steps: 0 Hrs of Operation Consumables: Toner Only Meter Method: imageWare Remote For CSA USE ONLY: Config: C-2 68617456	InfSupplies			Address 2:		
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# of Steps: 0 Hrs of Operatio				Contact:		Email:
Only Vare Remote				Elevator: No Loading Dock:	1	Hrs of Operation: 9-5
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For CSA USE ONLY: Config. C - 2 68617456				Meter Method: imageWare Remot	g.	Corporate Advantage
Config. C - 2 68617456			**	For CSA USE ONLY:		
				Corrfig: C - 2 68617456		

SER-801 Blended Lease March 2020

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Additional Equipment List to: S1305125

Canon

(SER-801)

	Covered Images Included in Payment	ed in Payment	Excess Pe	Excess Per image charge(s)
	See Page 1		S	See Page 1
Item Code Listed Items Description	cription	j.	Ship To & Maintenance Billing Information	ng Information
5530C002 RADVDX4845		Shipping: 4200 PARK AVE DIETARY	VE DIETARY	Delivery Date: 09/15/22
4917C002 CASSETTE FEEDING UNIT-AWI	-	Address 2:		
4000C002 INNER FINISHER-L1	-	City: BRIDGEPORT	County: FAIRFIELD	MRFIELD State: CT Zip: 06604-1049
4063C001 SINGLE PASS DADF-C1		Contact: SCOTT FEDA	Ph #: 203.396.1053	Ph #: 203.396.1053 Email: sfeda@jseniors.org
4919C001 SUPER G3 FAX BOARD-BH1		Mtr Contact:	₽h#:	Email:
4144V252 IMAGERUNNER ADVANCE DX 48451/48351/48251 INSTALL PAK	STALL PAK	IT Contact: SCOTT FEDA	A Ph #: 203.396.1053	Email: sfeda@jseniors.org
2368V120 MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM		Billing:		
IntSupplies Pre-Installed Supplies Installed in Machine		Address 2:		
		City:	County	State: Zip:
		Contact:	Ph#: E	Email:
		Elevator: No Loadi	Loading Dock: No # of Steps: 0	Hrs of Operation: 9-5
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1		Meter Method: imageWare Remote	are Remote	Corporate Advantage
	7 W.	For CSA USE ONLY:		
		Config. C - 3 68617456		

		See Page 1			See Page 1
Item Code	Listed Items Description	Offy	Shi	Ship To & Maintenance Billing Information	ling Information
5530C002	IRADVDX4845I	-	Shipping: 4200 PARK AVE HIS		Delivery Date: 09/15/22
4921C001	STAPLE FINISHER-AE1	-	Address 2:		
4917C002	CASSETTE FEEDING UNIT-AW1	-	City: BRIDGEPORT	County: 1	County: FAIRFIELD State: CT Zip: 06604-1049
4063C001			Contact: SCOTT FEDA	Ph #: 203.396,1053	BEmail: sfeda@jseniors.org
4919C001	SUPER G3 FAX BOARD-BH1	**	Mtr Contact:	₽h #:	Email:
4144V252		-	IT Contact: SCOTT FEDA	Ph #: 203 396.1053	3 Email: sfeda@jseniors.org
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM		Billing:		
intSupplies	intSupplies Pre-Installed Supplies Installed in Machine	•	Address 2:		
:			City:	County:	State: Zip:
			Contact:	Ph#:	Email:
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			Consumables: Toner Only		
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			For CSA USE ONLY:		
			Config: D - 1 68617457		
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SER-801 Blended Lease March 2020

**Requires ImageWARE Remote

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Additional Equipment List to: \$1305125

Camon

Agreement #: MA2072

(SER-801)

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

Delivery Date: 09/15/22 Corporate Advantage State: CT Zip: 06604-1049 Ż Hrs of Operation: 9-5 Ph #; 203.396.1053 Email; sfeda@jseniors org Ph #: 203.396.1053 Email: sfeda@jseniors.org State: Excess Per Image Charge(s) Ship To & Maintenance Billing Information See Page 1 County: FAIRFIELD Email: Email: Loading Dock: No # of Steps: 0 County: ₽ # Shipping: 4200 PARK AVE PRINT FINANCE ₽h ₩ Meter Method: imageWare Remote Consumables: Toner Only IT Contact: SCOTT FEDA Config: D - 2 | 68617457 Contact: SCOTT FEDA For CSA USE ONLY: City: BRIDGEPORT Elevator: No Mtr Contact: Covered Images Included in Payment Address 2: Address 2: Contact: Billing: City ğ See Page 1 Customer; The Jewish Howe For The ELDERLY OF FAIRFIELD COUNTY, INC Covered Device - Rider A (Office Equip/Cut Sheet Production) Covered Inc IMAGERUNNER ADVANCE DX 4845I/ 4835I/ 4825I INSTALL PAK Listed Items Description MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM Pre-Installed Supplies Installed in Machine CASSETTE FEEDING UNIT-AWI SUPER G3 FAX BOARD-BH1 SINGLE PASS DADF-C1 STAPLE FINISHER-AE1 IRADVDX4845I ftem Code IntSupplies 5530C002 4921C001 4917C002 2368V120 4063C001 4919C001 4144V252

Covered Dev	Covered Device - Rider A (Office Equip/Cut Sheet Production)	Covered Images Included in Payment	in Payment		Excess Po	Excess Per Image Charge(s)	rge(s)
		See Page 1			0,	See Page 1	
Item Code	Listed Items Description	Offy		Ship To & I	Ship To & Maintenance Billing Information	ing Information	Ę
5538C002	IRADVDX6855I		Shipping: 4200	Shipping: 4200 PARK AVE WORK CENTER	ER		Delivery Date: 09/15/22
0126C001	2/3 HOLE PUNCHER UNIT-A1	•	Address 2:				
4030C002	CASSETTE FEEDING UNIT-AQ1	()	City: BRIDGEPORT	RT	County: FAIRFIELD	AIRFIELD	State: CT Zip: 06604-1049
5546C002	BUFFER PASS UNIT-P2	(w)	Contact: SCOTT FEDA		Ph #: 203.396.1053 Email: sfeda@jseniors.org	Email: sfeda	@[seniors.org
5547C002	STAPLE FINISHER-AB2	F	Mtr Contact:	-	Ph #:	Email:	
399BC001	SUPER G3 FAX BOARD-AX1	S •	IT Contact: SCOTT FEDA		Ph #: 203 396.1053		Email: sfeda@jseniors.org
236BV120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	**	Billing:				
4135V101	INSTALL PAK DX 6855I	+	Address 2:				
3575B504	MICARD PLUS SC READER		City:		County:		State: Zip:
IntSupplies	Pre-Installed Supplies Installed in Machine		Contact:	₽h#		Email:	
:			Elevator: No	Loading Dock: No	# of Steps: 0	Hrs of O	Hrs of Operation: 9-5
			Consumables: Toner Only	Foner Only			
		L	Meter Method: i	Meter Method: imageWare Remote			Corporate Advantage
			For CSA USE ONLY:	NLY:			
			Config. E - 1 68617458	17458			

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Additional Equipment List to: S1305125

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

(SER-801)

Agreement #: MA2072

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

Delivery Date: 09/15/22 Corporate Advantage State: CT Zip: 06604-1049 Zip: Ph #: 203.396.1053 Email: sfeda@jseniors.org Hrs of Operation: 9-5 Ph #: 203.396.1053 Email: sfeda@jseniors.org State: Excess Per Image Charge(s) Excess Per Image Charge(s) Ship To & Maintenance Billing Information See Page 1 County: FAIRFIELD Email: Email: County: Loading Dock: No # of Steps: 0 Shipping: 4200 PARK AVE MEDICAL HOME CARE 문 ₽₩ Meter Method: imageWare Remote Consumables: Toner Only IT Contact: SCOTT FEDA Contact: SCOTT FEDA For CSA USE ONLY: Config: E - 2 | 68617458 City: BRIDGEPORT Elevator: No Mtr Contact: Address 2: Covered Images Included in Payment Address 2: Contact: Billing: City ģ See Page 1 Listed Items Description MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM Covered Device - Rider A (Office Equip/Cut Sheet Production) Covered Device - Rider A (Office Equip/Cut Sheet Production) Pre-Installed Supplies Installed in Machine CASSETTE FEEDING UNIT-AQ1 2/3 HOLE PUNCHER UNIT-A1 SUPER G3 FAX BOARD-AX1 MICARD PLUS SC READER **BUFFER PASS UNIT-P2** STAPLE FINISHER-AB2 INSTALL PAK DX 68551 **IRADVDX6855**i Item Code IntSupplies 5538C002 5546C002 2368V120 0126C001 4030C002 5547C002 3998C001 4135V101 3575B504

Covered De	Covered Device - Rider A (Office Equip/Cut Sheet Production)	Covered Images Included in Payment	in Payment		Excess Pe	Excess Per Image Charge(s)	
		See Page 1			Ø	See Page 1	
Item Code	Listed Items Description	Qty		Ship To & 1	Ship To & Maintenance Billing Information	ng Information	
5538C002	IRADVDX6855I		1 Shipping: 4200 PARK AVE COPY ROOM	K AVE COPY ROOM			Delivery Date: 09/15/22
0126C001	2/3 HOLE PUNCHER UNIT-A1	1 10°	Address 2:				
4030C002	CASSETTE FEEDING UNIT-AQ1	F	City: BRIDGEPORT		County: FAIRFIELD		State: CT Zip: 06604-1049
5548C002	BOOKLET FINISHER-A1 WITH TRIFOLD	in the second	Contact: SCOTT FEDA		Ph #: 203.396.1053	Email: sfeda@jseniors.org	iors.org
5546C002	BUFFER PASS UNIT-P2		Mtr Contact:	a.	Ph#:	Email:	
3998C001	SUPER G3 FAX BOARD-AX1	-	IT Contact: SCOTT FEDA		Ph #: 203.396.1053	Email: sfeda@jseniors org	iors org
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	•	Billing:				
4135V101	INSTALL PAK DX 68551	**	Address 2:				
3575B504	3575B504 MICARD PLUS SC READER	i fer	City:		County:	State:	e: Zip:
IntSupplies	Pre-Installed Supplies Installed in Machine	-	Contact:	Ph#:		Email:	
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			Meter Method: imageWare Remote	eWare Remote			Corporate Advantage

SER-801 Blended Lease March 2020

"Requires ImageWARE Remote

For CSA USE ONLY:

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Additional Equipment List to: S1305125

(SER-801) Customer: THE JEMISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY, INC.

of 9

Page 7

Delivery Date: 09/15/22 State: CT Zip: 06604-1049 Corporate Advantage Delivery Date: 09/15/22 State: CT Zip: 06604-1049 Order Date: 08/19/22 Salesperson: Lawrence C Lewis Ζİ Zip: Ph #: 203 396.1053 Email: sfeda@jseniors.org Ph #: 203.396.1053 Email; sfeda@jseniors org Hrs of Operation: 9-5 Ph #: 203.396.1053 Email: sfeda@jseniors.org Ph #: 203.396.1053 Email: sfeda@jseniors.org Hrs of Operation: 9-5 State: Excess Per Image Charge(s) State: Excess Per Image Charge(s) Ship To & Maintenance Billing Information Ship To & Maintenance Billing Information See Page 1 See Page 1 County: FAIRFIELD Email: County: FAIRFIELD Email: Email: Email: Shipping: 4200 PARK AVE CHILD CARE DIRECTORS OFFICE County: # of Steps: 0 County: Loading Dock: No # of Steps: 0 Shipping: 4200 PARK AVE FL 1 KASSEN HOUSE ₽. ₽h # Ph. Ph.₩ Loading Dock: No Meter Method: imageWare Remote Consumables: Toner Only Agreement #: MA2072 IT Contact: SCOTT FEDA IT Contact: SCOTT FEDA Contact: SCOTT FEDA Config: G - 1 | 68617460 For CSA USE ONLY: Contact: SCOTT FEDA City: BRIDGEPORT City: BRIDGEPORT Mfr Contact: Elevator: No Covered Images Included in Payment Address 2: Elevator: No Address 2: Mtr Contact: Covered Images included in Payment Address 2: Address 2: Contact: Billing: Contact: Billing: Ċţ City ð See Page 1 È See Page 1 . Listed Items Description Listed Items Description MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM Covered Device - Rider A (Office Equip/Cut Sheet Production) Covered Device - Rider A (Office Equip/Cut Sheet Production) INSTALL PAK IRA DX 717IF / 617IF / 527IF Pre-Installed Supplies Installed in Machine INSTALL PAK IRA DX 717IF / 617IF / 527IF Pre-Installed Supplies Installed in Machine IRADVDX527IF IRADVDX527IF Item Code IntSupplies 3893C008 IntSupplies 2368V120 3826V923 Item Code 3893C008 2368V120 3826V923

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Meter Method: imageWare Remote For CSA USE ONLY:

Config: G - 2 | 68617460

SER-801 Blended Lease March 2020

Consumables: Toner Only

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Additional Equipment List to: \$1305125

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

Agreement #: MA2072

(SER-801)

Order Date: 08/19/22 Salespers

Item Code Listed Items Description 3893C008 IRADVDX527IF	The second secon			
IRADVDX527IF	See Page 1		See Page 1	_
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	-	Shipping: 4200 PARK AVE FL 2 LIPTON HOUSE	TON HOUSE	Delivery Date: 09/15/22
2368V120 MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM		Address 2:		
3826V923 INSTALL PAK IRA DX 717IF / 617IF / 527IF	-	City: BRIDGEPORT	County: FAIRFIELD	State: CT Zip: 06604-1049
IntSupplies Pre-Installed Supplies Installed in Machine	-	Contact: SCOTT FEDA	Ph #: 203.396,1053 Email: sfeda@jseniors.org	sfeda@jseniors.org
		Mtr Contact:	Ph #: Email:	
		IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: s	Email: sfeda@jseniors.org
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		Address 2:		
		City:	County:	State: Zip:
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Item Code	Listed Items Description	₩		Ship To & N	Ship To & Maintenance Billing Information	g Informatio	G
3893C008 IRADV	IRADVDX527IF	+	Shipping: 4200	Shipping: 4200 PARK AVE FL 4 FELDMAN HOUSE	N HOUSE		Delivery Date: 09/15/22
2368V120 MID V	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	•	Address 2:				
3826V923 INSTA	INSTALL PAK IRA DX 717IF / 617IF / 527IF	-	City: BRIDGEPORT	IRT	County: FAIRFIELD	IRFIELD	State: CT Zip: 06604-1049
IntSupplies Pre-In:	IntSupplies Pre-Installed Supplies Installed in Machine	-	Contact: SCOTT FEDA	∃DA	Ph #; 203,396,1053	Email: sfeda@jseniors.org	@jseniors.org
			Mtr Contact:	a .	Ph#:	Email:	
			IT Contact: SCOTT FEDA		Ph #: 203.396 1053	Email: sfeda@jseniors.org	@jseniors.org
			Billing:				
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SER-801 Blended Lease March 2020

"Requires ImageWARE Remote

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Additional Equipment List to: S1305125

(SER-801)

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

Page 9

Delivery Date: 09/15/22 State: CT Zip: 06604-1049 Corporate Advantage of 9 Order Date: 08/19/22 Salesperson: Lawrence C Lewis Excess Per Image Charge(s) Zibi Ph #: 203.396.1053 Email: sfeda@jseniors.org Ph #: 203.396 1053 Email; sfeda@jseniors.org Hrs of Operation: 9-5 State: Excess Per Image Charge(s) Ship To & Maintenance Billing Information See Page 1 County: FAIRFIELD Email: County: Loading Dock: No # of Steps: 0 Shipping: 4200 PARK AVE FL 3 SONNEBORN HOUSE Ph #: 무# Meter Method: imageWare Remote Consumables: Toner Only Agreement #: MA2072 IT Contact: SCOTT FEDA Contact: SCOTT FEDA Config: G - 5 | 68617460 For CSA USE ONLY: City: BRIDGEPORT Mtr Contact Elevator: No Covered Images Included in Payment Address 2: Address 2: Covered Images Included in Payment Billing: Contact: City ŧ See Page 1 See Page 1 Listed Items Description MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM Covered Device - Rider A (Office Equip/Cut Sheet Production) Covered Device - Rider A (Office Equip/Cut Sheet Production) INSTALL PAK IRA DX 717IF / 617IF / 527IF Pre-Installed Supplies Installed in Machine IRADVDX527IF Item Code IntSupplies 3893C008 2368V120 3826V923

Item Code		See Page 1
IRADVDX527IF	Oth	Ship To & Maintenance Billing Information
2916C001 CASSETTE FEEDING UNIT-AR1 2368V120 MID VOLUME CONNECTIVITY 30LDBM IN TO TAKE	1 Shipping: 4200 PARK AVE CHILD CARE KITCHEN AREA 1 Address 2:	HILD CARE KITCHEN AREA Delivery Date: 09/15/22
3826V923 INSTALL PAK IRA DX 717IF / 617IF / 527IF	1 City: BRIDGEPORT	
IntSupplies Pre-Installed Supplies Installed in Machine	1 Contact: SCOTT FEDA 1 Mtr Contact:	Ph #: 203.396.1053 Email: sfeda@seniors.org
	IT Contact: SCOTT FEDA	Ph #: 203.396.1053 Email: sfeda@jseniors.org
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UNIFIED LEASE AGREEMENT #ULS 80775030.01

CANON SOLUTIONS AN Canon Solutions Ame One Canon Park, Meli (800)-613-2228	AERICA rica, Inc. ("CSA") ville, NY 11747	STATE OF THE PARTY					Lawrence C		- Dave	UNIFI #ULS			AGREEMEN	т
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State: CT	Zip: 06604-10	149	Phone: 20	3.396.1	053		Sole Pr	ropri	etorship If s	elected, c	omplet	e Date	of Birth	
Contact: Paul Visnicky			Fax:				Chief Executive	e Offi	ice and addres	s for notice	0;			
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CANON SOLUTIONS AMERICA Canon Solutions America, Inc. (" One Canon Park, Melville, NY 11 (800)-613-2228	:sa")					UNIFIED	LFASE A	GREEMENT
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Canon Financial Services, inc. as authorized agent on behalf of Canon Solutions America, inc.



CANON SOLUTIONS AMERICA CANON SOLUTIONS AMERICA, CANON SOLUTIONS AMERICA, Inc. ("CSA") One Canon Park, Melville, NY 11747 (800)-618-2228

UNIFIED LEASE AGREEMENT #ULS 80891347.01

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

SOFTWARE ACQUISITION AGREEMENT LEASE OR PURCHASE

#\$1051656.01

Canon Solutione America, Inc. ("CSA") One Canon Park, Malville, NY 11747

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Lease Schedule ("Schedule") - Blended (SER-800) H HOME FOR THE ELDERLY OF FAIRFIELD COUNTY

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County: PAINTIELD State: C1 Zip: 0000#1049		C	PAPER FOLDING UNIT-J1	0103C001 PAPER FOLI
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RINT SHOP	Shipping: 4200 PARK AVE PRINT SHOP	1 85	351	
tenance Billing Information	Shi	8	Listed Items Description	Item Code
B&W: \$0.004200		B&W: 52,500		
Excess Per Image Charge(s)	ayment	Covered Images Included in Payment	Covered Device - Rider A (Office Equip/Cut Sheet Production)	lovered Device - Rider A (
	\$0.00	0	org	Email: pvisnicky@jseniors.org
	Total Due at Signing	# of Payments in Advance Total	Fax#:	Contact: Paul Visnicky
Tax Exempt (Certificate Attached)	L	Due at Signing	1049 Phone #: 203.396.1053	State: CT Zip: 06604-1049
Purchase Option: Fair Market Value				City: BRIDGEPORT
Other Transaction Details	Monthly	\$1,798.00		Address 2:
Standard Price Plan	_	Total		Address: 4200 PARK AVE
Per Unit Coverage Plan	립	Payment (*Plus Applicable Taxes)	1-1	DBA:
ccess Per Image Charge invoiced Quarterly by CFS	60 Excess	60 Months	Billing Information Customer Account: 15642U6	ompany: JEWISH HOME
Maintenance included, except as indicated excluded	# of Lease Payments Mainter	Listed Items Lease Term # of Lea		0277-010-(000)
Equipment Maintenance Information		Payment Information	(11747	One Canon Park, Melville, NY 11747
,		172	J	Canon Solutions America, Inc. ("CSA")
CFS App #: 1818830 Salesperson: Lawrence C Lewis	•	Customer: JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY	Customer: JEWISH	CONTONE

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

Page 1 of 2

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

CFS App #: 1847322

Salesperson: Lawrence C Lewis

Canon Solutions America, Inc. ("CSA") Agreement #: MA2072			Transaction #: \$1219634
One Canon Park, Melville, NY 11747 (800)-613-2228	Listed Items Lease Term # of Lea	ise Payments	Maintenance included, except as indicated excluded
Billing Information Customer Account: 1564206	60 Months	60	Excess Per Image Charge invoiced Quarterly by CFS
HOME FOR THE ELDERLY OF FAIRFIELD (Per Unit Coverage Plan
DBA: INC. Inc.	Payment* (*Plus Applicable Taxes)	CFS Invoicing	
Address: 4200 PARK AVE	Total	shall be invoiced	Standard Price Plan
Address 2:	\$577.00	Monthly	Other Transaction Details
City: BRIDGEPORT County: FAIRFIELD		wich and	Purchase Option: Fair Market Value
State: CT Zip: 06604-1049 Phone #: 203.396.1053	Due at Signing	ng	Tax Exempt (Certificate Attached)
Paul	# of Payments in Advance	Total Due at Signing	
Email: pvisnicky@jseniors.org	0	\$0.00	
Maintenance covered under separate MPS agreement	Covered Images Included in Payment	d in Payment	Excess Per Image Charge(s)
Item Code Listed Items Description	Lity	-	Olligadoli
3893C008 IRADVDX527IF		Shipping: 4200 PARK A	Shipping: 4200 PARK AVE P-222 MEZZANINE EMPL RELATIONS V Delivery Date:
2368V120 MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM		Address 2:	
3826V923 INSTALL PAK IRA DX 717IF / 617IF / 527IF		City: BRIDGEPORT	County: FAIRFIELD State: C1 Zip: 06604-1049
IntSupplies Pre-Installed Supplies Installed in Machine		Primary Customer Co	Contact: Paul Visnicky
		Phone #: 203,396,1053	53 Email: pvisnicky@jseniors.org
		Meter Contact:	
	_	Phone #:	Email:
		Phone #: 203 396 1053	isnicky Email: pvisnicky@iseniors.org
		Billing:	
	(ic	Address 2:	
		City:	County: State: Zip:
		Billing Contact:	
			Email:
		Elevator: No Loa	Loading Lock: No # of Stebs: o nis of Operation, 5-0
Additional Requirements:]	
		For CSA USE ONLY:	
		Config: A - 2 61923512	
THIS SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES THE TERMS OF, THE MASTER SALES AND SERVICES AGREEMENT REFERENCED AS THE	HE MASTER SALES AND SERVICES AGREEME ERMS OF AN EXISTING CFS MASTER AGREEM	ENT REFERENCED AS THE AGR MENT ARE REFERENCED ON TH	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 SAME SELFMENT AND SERVICES AGREEMENT ARE REFERENCED ON THIS SCHEDULE (THE "EXISTING MASTER OFS 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 CHEAVE. THEY SHALL CONTROL OVER THE MASTER LEASE TERMS SET FORTH AS RIDER G TO THE AGREEMENT FOR SO LONG AS THE EXISTING MASTER CHEAVE. THIS SCHEDULE ALEASE ON THE UNDING ON INCORPORATED HEREIN ARE AVAILABLE AT 185.05A CANDOLOGUMENTS, AND SET PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER CUSTOMER REPRESENTS THATEXECUTION OF THIS SCHEDULE HAS BEEN DULY CUSTOMER, AND IS BINDING ON CSA AND LESSOR AS PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER CUSTOMER REPRESENTS THATEXECUTION OF THIS SCHEDULE. HAS BEEN DULY CUSTOMER AND IS SCHEDULE ASSET THE LEASE THE LEASE THE LEASE THE LEASE THE LEASE THE MAINTENANCE SERVICES DESCRIBED HEREIN. YOU ACKNOWLEDGE RECEPT OF A COPY OF THIS SCHEDULE.	ER G TO THE AGREEMENT FOR SO LONG AS IS, AND SHALL APPLY TO THE EXTENT NOT WINDED IN THE LEASE TERMS. THIS SCHEDULY IN IF SEI FCTFD TO PURCHASE THE MAINTE	THE EXISTING MASTER CHS LE WODIFIED BY THE AGREEMENT E IS NON-CANCELABLE BY CUS	ER LEASE TERMS SET FORTH AS RIDER GTO THE AGREEMENT FOR SO LONG AS THE EXISTING MASTER CFS LEASE REMAINS IN ET FOLTS. JANUARIO LEMBA AND CAUDAIN ON AND ART CHARLE AGREEMENT, THIS SCHEDULE CONSTITUTES A LEASE OF THE LEATED ITEMS, AND IS BROWNED ON A CANDIOLOGMICUSTOMER DOCUMENTS, AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT, THIS SCHEDULE CONSTITUTES A LEASE OF THIS TEMS, AND IS BROWNED ON THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER REPRESENTS THAT EXCHIDING OF THIS SCHEDULE HAS BEEN DULY THE LEATED ITEMS, AND IE SET FOTED TO PURCHASE THE MANTENANCE SERVICES DESCRIBED HEREIN, YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS SCHEDULE.
6	Printed Name: ROUER SUISY	TH.	Title: VP FINANCE CP Date: 16-7-21
-	ACCEPTANCE CERTIFICATE	RTIFICATE	
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.	we Schedule have been received, (b) instal tems are irrevocably accepted by the Custo	lation has been completed, (o bmer for all purposes under th	 the Listed Items have been examined by Customer and are in good operating order to Agreement Accordingly, Customer hereby authorizes billing under this Schedule.
Authorized Signature:	Printed Name:	Title:	tle: Date:
Only:	Printed Name:	Title:	de: Date:
CFS Authorized orginame.	THE CALL AND THE C		ttD ImposWADE Beneda

**Requires ImageWARE Remote

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

Page 1 of 1

Customer: JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY

CFS App #: 1879217 S ansaction #: S1274844

Salesperson: Lawrence C Lewis

	2072	1	Transaction #: S1274844 Order Date: 04/29/22
Canon Solutions America, Inc. ("CSA") Agreement #: MIAZU12 Canon Solutions America, Inc. ("CSA")	Payment Information		ent Mai
(800)-613-2228	Listed Items Lease Term # of	# of Lease Payments	Maintenance included, except as indicated excluded
Billing Information Customer Account: 1564206	60 Months	60	
Company: JEWISH HOME FOR THE ELDERLY OF FAIRFIELD COUNTY DBA:	Payment* (*Plus Applicable Taxes)	Н	
Address: 4200 PARK AVE	Total	shall be invoiced	Other Transposing Details
Address 2:	\$96.00	Monthly	Offier Halles Ontion: Fair Market Value
State: CT Zin: 06604-1049 Phone #: 203.396.1053	Due at Signing	J	Tax Exempt (Certificate Attached)
Cont Fords	# of Payments in Advance To	Total Due at Signing	
Fmail: sfeda@iseniors.org		\$0.00	
Maintenance covered under separate MPS agreement	Covered Images Included in Payment	in Payment	Excess Per Image Charge(s)
Item Code Listed Items Description	n Qty		Ship to & Maintenance Billing information
3893C008 IRADVDX527IF	-	Shipping: 4200 PARK	PARK AVE Gershon House, Nurses station,P207 Delivery Date:
_		Address 2:	
3826V923 INSTALL PAK IRA DX 717IF / 617IF / 527IF		City: BRIDGEPORT	County, PAINTIELD State, C1 cip. 0000411045
IntSupplies Pre-Installed Supplies Installed in Machine		Primary Customer Contact: Scott Feda	ontact: Scott Feda
	,	Phone #: 203.396.1053	53 Email:
	ilm-1	Phone #	Email:
	and the	IT Contact: Scott Feda	fa
		Phone #: 203,396,1053	53 Email: sfeda@jseniors.org
		Billing:	
		Address 2:	
		City:	County: State: Zip:
		Billing Contact:	1
		Elevator: No Loa	Loading Dock: No # of Steps: 0 Hrs of Operation: 9-5
Additional Requirements:			
		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	IT REFERENCED AS THE AGE	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 OFS LEASE") AND ARE APPLICABLE RID SCHEDULE, THEY SHALL CONTROL OVER THE MASTER LEASE TERMS SET FORTH AS RIDER G TO THE AGREEMENT FOR SO LONG AS THE EXISTING MASTER OFS LEASE REMAINS IN EFFECT. STANDARD TERMS AND CONDITIONS AND APPLICABLE RID INCORPORATED HEREIN ARE AVAILABLE AT ESS CSA CANON COMICUSTOMERIOS. AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT, THIS SCHEDULE CONSTITUTES A LEASE OF THE LISTED TERMS. AND IS BINDING ON CUSTOMER REPRESENTS THATESECOTION OF THIS SCHEDULE HAS BEEN G CUSTOMER REPRESENTS THATESECOTION OF THIS SCHEDULE HAS BEEN G CUSTOMER REPRESENTS THATESECOTION OF THIS SCHEDULE HAS BEEN G CONSTITUTED BY THE AGREEMENT THATESECOTION OF THIS SCHEDULE HAS BEEN G CUSTOMER REPRESENTS THATESECOTION OF THIS SCHEDULE HAS BEEN G CUSTOMER REPRESENTS THATESECOTION OF THIS SCHEDULE HAS BEEN G CUSTOMER REPRESENTS THATESECOTION OF THIS SCHEDULE HAS BEEN G CONSTITUTED BY THE AGREEMENT THATESECOTION OF THIS SCHEDULE HAS BEEN G CUSTOMER REPRESENTS THATESECOTION OF THIS SCHEDULE HAS BEEN G CUSTOMER REPRESENTS THATESECOTION OF THIS SCHEDULE HAS BEEN G CUSTOMER REPRESENTS THATESECOTION OF THIS SCHEDULE HAS BEEN G CUSTOMER REPRESENTS THATEST OF A CORN OF THIS SCHEDULE.	TERMS OF AN EXISTING CFS MASTER AGREEMEN IDER G TO THE AGREEMENT FOR SO LONG AS THINTS, AND SHALL APPLY TO THE EXTENT NOT MOTO MODED IN THE LEASE TERMS. THIS SCHEDULE IS	INT ARE REFERENCED ON THE EXISTING MASTER CFS LE DDIFIED BY THE AGREEMENT IS NON-CANCELABLE BY CUSTON OF THE PROPERTY OF THE P	THIS SCHEDULE (THE "EXISTING MASTER CFS LEASE"), TO 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 (THE "EXISTING MASTER CFS LEASE"), TO THE EXTENT THE TERMS OF AN EXISTING CFS LEASE REMAINS IN EFFECT, STANDARD TERMS AND CONDITIONS AND APPLICABLE RIDERS 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 ON INCORPORATED HEREIN ARE EXAMINED FOR THE STANDARD TERMS, AND IS BINDING ON THE LEASE TERMS. THIS SCHEDULE BY THE AGREEMENT, THIS SCHEDULE CONSTITUTES A LEASE OF THIS SCHEDULE HAS BEEN DULY CUSTOMER UPON SIGNING BY CUSTOMER, AND IS BINDING ON GRA AMPLESSOR AS PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER, CUSTOMER REPRESENTS THAT EXECUTION OF THIS SCHEDULE HAS BEEN DULY CUSTOMER AND IS BINDING ON THIS SCHEDULE HAS BEEN DULY CONTROL OF THIS SCHEDULE.
	のこまる	7	ナビーングラー・イード クトラー
Customer Authorized Signature.	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 coming 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	bove Schedule have been received, (b) installating terms are irrevocably accepted by the Customer.	tion has been completed, (on the for all purposes under the complete the formal purposes under the complete the complete the formal purposes under the complete t	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 druer 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:	١.	Trtle: Date:
For Internal Purposes Only:	District Name:	Tide	he. Date:
	District Maria.		

	Lease Schedule ("Schedule
7-3-22-0-22	

Page 1 of 1

			Lease Schedule ("Sched	ule") - E	Blended (SER-800)	Page 1 of 1
Cano	711	Cuetomer: THE	JEWISH HOME FOR THE ELDERLY			CFS App #: 1918346	Salesperson: Lawrence C Lewis
		Agreement #: M			T	ransaction #: S1340229	Order Date: 01/06/23
anon Solutions A	America, inc. ("CSA") Melville, NY 11747	Agreement	Payment in	format	ion		Maintenance Information
800)-613-2228	MEINIE, MI 11777		Listed Items Lease Term # of Lease Payments		Maintenance included, except	as Indicated excluded	
illing Informati	Ion Customer A	count; 1564206	60 Months		60		
ompany: THE J	EWISH HOME FOR	THE ELDERLY OF FAIRFIELD COUNTY,	Payment* (*Plus Applicable	Taynel	CFS Invoicing		
BA:			Total	Taxos	Lease Payment	1	
ddross: 4200 P	ARK AVE				shall be involced	Other	Transaction Details
ddress 2:			\$144.00		Monthly	Purchase Option: Fair Market	Value
ity: BRIDGEPO		County: FAIRFIELD	Due at 3	Signing		Tax Exempt (Certificate Attaci	
	p: 06604-1049	Phone #: 203,396.1053	# of Payments in Advance		tal Due at Signing	- I ax Exempt (Serim	•
ontact: SCOTT		Fax #:	0		\$0.00		
mail: sfeda@js	eniors.org		Covered Images In	cluded i	n Payment	Excess	s Per Image Charge(s)
ider E applies (Managed Print Se	rvices)					
	-	Listed Items Description	an .	Qty		Ship To & Maintenance E	
Item Code		Listod (tellis Description	**	1	Shipping: 4200 PAR	RK AVE - Employee Relations	Delivery Date: 01/11/23
"	RADVDX527IFZ			1 1	Address 2:		a a. 71 accod 404
	ASSETTE MODULE NVELOPE CASSET				City: BRIDGEPORT		AIRFIELD State: CT Zip: 06604-104
		E MODULE-AT		1	Primary Customer	Contact: SCOTT FEDA	
	ABINET TYPE-U	ECTIVITY 30+PPM UP TO 79PPM		,	Phone #: 203,396,1	053 Email: sfeda	@jseniors.org
		717IF / 617IF / 527IF		1	Meter Contact:		
		Installed in Machine		1	Phone #:	Email:	
IntSupplies P	-18-11teranen onbbios	material property			IT Contact: SCOTT	CONNECTO CERTIFICATION AND ADMINISTRATION AND ADMIN	
1				1	Phone #: 203.396.1	053 Email: sfeda	@jseniors.org
				4	Billing:		
1				1 1	Address 2:	County:	State: Zip:
					City:	County.	•
1					Billing Contact:	Email:	
1					Phone #: Elevator: No Lo	pading Dock; No # of Steps	: 0 Hrs of Operation: 9-5
					Elevator: No Lo	Harring Dock, I'm Work and	
		Additional Requirements:		-			
					For CSA USE ONL	Y:	
					72		THE THE TENED IS ASS. TEDUS SET ENRTH
	ENTERED INTO PURE	MANT TO AND INCORPORATES THE TERMS O	F, THE MASTER SALES AND SERVICES A	GREEMEN	REFERENCED AS THE A	OREEMENT # ABOVE ("AGREEMENT").	INCLUDING THE MASTER LEASE TERMS SET FORTH, STER CFS LEASE") AND ARE APPLICABLE TO THIS RO TERMS AND CONDITIONS AND APPLICABLE RIDER LEASE OF THE LISTED ITEMS, AND IS BINDING ON
HIS SCHEDULE IS	WHICH SHALL CONTE	OL (THE 'LEASE TERMS'). TO THE EXTENT TH	HE TERMS OF AN EXISTING CFS MASTER	AGREEME	NT ARE REFERENCED ON F EXISTING MASTER CFS	LEASE REMAINS IN EFFECT, STANDA	RD TERMS AND CONDITIONS AND APPLICABLE RIDER
SCHEDULE THEY	SHALL CONTROL OVE	THE PARTY OF THE PROPERTY OF T	SENTE AND SHALL APPLY TO THE EXTEN	T NOT MO	DIFTED BY THE AGREEME	NI. INS SCREDULE CONSTITUTES IN	THATEVER THON OF THIS SCHEDULE HAS BEEN DU
CUSTOMER UPON	SIGNING BY CUSTON	R, AND IS BINDING ON CSA AND LESSOR AS TOWER AGREES TO LEASE THE LISTED ITEM	PROVIDED IN THE LEASE TERMS, THIS SO	MAINTEN			
UTHORIZED, BY Y	OUR SIGNATURE CU	STOWER AGREES TO LEASE THE USTED HEN	V01.30	C1 10		Tille: of Fuante	Date: 1/9/23
Customer Authori	zed Signature:						
			ACCEPTANO			f. (c) the Listed Items have been exam	mined by Customer and are in good eparating orde mer hereby authorizes billing under this Schedule.
To: CSA and Los	sor. Customer certifi	es that (a) the Listed items referred to in the	ted items are irrevocably accepted by the	e Custom	er for all purposes unde	r the Agraement, Accordingly, Custor	
		tehelegies to the essential are (a) are ar-	Printed Name:			Title:	Date:
Authorized Signal			Lilling Hame			Title:	Date:
For Internal P							

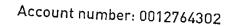
Canon

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

Page 1 of 1

Salesperson: Lawrence C Lewis

Canon Solutions America, Inc. ("CSA" One Canon Park, Melville, NY 11747 (800)-613-2228							Transactio	on #: S21031814	Order D	ate: 10/09/23
One Canon Park, Melville, NY 11747 (800)-613-2228							,			former than
		-		yment Info					t Maintenance In	tormation
		Listed	Items Le	ase Term	# of Lease F	Payments	Maintenanc	e Declined		
	mer Account: 1564206	COLIN	60	Months	60)				
	FOR THE ELDERLY OF FAIRFIELD	Pav	ment Sun	nmary* (*Plu	s Applicable	Taxes)				
DBA:			ayment	\$47.00		ed by CFS		Othe	r Transaction De	etalls
Address: 4200 PARK AVE		124540.5	alntenanc			,	1 pase Payr	nent shall be involu	ed Monthly	
Address 2:	County: FAIRFIELD	Base Ch		_	Invoic	ed by CFS		ption: Fair Market		
City: BRIDGEPORT	•	0430 01	inigo	Due at Si			1	t (Certificate Attacl		
State: CT Zip: 06604-1049	Phone #: 203-396-1053	# of Pay	ments in	**************************************	Total Due	at Signing	1	(
Contact: Scott Feda		, , , ,								
Email: steda@mozalcsl.org Device Excluded from Maintenan	ce Maint Base Charge	Section A	Cove	red Images	Included in M	Maint Base (Charge	i i	Excess Per Imag	e Charge(s)
Device Excided from Maniferial	maint base charge	SECTION A								
Item Code	Listed Items Description		Qty	Unit Pmt	Total		S	hip To & Mainten	ance Billing Info	rmation
	Listed Reins Description		1	Included	Included	Shipping:	4200 PARK	AVE		Delivery Date:
5644C002 MAGECIASS X LB#1861			l i	Included	1			enior Choice at Ho	me	
3792V243 INSTALL PAK LBP/MAGE	CLASS - INTANGIBLE		- 1	Included		City: BRID			ity: FAIRFIELD	State: CT Zip: 06604-10
2368V991 PRINTER CONVECTIVITY			1.8	lilologuec	I (IIIIIII			ntact: Scott Feda		
l l					1	Phone #: 2	203-396-1053	En	nail: sfeda@moza	aicsl,org
					I.	Meter Con	tact:			
						Phone #:		En	nail:	
					1	IT Contact	: Scott Feda			
						Phone #: 2	03-396-1053	En	nail: sfeda@moz	aicsl.org
						Billing:				
					1	Address 2	:			
					1	City:		Cour	ıty:	State: Zip:
						Billing Co	ntact:			
						Phone #:		Er	nall:	
			1	1		Elevator:	Yes Load	ing Dock: No #	of Steps: 0	Hrs of Operation: 9-5
	Additional Requirem	ionts:]				
						For CEAL	JSE ONLY:			
						Config: A I 5				
	SUANT TO, AND INCORPORATES THE TERMS	or The Harven	CALEC AND	CEDIACES ACD	CEMENT DECEDE	HOTO ACTUE	ACCCCUCATE OF	ABOVE CAGREEMENT	1. INCLUDING THE M	ASTER LEASE TERMS SET FORTH
RIDER G THERETO WHICH SHALL CONT SCHEDULE, THEY SHALL CONTROL OVE INCORPORATED HEREIN ARE AVAILABLE	SUANT TO, AND INCORPORATES THE TERMS ROL (THE 'LEASE TERMS'). TO THE EXTENT IT THE MASTER LEAST TERMS SET FORTH A E AT ESS OST CANDY COMPUSTOMEROSE LEEP AND IS BINDING ON CSA AND LESSOR A NOT OMER FAGRES TO LEASE THE LISTED IT	AS RIDER G TO THE UMENTS AND SHA	AGREEMEN LL APPLY TO	THE EXTENT	B AS THE EXISTIN	IG MASTER CF	S LEASE REMAI	NS IN EFFECT, STAND	ARD TERMS AND COL	NDITIONS AND APPLICABLE RIDER ED ITEMS, AND IS BINDING ON OF THIS SCHEDULE HAS BEEN DUL
AUTHORIZED, BY YOUR SIGNATURE, C	TO LEAGE THE BITED IN		0		CI.RV	2		CFO		Date: 1011012
Customer Authorized Signature:		Printed Nan	ACI	CEPTANCE	CERTIFICATE	<u>, </u>	Title:			
	les that (a) the Listed Rems referred to in D	he above Schedul	. barre barre	seculiard Oct	netalistics has b	sen complete	d, (c) the Lister	d Items have been ex	amined by Custome omer hereby authori	r and are in good operating order zes billing under this Schedule,
To: CSA and Lessor. Customer cortie	and the state of t			CONTRA DY LITE !	and the sail for the first				•	
and condition and are, in all respects,	salisfactory to the Customer, and (d) the L									Date:
To: CSA and Lessor: Customer certifiand condition and are, in all respects, Authorized Signature: For Internal Purposes Only:	salisfactory to the Customer, and (d) the L	Printed Nan					Tille:			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

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

- 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 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

	ur Business Information			Agreement Number
	Legal Name of Lessee / DBA N			The same of the sa
JEV	VISH HOME FOR THE ELDERLY			Tex (D # (FEIN/TIN)
	d-To: Address			60846991
420	O Park Ave, Bridgeport, CT, 0660	4-1049, US		
Solo	I-To: Contact Name	Sold-To: Contact Phone #	Sold-To: Account #	The state of the s
ROC	GER SLIBY	(203) 396-1008	0012764302	
	To: Address			
4200	Park Ave, Bridgeport, CT, 06604	-1049, US		
BIII-1	To: Contact Name	BIII-To: Contact Phone #	BIII-To: Account #	PIO 7
_	ua Garcia	(203) 396-1008	0010285082	BIII-To: Emall garcia@jseniors.org
	To: Address			Men cro@tsennors.org
4200	Park Ave, Bridgeport, CT, 06604-	1049, US		
Ship-	To: Contact Name	Ship-To: Contact Phone #	Ship-To: Account#	
Joshu	e Garcia	(203) 396-1008	0012764302	
PO#				
Your	Business Needs			
Qty	Item	Business Solution Description		A AND ADDRESS OF THE
1	SENDPROPSERIES	SendPro P Series		
1	1FVWV	10lb Interfaced Weighing Feature		3
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		
Ř	APKE	SendPro P Receiving Feature		
	APKF	SendPro P Shipping Feature Access		
	AZBE	SendPro P Series Mono Print Module		
	AZCG	SendPro P2000 Basic (145/70LPM)		Ó
	M9SS	Malistream Intellilink Services		
	ME1C	Meter Equipment - P Series, LV		
	MSD2			

UB154404.5

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MW90007

Page 1 of 3

15" Color Touch Display

SendPro P Series Drop Stacker

Y101773049

See Pliney Bowss Terms for additional terms and conditions

MVV96000 Weighing Platform NV10 InView TMR Web Acct Bundle Single only NV90 InView Subscription NVWE InView Dashboard Set up & Training 1 PTJ1 SendPro Online PTJN Single User Access 1 PTJR 50 User Access with Hardware or Meter 1 PTK1 Web Browser Integration 1 РТКЗ SendPro P Series Meter Integration SJM5 SoftGuard for Sendpro P2000 Basic/500W STDSLA Standard SLA-Equipment Service Agreement (for SendPro P Series) 1 T6CS Receiving - Standard

	D		DI	
Your	Pavn	nent	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 properly taxes which will be billed separately.

() Tax Exempt Certificate Attached

() Tax Exempt Certificate Not Required

(X) Purchase Power® transaction fees included

() Purchase Power® transaction fees extra

and are incorporated by reference. You acknowledge that you may not after we have completed our credit and documentation approval pro-	ement including the Pitney Bowes Terms (Version 2/20), which are available at https://www.pb.com/termscondition it cancel the lease for any reason and that all payment obligations are unconditional. The lease will be binding on utocess and have signed below. The lease requires you either to provide proof of insurance or participate in the ey Bowes Terms) for an additional fee. If software is included in the Order, additional terms apply which are available to be a software-and-subscription-terms-and-conditions.html. Those additional terms are the software-and-subscription-terms-and-conditions.html. Those additional terms.
Not Applicable State tentily's Contracts	
Lotsof Sighture ANDREW H. BANDEF	Pitney Bowes Signature
Print Namo PO \$ SIDENT & CEO	Print Name
Tale 3-18-2020	Title
Date	Date
Email Address	
Sales Information	
Incorpoline Abern	jacqueline.ahern@pb.com

Email Address

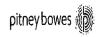
Account Rep Name

Your Signature Below

Page 3 of 3

PBGFS Acceptance

JEWISH HOME FOR THE ELDERLY 3/10/2020



CURRENT LEASE	Monthly	Quarterly
Connect+2000 Mail Machine		
15 in. Display/15 lb. Scale		
50 dept Accounting & INVIEW WEB REPORTS		man extension on the second se
Customer Privilege LEASE	\$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.

NEW MAIL MACHINE	Monthly	Quarterly
SendProP2000 Mail Machine with USPS shipping label		
15 in. Display/ 10 lb. Integrated Scale		
50 dept Accounting & INVIEW WEB REPORTS & USPS SHIPPING APP PACKAGE T	RACKING	
TOTAL EQUIPMENT LEASE	\$398.00	\$1,194.00
COMMERCIAL RATES SHIPPING estimated ANNUAL SPEND \$1,042 (24%less)	\$86.83	\$260.49
TOTAL TOTAL	\$484.83	\$1,454.49
OVERALL ESTIMATED SAVINGS	\$1.75	\$5,25

pitney bowes ((p))



Potential Savings Statement

JEWISH HOME FOR THE ELDERLY 4200 Park Ave Bridgeport CT 06604-1049 0012784302

Mail Volumes from 02/19-01/20 Mail Class	Total Pieces	Total Postage	Average Piece Price
First-Class Mail® Letters	42,022	521,682.90	\$0.52
First-Class Mail® Flats	2,089	\$2,837.95	\$1.36
First-Class Package Service - Retail 19	29	\$139.80	54,82
Priority Mali®	114	\$951.60	\$8,35
Priority Mail Express®	£]0.	\$279,35	\$27.94
Package Services International Certified Mail® Service	15 195	\$33,35 \$2,018.04	\$2.22 \$10.35
First-Class Malk® Automation Letters and Flats First-Class Malk® 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 Zero Postage - Usually for seal only or permit projects.	502	\$1,792,91	\$3,57
Others	-		
Total for Period 02/19-01/20	55,710	\$31,906.02	\$0.57
12 Month Estimated Permit Spend			

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

e in Service Date	Description	Amount	Life (Yrs)	Adj Life	Actual Depreciation	Adj. Depreciation	Depreciation <u>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	Mangament 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 pcp 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	25,800	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	2,933	
7/1/2016	Courtyard Renderings	3,030	40	30	76	101	(58) (25)
	•		40	30	78 78	101	
7/1/2016	Bridgeport Dept of Health-Inspections	3,135	40				(27)
7/1/2016	Demolition and Abatement	881,042		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

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

Depreciation Schedule

					Deprec	iation Sci	ileuule					
Name of Facility					License No.			Report for Year E	nded		Page	of
Jewish Home for the Elderly of Fairfield Cou	ınty, In	c. d/b/	a Moza	ic Seni	923	-C		9/30/2023			23	37
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements					Lund	varue	Depreciated	Operations	Depreciation	Life	ioi ims i cai	Totals
Acquired prior to this report period												
Disposals (attach schedule)												
3. Acquired during this report period (attac	h sched	ule)										
A-4. Subtotal												
B. Building and Building Improvements												
Acquired prior to this report period					92,566,507		92,566,507	20,500,275	S/L	Various	3,327,405	
Disposals (attach schedule)												
3. Acquired during this report period (attac	h sched	ule)			271,672		271,672		S/L	Various	9,887	
B-4. Subtotal												3,337,292
C. Non-Movable Equipment												
Acquired prior to this report period					1,299,965		1,299,965	977,612	S/L	Various	131,587	
Disposals (attach schedule)												
Acquired during this report period (attack)	h sched	ule)										
C-4. Subtotal												131,587
	Is a m logb mainta	ook	Date of A	equisition Year	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle)		110				Value	1				Tor Timb Tour	Totals
a. Fully Depreciated	X		Var	Var	249,051		249,051	249,051		Various		
b. Replace Engine on 2011 Ford (Disallc. 2016 Dodge Caravan	v			2018 2020	9,808 16,500		9,808 16,500	9,808 11,688	S/L S/L	3	4,125	
d. 2009 GMC Sierra Dump Truck	X		Var	Var	19,156		19,156		S/L	Various	3,717	
Movable Equipment					19,150		13,150	11,101	5.2	, arious	3,717	
a. Acquired prior to this report period			Var	Var	4,547,803		4,547,803	3,188,029	S/L	Various	176,564	
b. Disposals (attach schedule)			Var	Var	(56,243)		(56,243)	(34,679)		Various	Í	
Acquired during this report period (attach schedule):												
c. Administrative			Var	Var	93,934		93,934			Various	8,885	
d. Standard Resident			Var	Var	321,593		321,593			Various	15,644	
e. Specialized Resident												
Total Acquired during this report period					415,527		415,527				24,529	
D-3. Subtotal												208,935
E. Total Depreciation												3,677,814

Schedule of Land Improvements Acquired during this report period

		_	Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for Land	Improvement	¢		\$ -
	Improvement	\$ -		5 -
Deletions:				
Total deletions for Land	Improvement	e		\$ -
Total deletions for Land	improvemene	3 -		φ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

			Useful			
Acquisition Date	Description of Item	Cost	Life	Dep	reciation	
Additions:						1
See attached	Various - see attached	\$ 271,672	Various	\$	9,887	ĺ
						l
Total additions for	r Building Improvements	\$ 271,672		\$	9,887	*
Deletions:						1
						ĺ
						l
		•				
Total deletions for	· Building Improvements	\$ -		\$	-	**

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	(Cost	Useful Life	Depreciation
Additions:					
Total additions for Non-Movabl	le Equipment	\$	-		\$ -
Deletions:					
Total deletions for Non-Movabl	e Equipmen	\$	-		\$ -

^{*}Ties to Page 23, Line C3

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

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

^{**}Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

		Pick One		Useful			
Acquisition Date	Description of Item	Movable Category	Cost	Life	Dep	reciation	
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					
		PICK A CATEGORY					
Total additions for	r Movable Equipmen		\$ 415,527		\$	24,529	*
Deletions:							_
See attached	Gym-treadmill,bikes,benches,arm/leg,row	Standard Resident	\$ (56,243)	Various	\$	-	
_			·				Ī
Total deletions for	· Movable Equipmen		\$ (56,243)		\$	-	**

Schedule of Leasehold Improvements Acquired during this report period

			Useful		
Acquisition Date	Description of Item	Cost	Life	Depreciation	
Additions:					1
					1
					1
					1
					ĺ
					ĺ
					1
Total additions for	Leasehold Improvemen	\$ -		\$ -	*
Deletions:					
					1
					1
					l
Total deletions for	Leasehold Improvemen	\$ -		\$ -	**

^{*}Ties to Page 24, Line C3

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

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

Mozaic Senior Life Depreciation Schedule 9/30/23

						2022	2023	2023	
Asset ID	Asset Class ID	Asset Description	Place in Service Date	Orig Life Years / Days	Cost Basis	Accum Dep.	Depreciation	Accum Dep.	NBV
BUILDING IM	IPROVEMENTS			,					
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 condersor coil & drier on Rtu10	3/22/2022	10-000	9,550	478	955	1,433	8,117
001274 001281	BLDG	Turf courtyard project	3/2/2022	05-000	38,000	3,800	7,600	11,400	26,600
001281	BLDG BLDG	Awning-Seasonal frame & full cover-AL Replace compressor-RTU#4	6/28/2022 7/26/2022	10-000 10-000	7,050 8,210	176 137	705 821	881 958	6,169 7,252
001282	BLDG	Replace compressor-RTU#8	7/28/2022	10-000	8,210 8,210	137	821 821	958 958	7,252
001283	BLDG	Replace tandem compressors	9/30/2022	10-000	21,859	157	2,186	2,186	19,673
001289	BLDG	Replace tandem compressors	9/30/2022	10-000	21,839	-	2,180	2,180	19,073
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 92,838,179	20,500,275	3,337,292	23,837,567	7,006 69,000,612
Non-Movable I Various	E quipment Various	Roll Forward from FY2020	Various	Various	1,299,965	977,612	131,587	1,109,199	190,766
Movable Equip	ment								
Various	Various	Roll Forward from FY2020	Various	Various	4,253,152	3,179,951	116,952	3,296,903	956,249
various	Various	Ron Follward Hom F 12020	various	Various	1,233,132	3,177,731	110,552	3,270,703	750,247
001253	COMP	I55-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 subscribtions	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 processo	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	Treadmillmedical- 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 & accesories	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

						2022	2023	2023	
Asset ID	Asset Class ID	Asset Description	Place in Service Date	Orig Life Years / Days	Cost Basis	Accum Dep.	Depreciation	Accum Dep.	NBV
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 syytem	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) 4,940,909	3,221,851	201,093	(34,679) 3,388,265	(21,564) 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) 260,693	(33,822)	7,842	(33,822) 255,718	4,975
					200,093	247,870	,	,	4,973
	TOTAL				99,339,746	24,947,614	3,677,814	28,590,749	70,748,997
	Financial Statement Immaterial Variance F/S vs C/R	,			99,339,746 - -	24,947,614 - -	3,677,814 - -	28,587,469 3,280	70,752,277 (3,280)
		Depreciation Expense Allocation Building & Building Improvement Non-movable Movable Total	A.022 70.4578% <u>CCNH</u> 2,351,383 92,713 147,211 2,591,307	A.022 29.5422% Other 985,909 38,874 61,724 1,086,507	- (Check Check Check			

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Nam	e of Facility			License No.		Report for Yea	ır Ended		Page	of
Jewi	sh Home for the Elderly of Fairfield Cour	nty, Inc.	d/b/a N	923	-C	9/30/2023			24	37
						Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
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.

- 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.

^{**} Specify which of the following bases were used:

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

Name of Facility License No		Report for Year En	ded		Page of
Jewish Home for the Elderly of Fairfie 923	3-C	9/30/2023			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		Yes		No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related business association to any person or organization a related party transaction.					
Description		Total			
Date Land Purchased		02/24/14			
2. Date Structure Completed		07/01/16			
3. If NOT Original Owner, Date of Purchas	se				
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				I	
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing	1 \				
a. Type of Financing (e.g., fixed, variab	le)	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 f. Principal balance outstanding as of 9/	20/2022	62,000,000			
	30/2023	48,014,067			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable	10)				
h. Date of Refinancing	10)				
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
Principal Outstanding on Note Paid-Communication	Off				
Part C - Arms-Length Leases for Real		mprovements Only	ı		
Name and Address of Lessor		perty Leased		Term of Lease	Annual Amount of Lease
TWANTE WITH THE TENEDON		perty Leasea	2 440 61 20450	101111 01 20000	Timeway Time will of Beast

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 Yea	r Ended				Page	of
Jewish Home for the Elderly of Fairfie 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 M&T Bank	Rate	(70/						
Address of Lender	2.38% - 2.	5/%]						
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								
4.77 (1)(
Fourth Mortgage Name of Lender	Rate \$							
ivame of Lender	Rate							
Address of Lender								
B. CHEFA Loan Information								
Original Loan Amount	\$							
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 ? Jewish Home for the Elderly of Fai 92.	No. 3-C	Report for Ye 9/30/2023	ar Ended				Page 27	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	totals Brought Forwa	rd: 1,490,394	1,490,394	(2,492)				
12. C. Movable Equipment								
Automotive Equipment		\$						
A. Item	Rate Amoun	t						
Lender								
Address of Lender								
2. Other (Specify)		\$						
A. Item	Rate Amoun	t						
Lender								
Address of Lender		_						
B. Item	Rate Amoun	_						
21.16.11	111110411							
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Inter	rest							
Expense (C1 + 2)		\$						
12. D. Other Interest Expense (Specify)		\$						
13 T. (1411)	C2 + 12D)	f 1.407.000	1 400 201	(2, (22)				
13. <i>Total All Interest Expense</i> (12B7 + 120	L3 + 12D)	\$ 1,487,902	1,490,394	(2,492)				
a. Insurance on Property (buildings o	nlv)	\$ 72,956	72,956					
b. Insurance on Automobiles	111y <i>)</i>	\$ 12,564	12,564					
c. Insurance other than Property (as s	necified above)	4 12,504	12,504					
Umbrella (Blanket Coverage)	r	\$ 315,977	315,977					
Fire and Extended Coverage		\$,-//					
3. Other (Specify)		\$ 24,518	34,555	(10,037)				
Crime, Fiduciary & Cyber / Ch	ild care insurance							
14d. Total Insurance Expenditures (14a +	b+c)	\$ 426,015	436,052	(10,037)				
15. Total All Expenditures (A-13 thru C-1		\$ 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.

			TB Linked						
<u>Page</u>	Line	Description	Unallocated Amt	Allocation Basis	Allocation Stat	Allocated Amt	% Disallowed	Disallowed Amt	
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%	-	See NOTE
16	L6	Education	1,501	Direct	100.0000%	1,501	78.57%	1,179	
16	m3	Marketing supplies	-	Accum cost	66.3373%	-	0.00%	-	See NOTE
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	
		Disallowance Summary	Amount						

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					
% to total	10.5766%					
Total benefits disallowed	34,526	Linked	d to the above	e		

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
		То	tal Medicaid days per Temporary Census	178	D.03
			Total Davis now the 2022 Annual Report	104 917	D 00
			Total Days per the 2022 Annual Report Percentage of Unallowable Days	104,817 0.17%	
			rerectinge of Shahowasie Bays	0.1770	
			Total Expenses for Cost Year 2021	46,574,194	
		Total Disallow	vances Prior to Temp Days Disallowance	3,641,303	
		Total	Allowable Expenses for Cost Year 2022	42,932,891	
			Total Unallowable Expenses	72,910	
Page #	Cost Center	Disallowance			
10	Salary		Total Pg 10 Disallowances		
10	S j	1,000,012	10 m2 1 g 10 2 10 m10 w m10 10		
		24,520,107	Total Salary Expenses on Pg 10		
			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		
		1 001 222	T.4.1 D f 1 F F	. 12	
			Total Professional Fees Expenses on page Total Pg 13 Disallowances	e 13	
			Net Allowable Expenses		
			Temp Bed Days Disallowance		
		,	1		
15	Emp Benefits	129,994	Total Pg 15 Benefits Disallowances		
		5 701 004	Total Emp Benefits Expenses on page 15		
			Total Pg 15 Benefits Disallowances		
			Net Allowable Expenses		
			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		
		(1,000,759)	Total Pg 15/16 A&G Disallowances		
			Net Allowable Expenses		
		4,983	Temp Bed Days Disallowance		
18	Dietary	103,055	Total Pg 18 Disallowances		
		2 640 740	Total Dietary Expenses on Pg 18		
		2,070,749	Total Dictary Expenses on 1 g 16		

(103,055) Total Pg 18 Disallowances

		2,537,694	Net Allowable Expenses
			Temp Bed Days Disallowance
19	Laundry		Total Laundry Expenses on Pg 19
		216	Temp Bed Days Disallowance
20	Housekeeping	108 172	Total Housekeeping Expenses on Pg 20
20	Housekeeping		Temp Bed Days Disallowance
		101	Temp 200 2 dys 2 isams manos
20	Resident Care Exp	669,157	Total Pg 20 Resident Expense Disallowances
		1 (1 1 20 (T. 1D. 11 . G. D. D. 20
			Total Resident Care Expenses on Pg 20
	_		Total Pg 20 Resident Expense Disallowances Net Allowable Expenses
			Temp Bed Days Disallowance
		1,001	Temp Bea Bays Bisano wance
22	Maint & Operating Exp	1,469,845	Total Maint & Oper Expenses on Pg 22
	·	2,458	Temp Bed Days Disallowance
		22.552	T . I D . 00 D . II
22	Amortization	32,552	Total Pg 22 Disallowances
		32 552	Total Amortization Expenses on Pg 22
			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
			Total Pg 22 Disallowances
	-		Net Allowable Expenses
			Temp Bed Days Disallowance
22	Property Exp		Total Property Expenses on Pg 22
		59	Temp Bed Days Disallowance
26/27	Interest Expense	-	Total Pg 27 Disallowances
	•		
			Total Interest Expense on Pg 26 &27
	-		Total Pg 27 Disallowances
			Net Allowable Expenses
		2,492	Temp Bed Days Disallowance
27	Insurance Expense	9.323	Pg 27 Disallowances
	*		
			Total Insurance Exp on Pg 27
	_		Pg 27 Disallowances
			Net Allowable Expenses
		714	Temp Bed Days Disallowance
Tota	al Temp Bed Days Disallowance	72,910	
	Total Net Allowable Expenses	43,601,996	
m		(2.050.240	
Total Di	isallowances prior to Temp Bed	(3,050,244)	
	Total Disallowances Per CR Variance	(3,123,154) 72,910	Спеск
Tota	al Temp Bed Days Disallowance	72,910	
1000		-	- Check

Annual Report of Long-Term Care Facility

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F. Statement of Revenue

Name of Facility License No.	VCII	Report for Y	ear Ended		Page of
Jewish Home for the Elderly of Fairfield (923-C			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 **	\$	0,000	0,000		
3. a. Physical Therapy - Medicare	\$	287,320	287,320		
b. Physical Therapy - Medicare Contractual Allowance **	\$	207,520	207,520		
c. Physical Therapy - Non-Medicare	\$	(290,780)	(290,780)		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(270,700)	(270,700)		
4. a. Speech Therapy - Medicare	\$	60,191	60,191		
b. Speech Therapy - Medicare Contractual Allowance **	\$	00,171	00,171		
c. Speech Therapy - Non-Medicare	\$	72,951	72,951		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	72,731	72,731		
5. a. Occupational Therapy - Medicare	\$	156,821	156,821		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	130,021	130,021		
c. Occupational Therapy - Non-Medicare	\$	204,526	204,526		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	204,320	204,320		
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.)	\$				
IV. Other Revenue*	Ψ	48,208,869	48,208,869		
	Ф				
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		1

^{*} 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 Oth	er 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	er Resident Revenue	\$ 6,997	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
			_		
Total Inter	rest 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 - Café (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 Oth	er Revenue	\$ 4,225,059	\$ -	\$ -

G. Balance Sheet

Name of	f Facility	License No.	Report for Year Ended	Page	of
Jewish I	Home for the Elderly of Fairfie	el 923-C	9/30/2023	31	37
		Account		A	Amount
Assets					
A. Cu	arrent Assets				
1.	Cash (on hand and in banks)			\$	5,148,130
2.	Resident Accounts Receivab	le (Less Allowance for	· Bad Debts)	\$	6,232,924
3.	Other Accounts Receivable (Excluding Owners or 1	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 R	eceivable		\$	
8.	Other Current Assets (itemize	e)		\$	607,030
	Agency assets - residents' trust	funds	170,286		,
	Current portion of contribution	s receivable, ne	305,786		
	Due from GPG See Schedule		735 130,223	_	
Λ_0 Τ	otal Current Assets (Lines A1	thru 8)	130,223	\$	12,174,629
	xed Assets	unu o)		Ψ	12,174,027
	Land			\$	5,000,000
	Land Improvements	*Historical Cost		\$	3,000,000
۷.	Land improvements		n Net	Φ	
2	Buildings	Accum. Depreciation *Historical Cost	92,838,179	\$	69,000,612
3.	Buildings			\$	09,000,012
1	I as ash ald Immusyamanta	Accum. Depreciation *Historical Cost	1 23,037,307 Net	\$	
4.	Leasehold Improvements		n Net	\$	
	Nan Massilla Eminana	Accum. Depreciation *Historical Cost		6	100.766
5.	Non-Movable Equipment		1,299,965	\$	190,766
	M 11 E '	Accum. Depreciation		¢.	1.552.644
6.	Movable Equipment	*Historical Cost	4,907,087	\$	1,552,644
		Accum. Depreciation		Φ.	4.075
7.	Motor Vehicles	*Historical Cost	294,515	\$	4,975
		Accum. Depreciation	n 289,540 Net		
8.	Minor Equipment-Not Depre	eciable		\$	
9.	Other Fixed Assets (itemize)			\$	40,399
	FS vs CR NBV		3,280	Ť	,- > >
	See Schedule		37,119		
B-10.	Total Fixed Assets (Lines B	1 thru 9)	~ · · · · · ·	\$	75,789,396

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

age Ref	Line Ref	Description		
otal Prep	aid Expens	es	\$	-
chedule o	f Other Cu	rrent Assets (itemized) Page 31 Line A8		
age Ref	Line Ref	Description		
	A8	Due from TJH Senior Living	\$	(1,2
	A8	Due from gift shop		
31	A8	457B Pension plan		131,3
-4-1-0-2		A	0	120.2
car Othe	r Current	Assets (Itemize)	\$	130,2
shadula a	f Other Fix	ted Assets (Itemize) Page 31 Line B9		
.neuuie o	other FD	red Assets (Itemize) Lage 31 Line B7		
age Ref		Description learning in the second se		27.1
31	B9	Construction in progress	\$	37,1
otal Othe	r Other Fi	ked Assets (Itemize)	\$	37,1
otai Otiic	other Fr	red Assets (remize)	Ψ	37,1
chedule o	f Other As	sets Page 32 Line D7		
age Ref	Line Ref	Description		
	D7	Interest rate swap	\$	837,2
otal Othe	er Assets		\$	837,2
chedule o age Ref		able (Itemize) Page 33 Line A2 Description		
otal Note	s Payable		\$	
	,		-	
chedule o	f Other Cu	rrent Liabilities (Itemize) Page 33 Line A12		
		Description		
	A12	Employee giving fund	\$	46,0
	A12 A12	Deferred revenue Deferred revenue		950,7 154,5
	A12	Deferred revenue		30,6
	A12	Deferred revenue		73,5
	A12	Deferred revenue		8,8
	A 12	Deposits - Assisted living		298,8
33		2 11 22 1 22 1		
33 33	A12	Resident Bank - Equity Liabilities (Itemize)	\$	170,2

Paga Paf	Line Dof	Description		
		Gift annuity liability	\$	137,799
		•		
Total Othe	r Current l	jahilities (Itemize)	2	137 799

G. Balance Sheet (cont'd)

Nam	Name of Facility		License No. Report for Year Ended			Page		of
Jewi	Jewish Home for the Elderly of Fairfield		923-C 9/30/2023			32		37
			Account			Ar	nount	
				Total Brought Forward	:\$		87,96	4,025
C.	Le	asehold or like property recorde	ed for Equity Purpose	S.				
	1.	Land			\$			
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	7.	Minor Equipment-Not Deprec	eiable		\$			
C-8	To	otal Leasehold or Like Properti	es (C1 thru 7)		\$			
D.	Inv	vestment and Other Assets						
	1.	Deferred Deposits			\$			
	2.	Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	4.	Goodwill (Purchased Only)			\$			
	5.	Investments Related to Reside	ent Care (itemize)		\$		12,83	7,117
		Morgan Stanley		11,703,960				
		Merrill Lynch		1,133,157				
	6.	Loans to Owners or Related P	arties (itemize)		\$			
		Name and Address	Amount	Loan Date				
-	7	Other Assets (itemize)			\$		2.06	52,923
	/٠	Contributions receivable, n	et	845,721	ψ		2,00	,743
		Intangible asset	Ci	380,000				
		See Schedule		837,202				
D-8	To	etal Investments and Other Ass	ots (Lines D1 thru 7)	031,202	\$		14 00	0,040
		otal All Assets (Lines A9 + B10			\$		102,86	
D-7. 10 m ли ложе (Lilles A7 + D10 + C0 + D0)				Ψ		102,00	7,002	

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

G. Balance Sheet (cont'd)

Name of Facility			License No.	Report for Year En	ided		Page	of
Jewish Home for the Elderly of Fairfield Cou			923-C	9/30/2023			33	37
		1	Account				Amo	unt
Liabilities								
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable				\$		1,131,668
	2.	Notes Payable (itemize)				\$		
		See Schedule						
	3.	Loans Payable for Equipme	ent (Current portion) ((itemize)		\$		
		Name of Lender	Purpose	Amount	Date Due	Ψ		
			1					
			1.0			Φ.		
	4.	Accrued Payroll (Exclusive		• •		\$		703,126
	5.	Accrued Payroll (Owners a		ly)		\$		47.050
	6.	Accrued Payroll Taxes Pay				\$		47,250
	7.	Medicare Final Settlement	•			\$ \$		
	8.9.	Medicare Current Financin				<u>\$</u>		2 446 667
		Mortgage Payable (<i>Current</i> Interest Payable (<i>Exclusive</i>		utad Danties		\$		2,446,667
		Accrued Income Taxes*	oj Owner ana/or Keia	nea r arnes)		\$		
		Other Current Liabilities (it	tomizo)			\$		4,242,039
	14.	Accrued expenses		Paid family leave	4,286	Ψ		1,2 12,037
		Accrued vacation	*	Health savings account	4,543			
		457B Pension plan		Voluntary choice care wi	49,625			
		Hospice pass thru		See Schedule	1,733,440			
A-13.	To	tal Current Liabilities (Line				\$		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)

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G. Balance Sheet (cont'd)

Name of Facility	•				of
Jewish Home for the Elderly of Fairfield Cou	Elderly of Fairfield Cov 923-C 9/30/2023			34	37
A	Account			An	nount
		Total Broug	ght Forward:		8,570,750
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable			\$		45,567,500
3. Loans from Owners or Rela	ted Parties (itemize)		\$		
Name and Address of Lender	Amount	Loan D	ate		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
4. Other Long-Term Liabilities	(itamiza)		\$		4,711,512
	s (tiemtze)	267.027	\$		4,/11,312
Prepaid pension expense Deferred bond cost		367,927 (656,850)			
	haina at Uama				
Deferred revenue - Senior C See Schedule	morce at Home	4,862,636			
	in as D1 then 4)	137,799	6		50 270 012
B-5. <i>Total Long-Term Liabilities</i> (Lones A-1)	2 ± D 5)		\$		50,279,012
C. Ioun An Liabililes (Lines A-1	3 T B-3)		\$		58,849,762

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

		Report for Y	ear Ended	Pag	
Jew	ž l	0/30/2023		35	37
A.	Account Reserves			Amount	
A.					
	Reserve for value of leased land			\$	
	2. Reserve for depreciation value of leased buildings a	nd appurten	ances		
	to be amortized			\$	
	3. Reserve for depreciation value of leased personal pr	operty (Equ	ity)	\$	
	4. Reserve for leasehold real properties on which fair r	ental value	s 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

Annual Report of Long-Term Care Facility

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H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	Ended	Page	of
Jewi	sh Home for the Elderly of Fairfield	923-C	9/30/2023		36	37
		Account			A	mount
A.	Balance at End of Prior Period as s	hown on Report of 0	9/30/2022	9)	44,459,365
B.	Total Revenue (From Statement of	Revenue Page 30)		\$)	52,433,928
C.	Total Expenditures (From Stateme	nt of Expenditures Po	age 27)	\$	ò	52,878,993
D.	Net Income or Deficit			9		(445,065)
E.	Balance			\$	5	44,014,300
F.	Additions					
	1. Additional Capital Contributed					
	Total expenses per page 27					
	Net loss on nonreimb. Prog					
	Total expenses per FS	\$52,878,99	3			
	*Includes net activity (reve	enues & expenses)				
	2. Other (<i>itemize</i>)					
	Immaterial variance		3			
Г. 2	T . 1 A 11'.'			đ	<u> </u>	2
F-3. G.	Total Additions Deductions			\$)	3
G.		/Doute and (Crossify)		9	1	
	1. Drawings of Owners/Operators		Title		•	
	Name and Address (No., City,	State, Zip)	11116	Amount		
	2 04 W/41 ' (6 :6)			d	,	
	2. Other Withdrawings (Specify)		.	\$	5	
	Purpose		Amo	unt		
	3. Total Deductions			9		
Н.	Balance at End of Period	09/30/23	3	\$	<u> </u>	44,014,303

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield	923-C	9/30/2023	37	37
	Check appropriate category			
Chronic and Convalescent Nursing ☐ Home (CCNH) & RHNS ☐ (Specify) ☐ (Specify)				
	reparer/Reviewer Certifica	tion		
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.				
Signature of Preparer	Title	Date Signed		
Matthew S Bavolack	Principal	02/02/2024	02/02/2024	
Printed Name of Preparer				
Matthew S. Bavolack Addres Address Phone Number				
555 Long Wharf Drive, 8th Floor, New Haven, CT 06511 203-781-9600				
Contacted Person Regarding Additional Inform	Contacted Person Regarding Additional Information Needed Regarding This Report			
Roger F. Sliby 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 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:** No Yes 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:** 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 V Explanation:	5. Do accounting and legal fees reported on Page 15b agree with Page 15, Lines 1d and 1e, respectively?
Yes No ✓ Explanation:	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?
Yes No ✓ □ Explanation:	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?
Yes No V Explanation:	8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No ✓ ☐ Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No ✓ ☐ Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Yes No V Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No ✓ □ Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No V Explanation:	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?
Yes No V Explanation:	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?
Yes No V Explanation:	15. Has asset useful life been reported in accordance with the 2018 edition of the American Hospital Association guidelines?
Yes No V Explanation:	16. Have all assets been categorized between movable and fixed in accordance with the 2018 edition of the American Hospital Association guidelines?

Yes No	17. Have all contractual allowances been properly reported on Page 30?
•	
Yes No / Explanation:	18. Were all discrepancies on the Error Page addressed?
Yes No V Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No ✓ Explanation:	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.)? <i>If detail is not provided, appropriate disallowances will be made.</i>
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

ADJ 1st PP-FINAL JE Ref# R.JE **FINAL** Account Description 9/30/2023 9/30/2023 9/30/2022 People's Bank-Operating 2,439,034.00 2,439,034.00 6,404,900.00 1003 Checking Clearing Account 1006 5,411.00 5,411.00 6,095.00 PEOPLE'S BANK - PAYROLL CASH-SENIOR CHOICE AT HOME 1016 3,130.00 3,130.00 3,363.00 1018 1,812,063.00 1,812,063.00 1,352,788.00 1020 PETTY CASH JHE 600.00 600.00 600.00 Petty Cash - ADHC 1022 200.00 200.00 200.00 PETTY CASH DINING SERVICES 1,500.00 1,500.00 1025 500.00 1026 PETTY CASH-FITNESS 300.00 300.00 0.00 RESIDENT BANK - CHECKING 1030 169,550.00 169,550.00 176,579.00 **RESIDENT BANK - CASH ON HAND** 894.00 1035 736.00 736.00 PEOPLE'S BANK - FOUNDATION 884,892.00 423,569.00 1044 884,892.00 1,000.00 1,000.00 1046 PEOPLE'S BANK - FOUNDATION - CREDIT CARDS 3,646.00 MORGAN STANLEY - UNRESTRICTED MORGAN STANLEY - ENDOWMENT MORGAN STANLEY - TEMPORARILY RESTRICTED 1101 855,417.00 855,417.00 630,283.00 1103 9,644,907.00 9,644,907.00 9,524,505.00 1104 1.203.636.00 1.203.636.00 357.347.00 MERRILL LYNCH - HW 1123 1,133,157.00 1,133,157.00 1,031,040.00 ISRAEL BONDS 0.00 0.00 100.000.00 1131 A/R - PRIVATE 474.482.00 474.482.00 820 519 00 1210 A/R - Private Pending Medicaid 346,150.00 346,150.00 367,976.00 1212 A/R - MEDICAID 1,934,881.00 1,934,881.00 1,705,958.00 1220 A/R MEDICARE Fee for Service 709,224.00 1230 709,224.00 436,493.00 A/R MEDICARE PT B 47,644.00 1235 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 A/R COMMERCIAL COINSURANCE 1255 4.696.00 4.696.00 10.695.00 A/R MEDICARE EVERCARE 1260 63,140.00 63,140.00 103.057.00 A/R MEDICARE MANAGED 391,607.00 405,846.00 1265 405,846.00 ALLOWANCE FOR DOUBTFUL ACCOUNT 1270 (378.593.00)(378.593.00)(655, 235, 00) A/R-Assisted Living Private 45.083.00 45.083.00 29.675.00 1280 A/R - ADHC - GRASMERE - VETERANS ADMINISTRATION 1320 1,174.00 1,174.00 2,842.00 A/R - ADHC - GRASMERE - PRIVATE PAY 1350 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 (214,838.00) Reclass portion of pledges receivable (305,786.00)1373 PLEDGES RECEIVABLE - ENDOWMENT 21.000.00 21 000 00 23 000 00 PLEDGES RECEIVABLE - ENDOWMENT
PLEDGES RECEIVABLE - SPECIAL
PLEDGES RECEIVABLE DISCOUNT - ENDOWMENT 1374 4.617.00 4.617.00 13,202.00 (4,460.00)1375 (4.460.00)(5.540.00)ANNUAL CAMPAIGN RECEIVABLE 6,750.00 6,750.00 8,072.00 1381 CONTRIBUTIONS RECEIVABLE 1383 268,090.00 268,090.00 268,090.00 CONTRIBUTIONS RECEIVABLE ALLOWANCE 1383-BSC (142 894 00) PLEDGES RECEIVABLE - VISION 2031 1,069,675.00 1,069,675.00 710,256.00 1384 PLEDGES DISCOUNT/ALLOWANCE 1385 143,805.00 1405 HOME TOGETHER A/R 143,805.00 137.262.00 A/R - FRIEDMAN HOME CARE 1410 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 MHC & HOSPICE-ALLOWANCE FOR DOUBTFUL ACCOUNTS 1414 (102,700.00)(102,700.00)(13,076.00)FHC - ALLOWANCE FOR DOUBTFUL ACCT (71 694 00 1415 (76 132 00) (76 132 00) ENTRANCE FEE RECEIVABLE-SCAH 40,556.00 40,556.00 141,020.00 1420 A/R - CONGREGATE MEALS 1435 2,039.00 2,039.00 1,944.00 PREPAID EXPENSE - AGREEMENTS 29,369.00 1445 29,875.00 29,875.00 1450 DUE FROM GPG 735.00 735.00 1,055.00 1460 DUE FROM MEN'S CLUB 0.00 0.00 1,791.00 DUE FROM TJH SENIOR LIVING 746,000.00 1462 (1,232.00)(1,232.00)1464 DUE FROM AUXILIARY 0.00 0.00 6,349.00 1466 DUE FROM GIFT SHOP 64.00 64.00 3,408.00 FOOD INVENTORY 1510 84.397.00 84.397.00 88.619.00 MED SURG INVENTORY 1520 31.717.00 31.717.00 43.013.00 5.000.000.00 5.000.000.00 5.000.000.00 1610 LAND BUILDING 92.838.179.00 92.566.507.00 1620 92.838.179.00 **FURNITURE & EQUIPMENT** 4,451,483.00 4,451,483.00 4,186,132.00 1630 COMPUTERS AND SOFTWARE 1635 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) ACCUM.DEP-FURNITURE & EQUIPMEN 1730 (2,926,103.00)(2.926.103.00) (2,731,936.00) ACCUM.DEP-COMPUTERS & SOFTWARE ACCUM.DEP-AUTOMOBILES 1735 (1,448,088.00)(1,448,088.00)(1,355,683.00) (375,711.00) (375,711.00) 1745 (359.720.00)PREPAID PENSION EXPENSE (759,431,00) 1800 (367 927 00) (367 927 00) 457B PENSION PLAN 131,391,00 131,391.00 1825 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 (1,109,642.00) 2105 ACCOUNTS PAYABLE (1,131,668.00)(1,131,668.00) ACCRUED EXPENSES (782.413.00) (782,413,00) (973.880.00)

Account	Description	ADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
		9/30/2023			9/30/2023	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 2200	FICA PAYABLE HOSPICE PASS THRU	(47,250.00) (283,894.00)			(47,250.00)	(41,418.00)
2201	Hospice- Contracted Services Pass Thru	(203,094.00)			(283,894.00) 0.00	(191,782.00) (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 2305	DEFERRED EXPENSES DEFERRED REVENUE - STIMULUS	0.00 (950,700.00)			0.00 (950,700.00)	(159,049.00) (1,100,700.00)
2310	DEFERRED REVENUE - RECEIVABLES	(154,516.00)			(154,516.00)	(1,100,700.00)
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)		(116,000.00)	(4,862,636.00)	(4,486,777.00)
2025	DEFENDED DEVENUE OF MODE OF ORDER OF THE COORDINATE	(0.055.00)	RJE - 1002	(116,000.00)	(0.055.00)	(0.000.00)
2335 2337	DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living	(8,855.00) (298,852.00)			(8,855.00) (298,852.00)	(3,220.00) (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)	
2450	BOND LIABILITY - L/T	(45,567,500.00)			(45,567,500.00)	
2500	Swap Liability	837,202.00			837,202.00	(35,302.00)
3010 3013	FUND BALANCE NET ASSETS - ENDOWMENT-PERM RESTRICTED	(31,293,775.00) (11,117,101.00)				(32,158,068.00) (11,007,594.00)
3014	NET ASSETS - TEMP RESRTICTED	(2,048,491.00)				(1,182,821.00)
4100-1000	Long term care-Room and Board-Private	(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 4140-1000	Long term care-OT (in patient)-Private Long term care-ST (in patient)-Private	(4,205.00) (6,207.00)			(4,205.00) (6,207.00)	(10,156.00) 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)
	CARES Medicare Monies	(840,000.00)			(840,000.00)	0.00
4201-1000 4201-2040	Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A	(91,853.00) 2,033,701.00			(91,853.00) 2,033,701.00	(97,146.00) 1,814,121.00
4201-2040	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 Long term care-ST (in patient) Allow-Medicare A	(127,285.00)			(127,285.00)	(106,901.00)
4241-1000 4250-1000	Long term care-X-RAY-Medicare A	132,771.00 (39,001.00)			132,771.00 (39,001.00)	110,534.00 (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 Allow Medicare A	(135,654.00)			(135,654.00)	(88,080.00)
4281-1000 4320-1000	Long term care-Laboratory Allow-Medicare A Long term care-PT (in patient)-Medicare B	135,654.00 24,626.00			135,654.00 24,626.00	88,080.00 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 4340-5220	Inpatient Therapy-OT-(inpatient) Allow-Medicare B Inpatient Therapy-ST (in patient)-Medicare B	31,433.00 (67,665.00)			31,433.00 (67,665.00)	21,090.00 (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)				(43,047,094.00)
4400-2040	Post-acute/Rehab-Room and Board-Medicaid	(866,176.00)			(866,176.00)	(378,944.00)
4401-1000 4401-2040	Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid	20,604,043.00 544,856.00			20,604,043.00 544,856.00	18,627,459.00 231,609.00
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 4461-1000	Long term care-Medical/Surgical-Medicaid Long term care-Medical/Surgical Allow-Medicaid	0.00 0.00			0.00 0.00	(142.00) 143.00
4470-1000	Long term care-Pharmacy-Medicaid	(6,897.00)			(6,897.00)	(2,939.00)
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Account	Description	ADJ	JE Ref # RJE	FINAL	1st PP-FINAL
Account	2000 Ipilon	9/30/2023	oz nor ii noz	9/30/2023	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 4501-1000	Post-acute/Rehab-Room & Board-Mdcare Mgd Care Long term care-Room & Board Allow-Mdcare Mgd Care	(41,220.00) 836,274.00		(41,220.00) 836,274.00	(2,858,724.00) 780,636.00
4501-1000	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 4561-1000	Long term care-Medical/Surgical-Medicare Mgd Care	0.00		0.00	(207.00)
4570-1000	Long term care-Med/Surg Allow-Medicare Mgd Care Long term care-Pharmacy-Medicare Managed Care	0.00 0.00		0.00 0.00	207.00 (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 4601-2040	Long term care-Room & Board Allow-Commercial Post-acute/Rehab-Room & Board Allow-Commercial	228,334.00 93,937.00		228,334.00 93,937.00	187,721.00 258,929.00
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 4650-1000	Inpatient Therapy-ST (in patient) Allow-Commercial Long term care-X-RAY-Commercial	784.00 (2,918.00)		784.00 (2,918.00)	31,183.00 (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 4700-1000	Long term care-Laboratory Allow-Commercial	5,130.00		5,130.00	13,200.00
4700-1000	Long term care-Room and Board-Evercare Long term care-Room & Board Allow-Evercare	(57,060.00) 16,695.00		(57,060.00) 16,695.00	(453,942.00) 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 4731-1000	Inpatient Therapy-OT(inpatient)-Evercare B Long term care-OT (in patient) Allow-Evercare	(57,081.00) 263.00		(57,081.00) 263.00	(62,879.00) 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 4761-1000	Long term care-Medical/Surgical-Evercare Long term care-Medical/Surgical Allow-Evercare	0.00 0.00		0.00 0.00	(760.00) 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 4803-2520	Assisted Living-Levels of Care Assisted Living/Memory Care-Levels of Care	(130,058.00) (7,256.00)		(130,058.00) (7,256.00)	(118,624.00) (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 5000-5070	Friedman Homecare-Stamford-Revenue Home Together - Revenue	(494,753.00) (1,563,707.00)		(494,753.00) (1,563,707.00)	0.00 (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 50011.00	Fitness Center - Revenue - Dues VP OF OPERATIONS/BUSINESS	(630,164.00) 0.00	313,559.00	(630,164.00) 313,559.00	(487,076.00) 274,289.00
			RJE - 1003 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 5003-5155	Fitness Center - Revenue - Personal Trainer Hospice Revenue	(73,054.00) (1,192,843.00)		(73,054.00)	(44,937.00) (1,480,916.00)
3003-3133	Hospice Nevelue	(1,182,043.00)		(1,192,843.00)	(1,400,310.00)

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 5100-5015	Outpatient Therapy-Speech Therapy ADHC-Grasmere-Private Pay Revenue	(4,587.00) (386,004.00)			(4,587.00) (386,004.00)	(342.00) (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 5155-5015	ADHC-Grasmere-Veterans Admin Revenue ADHC-Grasmere-TOF Grant Revenue	(25,643.00) (36,471.00)			(25,643.00) (36,471.00)	(36,814.00) (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 5325-6000	Senior Choice at Home - Care Coordination Revenue Other Operating-OH Allocation	(13,685.00) (15,245.00)			(13,685.00) (15,245.00)	(24,150.00) 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 5535-6000	Other Operating - Community Events Other Operating-Vending Machine	(23,655.00) (334.00)			(23,655.00) (334.00)	(42,986.00) (273.00)
5540-6000	Other Operating-Vending Machine 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 5603-7710	Non-Operating-Investment Income - Unrestricted Non-Operating-Investment Income - Restricted	(34,056.00) (128,209.00)			(34,056.00) (128,209.00)	(27,217.00) (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 5624-7710	Non-Operating-Realized Gain/Loss-Endowment Non-Operating-Realized Gain/Loss-Temporarily Restr	(6,694.00) (56,720.00)			(6,694.00) (56,720.00)	75,373.00 (54,885.00)
5630-6000	Other Operating-Miscellanenous 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 Non-Operating-Unrealized Gain/Loss-Change in Swap	(746,476.00)			(746,476.00)	1,807,188.00
5651-7710 5655-7710	Non-Operating Gain/Loss-Distribution to TJH	(872,505.00) 4,000,372.00			(872,505.00) 4,000,372.00	(75,987.00) 0.00
6010-7010	Administration-Salary - Director	1,865,293.00		(1,361,485.00)	503,808.00	488,360.00
00.0.0.0	rammendady Sheeter	1,000,200.00	RJE - 1003	(1,361,485.00)	000,000.00	.00,000.00
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	D.IE 4000	254,254.00	254,254.00	242,697.00
6020-2100	Post-Acute/Rehab-Salary - Director	200,662.00	RJE - 1003	254,254.00	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 Marketing-Director	233,754.00			233,754.00 (63,152.00)	219,141.00
6020-7100 6020-7250	Finance-Salary - Director	(63,152.00) 227,138.00			227,138.00	0.00 221,134.00
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 6025-1190	Fitness Center - Salary - Director 1f-FTO Accrual	91,042.00			91,042.00	88,599.00 7,441.00
6025-1190	2-FTO Accrual	(2,555.00) (23,166.00)			(2,555.00) (23,166.00)	7,441.00 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 ADHC-Grasmere-FTO Accrual	(11,890.00)			(11,890.00)	13,919.00
6025-5015 6025-5025	Child Care Center-FTO Accrual	(1,231.00) 752.00			(1,231.00) 752.00	5,230.00 1,283.00
6025-5030	Senior Choice at Home-FTO Accrual	(998.00)			(998.00)	8,678.00
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Account	Description	ADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
Account	Description	9/30/2023	OL IXOI #	NOL.	9/30/2023	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 6025-5160	Hospice-FTO Accrual Friedman Med Homecare-Stamford-FTO Accrual	(362.00) 2,763.00			(362.00) 2,763.00	(768.00) 0.00
6025-5220	Inpatient Therapy-FTO Accrual	(1,892.00)		1,892.00	0.00	0.00
0020 0220	mpanon morapy i i o ricorda.	(1,002.00)	RJE - 1003	1,892.00	0.00	0.00
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 6025-7050	Administrative Services-FTO Accrual Admissions-FTO Accrual	(9,140.00) (1,047.00)			(9,140.00) (1,047.00)	3,291.00 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 6025-7225	Education-FTO Accrual Environmental Services-FTO Accrual	(4,009.00) (6,596.00)			(4,009.00) (6,596.00)	8,028.00 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 6025-7425	Pastoral Services-FTO Accrual Physical Plant-FTO Accrual	(2,835.00) (3,444.00)			(2,835.00) (3,444.00)	1,259.00 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 6040-3000	Assisted Living - Salary - Salaried Staff Foundation-Salary - Salaried Staff	175,511.00 294,290.00			175,511.00 294,290.00	119,234.00 361,873.00
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 6040-5125	Elder Abuse Prevention-Salary - Salaried Staff Institute on Aging-Salary - Salaried Staff	1,448.00 80,238.00			1,448.00 80,238.00	1,410.00 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 6040-7100	Admissions-Salary - Salaried Staff Marketing-Salary - Salaried Staff	82,025.00 217,448.00		(33,098.00)	82,025.00 184,350.00	82,123.00 0.00
0040-7 100	Wal Keting-Balary - Balaried Staff	217,440.00	RJE - 1003	(33,098.00)	104,000.00	0.00
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 6050-5015	Assisted Living-Salary - Hourly Staff ADHC-Grasmere-Salary - Hourly Staff	2,144.00 278,213.00			2,144.00 278,213.00	1,240.00 190,726.00
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 6050-5150	Institute on Aging-Salary - Hourly Staff Medical Home Care-Salary - Hourly Staff	2,211.00 233,797.00			2,211.00 233,797.00	4,613.00
6050-5155	Hospice-Salary-Hourly	8,851.00			8,851.00	178,872.00 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 6050-7080	Admissions-Hourly Staff Clinic- Salary - Hourly Staff	67,235.00 149,605.00			67,235.00 149,605.00	65,900.00 114,861.00
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 6050-7300	Health Information-Salary - Hourly Staff	52,826.00			52,826.00	50,975.00
6050-7325	Information Technology-Salary - Hourly Staff Laundry-Salary - Hourly Staff	90,838.00 294,290.00			90,838.00 294,290.00	89,702.00 305,229.00
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 6070-7150	Fitness Center - Salary - Hourly Dining Services -Salary - Cooks	390,767.00 418,595.00			390,767.00 418,595.00	428,815.00 398,379.00
6080-7150	Dining Services -Salary - Cooks 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
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Account	Description	ADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
Account	Description		JE Rei #	NJE		
0400 4400	Af Colonia Conicl Manten	9/30/2023			9/30/2023	9/30/2022
6120-1190 6120-1201	1f-Salary - Social Worker 2 - Salary - Social Worker	14,791.00 63,668.00			14,791.00 63,668.00	37,151.00 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 28,795.00
6120-5150 6120-5155	Medical Home Care-Salary - Social Worker Hospice-Salary-Social Worker	7,434.00 67,931.00			7,434.00 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 6140-5150	Friedman Homecare-Stamford-Salary-Caregivers Medical Home Care-Salary - Caregivers	348,673.00 17.00			348,673.00 17.00	0.00 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 6160-5150	Institute on Aging-Salary - Coordinator Medical Home Care-Salary - Coordinator	26.00 127,012.00			26.00 127,012.00	28.00 126,899.00
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 6170-2510	Post-Acute/Rehab - Salary - RN/Clinical Leader Assisted Living - Salary - Clinical Nurse Leader	515,926.00 193,874.00			515,926.00 193,874.00	513,224.00 219,258.00
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 6175-1300	2 - Salary - Assistant Guide	61,427.00			61,427.00	99,501.00
6175-1400	3 - Salary -Assistant Guide 4 - Salary - Assistant Guide	102,224.00 100,608.00			102,224.00 100,608.00	86,774.00 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 6180-2510	Post-Acute/Rehab-Salary - LPN Assisted Living - Salary - LPN	289,677.00 91,539.00			289,677.00 91,539.00	252,982.00 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 6190-1300	2 - Salary - CNA 3 - Salary - CNA	1,971,735.00 1,860,547.00			1,971,735.00 1,860,547.00	1,823,961.00 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 6200-1300	1f-Neighborhood Associate 3-Salary - Neighborhood Assocaite	8,604.00 16,975.00			8,604.00 16,975.00	0.00 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 Clinical Support Svcs-Salary - Nursing - Hourly	543,276.00			543,276.00	516,632.00
6230-7075 6240-5150	Medical Home Care-Salary - Nursing - Hourly	382,608.00 472,708.00			382,608.00 472,708.00	525,933.00 377,855.00
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		(813.00)	877,202.00	754,171.00
CO40 FOOF	Outration to Theorem Colonia Francisco	424 504 00	RJE - 1003	(813.00)	404 504 00	404 000 00
6240-5225 6245-5150	Outpatient Therapy-Salary Expense - PT Medical Home Care-Salary Expense-OT	131,504.00 155,728.00			131,504.00 155,728.00	161,083.00 165,984.00
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		(663.00)	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 6250-5160	Medical Home Care-Salary Expense - ST Friedman Med Homecare-Stamford - Salary - ST	36,756.00 1,669.00			36,756.00 1,669.00	18,285.00
6250-5220	Inpatient Therapy-Salary Expense - ST	230,053.00		(213.00)	229,840.00	0.00 211,389.00
3230 0220		200,000.00	RJE - 1003	(213.00)	,0-10.00	2,000.00
6250-5225	Outpatient Therapy-Salary Expense - ST	0.00			0.00	261.00
6255-5220	Inpatient Therapy-Rehab Program Manager	218,962.00	B.E. /	(203.00)	218,759.00	217,594.00
6260-7400	Pastoral Services-Pastoral Student Stipend	17,512.00	RJE - 1003	(203.00)	17 510 00	10 020 00
6280-7025	Administrative Services-Receptionist	151,354.00			17,512.00 151,354.00	18,929.00 163,741.00
6510-7200	Employee Relations-Dental Insurance	238,924.00			238,924.00	234,078.00
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Account	Description	ADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
Account	Description	9/30/2023	02 1101 #	1102	9/30/2023	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 6537-7200	Employee Relations-Medical Insurance Employee Relations-Medical Contributions	3,288,602.00 (571,037.00)			3,288,602.00 (571,037.00)	2,912,289.00 (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 6560-7200	Employee Relations-State Unemployment Insurance	36,447.00 7,190.00			36,447.00 7,190.00	81,387.00 8,500.00
6565-7200	Employee Relations-Tuition Reimbursement 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 6730-1000	Clinical Support Svcs-Consulting Expense-Pharmacy Long term care-Lab Expense	21,814.00 25,643.00			21,814.00 25,643.00	19,138.00 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 6735-1000	Clinical Support Services-Medical Director	18,000.00			18,000.00	28,000.00
6735-1000	Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies	53,461.00 27,725.00			53,461.00 27,725.00	11,106.00 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 6735-1290	2e - Medical/Surgical Supplies 2f - Medical/Surgical Supplies	28,595.00 27,363.00			28,595.00 27,363.00	30,962.00 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 6735-1390	3e - Medical/Surgical Supplies 3f - Medical/Surgical Supplies	27,475.00 25,209.00			27,475.00 25,209.00	28,391.00 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 6735-2100	4f - Medical/Surgical Supplies Post-Acute/Rehab-Medical/Surgical Supplies	25,466.00 77,295.00			25,466.00 77,295.00	25,808.00 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 6735-5150	Child Care Center-Medical/Surgical Supplies	0.00 19,480.00			0.00 19,480.00	274.00 9,863.00
6735-5155	Medical Home Care-Medical/Surgical Supplies 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 6740-2100	Long term care-Oxygen Expense Post-Acute/Rehab-Oxygen Expense	32,258.00 16,916.00			32,258.00 16,916.00	26,906.00 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 6750-1000	Medical Home Care-Infusion Expense Long term care-Physician	2,370.00 1,293.00			2,370.00 1,293.00	1,230.00 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	DIE 1001	(432.00)	0.00	0.00
6765-5150	Medical Home Care-Therapy Supplies & Expense	0.00	RJE - 1001	(432.00)	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 7008-5150	Finance-Accounting Expense Medical Home Care-Billing Services	117,651.00 126,943.00			117,651.00 126,943.00	83,333.00 89,691.00
7008-5150	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 7011-7225	Dining Services-Consulting Service-Morrison Environmental Services-Consulting Services-Morriso	852,186.00 7,322.00			852,186.00 7,322.00	848,389.00 7,955.00
7011-7225	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 7035-1000	Employee Relations-Payroll Processing Long term care-Purchased Services	6,655.00 8,014.00			6,655.00 8,014.00	20,423.00 3,349.00
7035-1000	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		116,000.00	3,079,064.00	2,580,633.00
7005 5050	5: 1 II 0 B I 10 :	4 570 500 00	RJE - 1002	116,000.00	4 570 500 00	4 000 000 00
7035-5050	Friedman Home Care-Purchased Services	1,573,580.00			1,573,580.00	1,003,639.00
7035-5070 7035-5150	Home Together - Purchased Services Medical Home Care-Purchased Services	1,099,132.00 108,800.00			1,099,132.00 108,800.00	1,029,479.00 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 7035-7600	Physical Plant-Purchased Services Fitness Center - Purchased Services	132,404.00 135,957.00			132,404.00 135,957.00	135,000.00 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	D.E. 4004	(1,635,468.00)	128,366.00	107,870.00
7050-7350.1	Nursing Support - Temp Help - LPN	0.00	RJE - 1004	(1,635,468.00) 1,023,865.00	1,023,865.00	635,603.00
	a		RJE - 1004	1,023,865.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
7050-7350.2	Nursing Support - Temp Help - CNA	0.00		611,603.00	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 7085-1240	1f-Food Expense 2a - Food Expense	14,510.00 14,355.00			14,510.00 14,355.00	10,885.00 10,936.00
7085-1240	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 7085-1360	3b - Food Expense	10,885.00 14,379.00			10,885.00 14,379.00	10,632.00 10,890.00
7085-1370	3c - Food Expense 3d - Food Expense	14,379.00			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 7085-1480	4d - Food Expense	14,654.00			14,654.00	9,508.00
7085-1480	4e - Food Expense 4f - Food Expense	14,303.00 12,887.00			14,303.00 12,887.00	8,756.00 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 7085-5060	Senior Choice at Home-Food Expense Friedman Homecare-Food Expense-Stamford	1,173.00 84.00			1,173.00 84.00	2,330.00 0.00
7085-5060	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 7085-7200	Dining Services -Food Expense Employee Relations-Food Expense	(347,126.00) 2,299.00			(347,126.00) 2,299.00	(263,682.00) 7,915.00
7000-7200	Employee Meladione-1 ood Expense	2,299.00			۷,299.00	7,313.00

Account	Description	ADJ	JE Ref # RJE	FINAL	1st PP-FINAL
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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 7086-7150	Fitness Center-Food Expense	4,592.00		4,592.00 1,727,779.00	0.00 1,689,817.00
7088-7600	Dining Services-Food Expense-Morrison Fitness Center - Juice Bar	1,727,779.00 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 7105-5030	Foundation-Advertising - Classified Senior Choice at Home-Advertising - Classified	0.00 0.00		0.00 0.00	35.00 930.00
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 Employee Relations-Advertising-Recruitment	5,210.00 5,186.00		5,210.00	16,035.00
7105-7200 7110-5050	Friedman Home Care-Bad Debt Expense	9,165.00		5,186.00 9,165.00	12,447.00 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 7113-3000	Foundation-Investment Management Fees-Unrestricted Foundation-Investment Management Fees - Restricted	9,153.00 32,087.00		9,153.00 32,087.00	6,839.00 15,447.00
7114-3000	Foundation-Investment Management Fees-Temp Restric	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 7125-5030	ADHC-Grasmere-Cell Phone Expense Senior Choice at Home-Cell Phone Expense	1,014.00 700.00		1,014.00 700.00	366.00 529.00
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 5,071.00		63,613.00	33,853.00
7125-5155 7125-5220	Hospice-Cell Phone Expense Inpatient Therapy-Cell Phone Expense	5,071.00		5,071.00 555.00	2,984.00 298.00
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 7125-7150	Marketing-Cell Phone Expense Dining Services-Cell Phone Expense	507.00 437.00		507.00 437.00	0.00 0.00
7125-7225	Environmental Services-Cell Phone Ecpense	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 7125-7500	Physical Plant-Telephone Expense Security-Cell Phone Expense	507.00 507.00		507.00 507.00	298.00 298.00
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 7134-3000	Foundation-Donor Recognition	1,119.00		1,119.00	401.00
7134-5030	Foundation-Special Events Senior Choice at Home-Special Events	1,501.00 3,206.00		1,501.00 3,206.00	0.00 (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 7140-5030	Child Care Center-Marketing Supplies Senior Choice at Home-Marketing Supplies	0.00 979.00		0.00 979.00	369.00 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 7140-5150	Institute on Aging-Marketing Supplies Medical Home Care-Marketing Supplies	295.00 1,733.00		295.00 1,733.00	0.00 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 7140-7100	Administration-Marketing Supplies Marketing-Marketing Supplies	400.00 726.00		400.00 726.00	0.00 2,333.00
7140-7100	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 7145-5030	Child Care Center-Miscellaneous Expense Senior Choice at Home-Miscellaneous Expense	50.00 2,268.00		50.00 2,268.00	395.00 168.00
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 7148-5050	Employee Relations-Miscellaneous Expense Friedman Home Care-New Program Development	8,350.00 50.00		8,350.00 50.00	4,959.00 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 7160-7525	Nursing Support-Patient Lost Articles Therapeutic Recreation-Pets Expense	1,659.00 43,244.00		1,659.00 43,244.00	0.00 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 7220-7425	Physical Plant-Electricity Physical Plant-Elevator Maintenance	746,124.00 73,977.00		746,124.00 73,977.00	780,565.00 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 7245-7425	Information Technology-Maint Expense & Contracts Physical Plant-Maint Expense & Contracts	1,127.00 109,705.00		1,127.00 109,705.00	1,495.00 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 7255-7225	Physical Plant-Natural Gas Environmental Services-Pest Control	174,273.00 11,100.00		174,273.00 11,100.00	186,309.00 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 7270-7425	Laundry-Repairs & Maintenance Physical Plant-Repairs & Maintenance	6,051.00 167,699.00		6,051.00 167,699.00	581.00 142,796.00
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 7290-7425	Physical Plant-Snow Removal Physical Plant-Solid Waste Removal	4,946.00 166,599.00		4,946.00 166,599.00	2,050.00 140,500.00
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 7410-3000	Physical Plant-Water Foundation-Printing Expense	38,999.00 13,326.00		38,999.00 13,326.00	40,373.00 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 7410-7010	Outpatient Therapy-Printing Expense	36.00		36.00	0.00
7410-7010	Administration-Printing Expense Marketing-Graphic Des/Printing Expense	16,045.00 83,670.00		16,045.00 83,670.00	945.00 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 7420-5015	Physical Plant-Linen & Bedding ADHC-Grasmere-Medical Supplies - non billable	0.00 373.00		0.00 373.00	808.00 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 7425-1480	4d - Minor Equipment 4e - Minor Equipment	458.00 458.00		458.00 458.00	0.00 250.00
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 7425-7010	Inpatient Therapy-Minor Equipment Administration-Minor Equipment	145.00 1,300.00		145.00 1,300.00	1,594.00 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 7425-7600	Physical Plant-Minor Equipment Fitness Center - Small Equipment	540.00 2,837.00		540.00 2.837.00	1,505.00 5,750.00
7425-7600 7426-7600	Fitness Center - Small Equipment Fitness Center - Large Equipment	2,837.00 372.00		2,837.00 372.00	5,750.00 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 7430-1290	2e - Office Supplies 2f - Office Supplies	453.00 629.00		453.00 629.00	0.00 145.00
7430-1230	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 7430-2100	4f - Office Supplies Post-Acute/Rehab-Office Supplies	3,581.00 2,596.00		3,581.00 2,596.00	1,184.00 447.00
1400-2100	1 GOL MORION CHAD-OTHER OUPPHIES	2,090.00		۷,550.00	11 1.00

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 7430-5025	ADHC-Grasmere-Office Supplies Child Care Center-Office Supplies	3,263.00 1,955.00		3,263.00 1,955.00	2,479.00 2,783.00
7430-5025	Senior Choice at Home-Office Supplies	1,482.00		1,482.00	2,765.00
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		1,298.00 550.00	1,219.00
7430-5200 7430-5220	Physician Practice-Office Supplies Inpatient Therapy-Office Supplies	550.00 3,444.00		3,444.00	360.00 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 7430-7200	Dining Services-Office Supplies Employee Relations-Office Supplies	3,973.00 11,279.00		3,973.00 11,279.00	2,765.00 3,259.00
7430-7210	Education-Office Supplies	1,184.00		1,184.00	1,440.00
7430-7215	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 7430-7450	Physical Plant-Office Supplies Purchasing-Office Supplies	780.00 4,230.00		780.00 4,230.00	1,108.00 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 7445-5030	Child Care Center-Postage Senior Choice at Home-Postage	0.00 971.00		0.00 971.00	(73.00) 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 7450-1190	Therapeutic Recreation-Postage 1f-Recreation Supplies & Activities	35.00 110.00		35.00 110.00	0.00 60.00
7450-1190	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 7450-1360	3b - Recreation Supplies & Activities 3c - Recreation Supplies & Activities	589.00 549.00		589.00 549.00	877.00 900.00
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 7450-1480	4d - Recreation Supplies & Activities 4e - Recreation Supplies & Activities	517.00 608.00		517.00 608.00	485.00 485.00
7450-1490	4f - Recreation Supplies & Activities	670.00		670.00	485.00
7450-2100	Post-Acute/Rehab - Recreation Supplies & Activitie	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 &	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 7451-5015	Therapeutic Recreation-Recreation Supplies & Activ ADHC-Grasmere-EML-Recreation Supplies	107,033.00 3,225.00		107,033.00 3,225.00	100,515.00 777.00
7451-5015 7452-7525	Therapeutic Recreation-Beauty Salon Supplies	3,225.00		3,225.00	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	JE Ref#	RJE	FINAL	1st PP-FINAL
Account	Description		JE Rei #	NJE		
7455 5450	M " III 0 0 " 5	9/30/2023			9/30/2023	9/30/2022
7455-5150 7455-5155	Medical Home Care-Supplies Expense	3,466.00 1,466.00			3,466.00 1,466.00	2,705.00 779.00
7455-5220	Hospice-Supplies Expense 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	18,184.00 688.00			18,184.00	21,850.00
7455-7200 7455-7210	Employee Relations-Supplies Expense Education-Supplies Expense	1,676.00			688.00 1,676.00	1,582.00 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-Sipplies 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 7455-7425	Pastoral Services-Supplies Expense Physical Plant-Supplies Expense	987.00 103,376.00			987.00 103,376.00	1,534.00 112,190.00
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 7459-7150	Clinical Support Svcs-Supplies Expense-Pod + Opth Dining Services-Direct Expenses-Morrison	0.00 138,657.00			0.00 138,657.00	526.00 132,629.00
7459-7130	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 Senior Choice at Home-Business Meals	530.00			530.00	166.00 60.00
7505-5030 7505-7010	Administration-Business Meals	9,636.00 4,509.00			9,636.00 4,509.00	2,794.00
7505-7100	MarketingBusiness 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	D IF 1007	(630.00)	38,012.00	41,761.00
7515-7010.1	License Fee	0.00	RJE - 1007	(630.00) 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 7520-7200	Administration-Education/Inservice Expense Employee Relations-Education/Inservice Expense	200.00 2,579.00			200.00 2,579.00	7,025.00 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 7525-7150	Clinic-Licenses/Permits Dining Services-Licenses/Permits	190.00			190.00	0.00
7525-7150	Employee Relations-Licenses/Permits	2,300.00 0.00			2,300.00 0.00	2,300.00 117.00
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 7535-3000	Assisted Living-Seminars/Conferences Foundation-Seminars/Conferences	1,795.00 0.00			1,795.00 0.00	518.00 25.00
7535-5000 7535-5015	ADHC-Grasmere-Seminars/Conferences	225.00			225.00	75.00
7535-5015	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 7535-5155	Medical Home Care-Conferences/Seminars Hospice-Conferences/Seminars	119.00 293.00			119.00 293.00	1,133.00 150.00
7535-5155 7535-7010	Administration-Seminars/Conferences	8,582.00			8,582.00	7,294.00
. 555 7 6 10		0,002.00			5,552.50	.,20-1.00

Account	Description	ADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
Account	Description		JE Rei #	KJE		
		9/30/2023			9/30/2023	9/30/2022
7535-7075 7535-7210	Clinical Support Svcs-Seminars/Conferences Education-Seminars/Conferences	500.00 0.00			500.00 0.00	0.00 2,133.00
7535-7210	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 7540-5150	Friedman Home Care-Subscriptions Medical Home Care-Subscriptions	75.00 10,770.00			75.00 10,770.00	0.00 13,406.00
7540-5155 7540-5155	Hospice-Subscriptions	10,770.00			10,770.00	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 7550-3000	Therapeutic Recreation-Subscriptions Foundation-Travel Expense	0.00 1,991.00			0.00 1,991.00	823.00 243.00
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 7550-5075	Home Together-Travel Expense Elder Abuse Prevention-Travel Expense	613.00 853.00			613.00 853.00	888.00 502.00
7550-5075 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 7550-7300	Marketing-Travel Expense	721.00 0.00			721.00 0.00	294.00 577.00
7550-7350	Information Technology-Travel Expense 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 Foundation-Software	38,603.00			38,603.00	48,500.00
7615-3000 7615-5015	ADHC-Grasmere-Software	18,983.00 4,501.00			18,983.00 4,501.00	19,203.00 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 7615-7050	Inpatient Therapy-Software Admissions-Software	10,962.00			10,962.00	6,758.00 4,011.00
7615-7050	Employee Relations-Software	4,292.00 147,728.00			4,292.00 147,728.00	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 7615-7600	Therapeutic Recreation-Software Fitness Center - Software	0.00 7,185.00			0.00 7,185.00	355.00 2,076.00
7620-7100	Marketing-Website Maintenance	7,800.00			7,183.00	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	D.IE 4000	(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	72.874.00	75,615.00
1100-1010A	Directors and Officers insurance	0.00	RJE - 1006	72,874.00	12,014.00	70,010.00
7705-7010C	Auto Insurance	0.00		17,832.00	17,832.00	17,832.00
			RJE - 1006	17,832.00		
7705-7010D	Umbrella Insurance	0.00		448,463.00	448,463.00	480,705.00
770F 7010F	Day Care Incurence	0.00	RJE - 1006	448,463.00	11 966 00	12 220 00
7705-7010E	Day Care Insurance	0.00	RJE - 1006	11,866.00 11,866.00	11,866.00	12,229.00
7705-7010F	Crime & Fiduciary / Cyber	0.00	1000	34,203.00	34,203.00	38,152.00
	•		RJE - 1006	34,203.00	•	,
7705-7010G	Insurance - GPG Group	0.00		16,000.00	16,000.00	13,324.00
7005 7000	5	0.050.00	RJE - 1006	16,000.00	0.050.00	
7805-7200 7805-7300	Employee Relations-Leasing/Rental Information Technology-Leasing (Photocopy) Costs	2,250.00 116,006.00			2,250.00 116,006.00	0.00 118,257.00
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)
			RJE - 1005	(96,436.00)		
			RJE - 1005	7,023.00		
7805-7450b	Equipment lease	0.00	DIE 1005	89,413.00	89,413.00	98,088.00
			RJE - 1005 RJE - 1005	96,436.00 (7,023.00)		
7805-7550	Work Activity Center-Leasing (Photocopy) Costs	5,277.00	1000	(1,023.00)	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-Amoritization	10,000.00			10,000.00	0.00
8100-5160	Friedman Med Homecare-Stamford-Amoritization	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
	v		RJE - 1003	33,098.00	,	
Total		0.00		0.00	0.00	0.00

Jewish Senior Services Medicaid - Mozaic Senior Life 9/30/2023 Client:

Engagement: Period Ending: Trial Balance:

A.010 - TB A.012 - TB Grouping Report Workpaper:

Workpaper:	A.012 - TB Grouping Report				
Account	Description	ADJ	JE Ref#	RJE	FINAL
	·	9/30/2023		9/30/2023	9/30/2023
Group : [10-A]	Salaries and Wages				
	Administrator -SNF Only				
Subgroup : [2.16]		0.00		700 070 00	700 070 00
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				
	-	(4.200.00)		0.00	(4.200.00)
6025-7275	Health Information-FTO Accrual	(4,209.00)			(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
	,		_		,
Subarous : [4 40]	Other Administrative Salaries - All Programs				
Subgroup : [4.19]		4 005 000 00		(4.004.405.00)	500 000 00
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
Subtotal [50.5]	Dietaly Workers	2,213,042.00	_	0.00	2,213,042.00
0	Other Henry In a Warten				
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
Gantotai [1 D.33]	Other maniferialice Workers	291,113.00	_	0.00	201,113.00
0	Others Lawrender Western				
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
	The state of the s				
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 6170-1190	Clinic- Salary - Hourly Staff	149,605.00 195,976.00		0.00	149,605.00
6170-1190	1f - Salary - RN 2 - Salary - RN/Clinical Leader	513,424.00		0.00 0.00	195,976.00 513,424.00
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 Post-Acute/Rehab-Salary - LPN	1,072,844.00		0.00	1,072,844.00
6180-2100 Subtotal [12C1.10]	LPNs - Direct Care - Direct	289,677.00 3,750,465.00	-	0.00	289,677.00 3,750,465.00
Subtotal [1201.10]	LI NO - DAGGE ONIG - DIIGGE	3,730,403.00	-	0.00	3,730,403.00
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	(4.000.00)		4 000 00	
Subgroup : [12E] 6025-5220	Physical Therapists - SNF Only Inpatient Therapy-FTO Accrual	(1,892.00)	D.IE. 4000	1,892.00	0.00
6025-5220	Inpatient Therapy-FTO Accrual		RJE - 1003	1,892.00	
6025-5220 6050-5220	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff	629.00	RJE - 1003	1,892.00 0.00	629.00
6025-5220	Inpatient Therapy-FTO Accrual			1,892.00 0.00 (813.00)	
6025-5220 6050-5220 6240-5220	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT	629.00 878,015.00	RJE - 1003 RJE - 1003	1,892.00 0.00 (813.00) (813.00)	629.00 877,202.00
6025-5220 6050-5220	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff	629.00	RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00)	629.00
6025-5220 6050-5220 6240-5220 6255-5220	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager	629.00 878.015.00 218.962.00		1,892.00 0.00 (813.00) (813.00) (203.00) (203.00)	629.00 877,202.00 218,759.00
6025-5220 6050-5220 6240-5220	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT	629.00 878,015.00	RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00)	629.00 877,202.00
6025-5220 6050-5220 6240-5220 6255-5220	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager	629.00 878.015.00 218.962.00	RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00)	629.00 877,202.00 218,759.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only	629.00 878.015.00 218.962.00	RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00)	629.00 877,202.00 218,759.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists	629.00 878,015.00 218,962.00 1,095,714.00	RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) 876.00	629.00 877,202.00 218,759.00 1,096,590.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists	629.00 878,015.00 218,962.00 1,095,714.00	RJE - 1003 RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) 876.00	629.00 877,202.00 218,759.00 1,096,590.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary-Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists	629.00 878,015.00 218,962.00 1,095,714.00	RJE - 1003 RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) 876.00	629.00 877,202.00 218,759.00 1,096,590.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00	RJE - 1003 RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) 876.00 (213.00) (213.00)	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary-Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists	629.00 878,015.00 218,962.00 1,095,714.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) 876.00 (213.00) (213.00) (213.00)	629.00 877,202.00 218,759.00 1,096,590.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00	RJE - 1003 RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) 876.00 (213.00) (213.00) (213.00) (663.00) (663.00)	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 714,934.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) 876.00 (213.00) (213.00) (213.00)	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) 876.00 (213.00) (213.00) (213.00) (663.00) (663.00)	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 714,934.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subtotal [12G] Subtotal [12G]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00)	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) 876.00 (213.00) (213.00) (213.00) (663.00) (663.00)	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 714,934.00 714,934.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-FTO Accrual	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00)	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) 876.00 (213.00) (213.00) (663.00) (663.00)	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 714,934.00 91,095.00 (2,567.00)
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525 6050-7525	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-Salary - Hourly Staff	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00)	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00)	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 714,934.00 714,934.00 91,095.00 (2,567.00) 456,744.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-FTO Accrual	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00)	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) 876.00 (213.00) (213.00) (663.00) (663.00)	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 91,095.00 (2,567.00)
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525 6050-7525	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-Salary - Hourly Staff	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00)	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00)	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 714,934.00 714,934.00 91,095.00 (2,567.00) 456,744.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup: [12F] 6250-5220 Subtotal [12F] Subgroup: [12G] 6245-5220 Subtotal [12G] Subgroup: [12H.10] 6020-7525 6025-7525 6050-7525 Subtotal [12H.10]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-FTO Accrual Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00)	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00)	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 91,095.00 (2,567.00) 456,744.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525 6050-7525 Subtotal [12H.10] Subgroup : [12H.33]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary - Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-FTO Accrual Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only Social Workers/Case Management - SNF Only	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00) 456,744.00 545,272.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (663.00) (663.00) (663.00) 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 714,934.00 714,934.00 91,095.00 (2,567.00) 456,744.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525 6050-7525 Subtotal [12H.10] Subgroup : [12H.33] 6120-1190	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only Social Workers/Case Management - SNF Only 1f-Salary - Social Worker	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00) 456,744.00 545,272.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 714,934.00 714,934.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525 6050-7525 Subtotal [12H.10] Subgroup : [12H.33] 6120-1190 6120-1201	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only Social Workers/Case Management - SNF Only 1f-Salary - Social Worker 2 - Salary - Social Worker	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 715,597.00 91,095.00 (2,567.00) 456,744.00 545,272.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00) 0.00 0.00 0.00 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525 6025-7525 Subtotal [12H.10] Subgroup : [12M.33] 6120-1190 6120-1201 6120-1300	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-Salary - Director Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only Social Workers - SNF Only Social Workers/Case Management - SNF Only 1f-Salary - Social Worker 2 - Salary - Social Worker 3 - Salary - Social Worker 4 - Salary - Social Worker Post-Acute/Rehab - Salary - Social Worker	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 66,703.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525 6050-7525 Subtotal [12H.10] Subgroup : [12M.33] 6120-1190 6120-1201 6120-1300 6120-1400	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary- Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-FTO Accrual Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only Social Workers/Case Management - SNF Only 1f-Salary - Social Worker 2 - Salary - Social Worker 3 - Salary - Social Worker 4 - Salary - Social Worker	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 715,597.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525 6050-7525 Subtotal [12H.10] Subgroup : [12M.33] 6120-1190 6120-1201 6120-1201 6120-1300 6120-1400 6120-2100 Subtotal [12M.33]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary - Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-Salary - Director Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only Social Workers - SNF Only Social Workers - SNF Only 1f-Salary - Social Worker 2 - Salary - Social Worker 3 - Salary - Social Worker 4 - Salary - Social Worker Post-Acute/Rehab - Salary - Social Worker Social Workers/Case Management - SNF Only	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 66,703.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525 6050-7525 Subtotal [12H.10] Subgroup : [12M.33] 6120-1190 6120-1201 6120-1300 6120-1400 6120-2100 Subtotal [12M.33] Subgroup : [12N.25]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary - Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-FTO Accrual Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only Social Workers/Case Management - SNF Only 1f-Salary - Social Worker 2 - Salary - Social Worker 3 - Salary - Social Worker Post-Acute/Rehab - Salary - Social Worker Post-Acute/Rehab - Salary - Social Worker Social Workers/Case Management - SNF Only Marketing - Accum Costs	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00
6025-5220 6050-5220 6240-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup: [12F] 6250-5220 Subtotal [12F] Subgroup: [12G] 6245-5220 Subtotal [12G] Subgroup: [12H.10] 6020-7525 6025-7525 6025-7525 Subtotal [12H.10] Subgroup: [12M.33] 6120-1190 6120-1201 6120-1300 6120-1400 6120-1400 Subtotal [12M.33] Subgroup: [12M.33] Subgroup: [12N.25] Marcum 101	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-FTO Accrual Therapeutic Recreation-FTO Accrual Therapeutic Recreation-FTO Accrual Therapeutic Recreation-FTO Moreil Social Workers - SNF Only Social Workers/Case Management - SNF Only If-Salary - Social Worker 2 - Salary - Social Worker 3 - Salary - Social Worker 4 - Salary - Social Worker Post-Acute/Rehab - Salary - Social Worker Social Workers/Case Management - SNF Only Marketing - Accum Costs Marketing Salaries - Accumulated Cost	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525 6050-7525 Subtotal [12H.10] Subgroup : [12M.33] 6120-1190 6120-1201 6120-1300 6120-1400 6120-2100 Subtotal [12M.33] Subgroup : [12N.25]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary - Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-FTO Accrual Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only Social Workers/Case Management - SNF Only 1f-Salary - Social Worker 2 - Salary - Social Worker 3 - Salary - Social Worker Post-Acute/Rehab - Salary - Social Worker Post-Acute/Rehab - Salary - Social Worker Social Workers/Case Management - SNF Only Marketing - Accum Costs	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup : [12F] 6250-5220 Subtotal [12F] Subgroup : [12G] 6245-5220 Subtotal [12G] Subgroup : [12H.10] 6020-7525 6025-7525 6050-7525 Subtotal [12H.10] Subgroup : [12M.33] 6120-1190 6120-1201 6120-1201 6120-1200 Subtotal [12M.33] Subgroup : [12M.35] Marcum 101 Subtotal [12N.25]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary - Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-FTO Accrual Therapeutic Recreation-Salary - Director Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only Social Workers - SNF Only Social Workers/Case Management - SNF Only 1f-Salary - Social Worker 2 - Salary - Social Worker 3 - Salary - Social Worker 4 - Salary - Social Worker Post-Acute/Rehab - Salary - Social Worker Social Workers/Case Management - SNF Only Marketing - Accum Costs Marketing - Accum Costs Marketing - Accum Costs	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup: [12F] 6250-5220 Subtotal [12F] Subgroup: [12G] 6245-5220 Subtotal [12G] Subgroup: [12H.10] 6020-7525 6025-7525 6050-7525 Subtotal [12H.10] Subgroup: [12M.33] 6120-1190 6120-1201 6120-1201 6120-1300 6120-1400 6120-2100 Subtotal [12M.33] Subgroup: [12N.25] Marcum 101 Subtotal [12N.25] Subgroup: [12N.25] Subgroup: [12N.25] Subgroup: [12N.25]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary - Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-FTO Accrual Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only Social Workers/Case Management - SNF Only 1f-Salary - Social Worker 2 - Salary - Social Worker 3 - Salary - Social Worker 4 - Salary - Social Worker Post-Acute/Rehab - Salary - Social Worker Social Workers/Case Management - SNF Only Marketing - Accum Costs Marketing - Accum Costs Marketing - Non Reimb	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 41,095,00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00 0.00 0.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00 33,098.00 33,098.00
6025-5220 6050-5220 6240-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup: [12F] 6250-5220 Subtotal [12F] Subgroup: [12G] 6245-5220 Subtotal [12G] Subgroup: [12H.10] 6020-7525 6025-7525 6025-7525 6025-7525 Subtotal [12H.10] Subgroup: [12M.33] 6120-1190 6120-1201 6120-1300 6120-1400 6120-1400 Subtotal [12M.33] Subgroup: [12N.25] Marcum 101 Subtotal [12N.25] Subgroup: [12N.22] 6020-7100	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary - Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-FTO Accrual Therapeutic Recreation-FTO Accrual Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only Social Workers/Case Management - SNF Only 1f-Salary - Social Worker 2 - Salary - Social Worker 3 - Salary - Social Worker 4 - Salary - Social Worker Post-Acute/Rehab - Salary - Social Worker Social Workers/Case Management - SNF Only Marketing - Accum Costs Marketing - Accum Costs Marketing - Non Reimb Marketing - Director	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 715,597.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00 0.00 0.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 714,934.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00 33,098.00 33,098.00 (63,152.00)
6025-5220 6050-5220 6240-5220 6255-5220 Subtotal [12E] Subgroup: [12F] 6250-5220 Subtotal [12F] Subgroup: [12G] 6245-5220 Subtotal [12G] Subgroup: [12H.10] 6020-7525 6025-7525 6050-7525 Subtotal [12H.10] Subgroup: [12M.33] 6120-1190 6120-1201 6120-1201 6120-1300 6120-1400 6120-2100 Subtotal [12M.33] Subgroup: [12N.25] Marcum 101 Subtotal [12N.25] Subgroup: [12N.25] Subgroup: [12N.25] Subgroup: [12N.25]	Inpatient Therapy-FTO Accrual Inpatient Therapy-Salary - Hourly Staff Inpatient Therapy-Salary Expense - PT Inpatient Therapy-Rehab Program Manager Physical Therapists - SNF Only Speech Therapists Inpatient Therapy-Salary Expense - ST Speech Therapists Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Inpatient Therapy-Salary Expense - OT Occupational Therapists - SNF Only Recreation Workers - SNF Only Therapeutic Recreation-Salary - Director Therapeutic Recreation-FTO Accrual Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only Social Workers/Case Management - SNF Only 1f-Salary - Social Worker 2 - Salary - Social Worker 3 - Salary - Social Worker 4 - Salary - Social Worker Post-Acute/Rehab - Salary - Social Worker Social Workers/Case Management - SNF Only Marketing - Accum Costs Marketing - Accum Costs Marketing - Non Reimb	629.00 878,015.00 218,962.00 1,095,714.00 230,053.00 230,053.00 715,597.00 41,095,00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00 0.00 0.00	RJE - 1003 RJE - 1003 - RJE - 1003	1,892.00 0.00 (813.00) (813.00) (203.00) (203.00) (203.00) (213.00) (213.00) (213.00) (663.00) (663.00) (663.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	629.00 877,202.00 218,759.00 1,096,590.00 229,840.00 229,840.00 714,934.00 91,095.00 (2,567.00) 456,744.00 545,272.00 14,791.00 63,668.00 55,010.00 72,156.00 86,703.00 292,328.00 33,098.00 33,098.00

Subtotal [12N.22]	Marketing - Non Reimb	165,488.00	(33,098.00)	132,390.00
Subgroup : [120.10]	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 6260-7400	Outpatient Therapy-Salary Expense - OT Pastoral Services-Pastoral Student Stipend	32,649.00 17,512.00	0.00 0.00	32,649.00 17,512.00
Subtotal [120.10]	Other - SNF Only	696,941.00	0.00	696,941.00
Subgroup : [120.22]	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 Foundation-FTO Accrual	(8,012.00)	0.00	(8,012.00)
6025-3000 6025-5015	ADHC-Grasmere-FTO Accrual	(11,890.00) (1,231.00)	0.00 0.00	(11,890.00) (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 6040-2510	Fitness Center-FTO Accrual	(974.00)	0.00	(974.00) 175,511.00
6040-3000	Assisted Living - Salary - Salaried Staff Foundation-Salary - Salaried Staff	175,511.00 294,290.00	0.00 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 6050-2510	Fitness Center-Salary-Salaried Staff Assisted Living-Salary - Hourly Staff	65,607.00 2,144.00	0.00 0.00	65,607.00 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 6050-7600	Work Activity Center-Salary - Hourly Staff	1,753.00 390,767.00	0.00 0.00	1,753.00 390,767.00
0.100 5000	Fitness Center - Salary - Hourly Senior Choice at Home-Salary - Social Worker	75.004.00	0.00	75.001.00
6120-5030 6120-5150	Medical Home Care-Salary - Social Worker	75,824.00 7,434.00	0.00	75,824.00 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 6160-5125	Friedman Homecare-Stamford-Salary-Coordinator Institute on Aging-Salary - Coordinator	64,904.00 26.00	0.00 0.00	64,904.00 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 6190-5155	Assisted Living - Salary - CNA Hospice-Salary - CNA	657,708.00 92,843.00	0.00 0.00	657,708.00 92,843.00
6210-7550	Work Activity Center-Residents (WAC)	92,843.00 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 Subtotal [120.22]	Hospice-Medical Director Other - NON Reimbursible	25,900.00 7,886,760.00		0.00	25,900.00 7,886,760.00
Subtotal [120.22]	Other - NON Reinbursible	7,000,700.00		0.00	7,000,700.00
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 Subtotal [120.25]	Education-Salary - Hourly Staff Other - Accum Costs	20,309.00 197,443.00		0.00	20,309.00 197,443.00
Subtotal [120.23]	Other - Accum costs	137,443.00		0.00	137,443.00
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 Podiatrist	700.00 700.00	_	0.00	700.00 700.00
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]	Madical Director SNE Only				
6733-7075	Medical Director - SNF Only 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 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
			RJE - 1004	(1,635,468.00)	
Subtotal [11A1]	RN's - Direct Care - Direct	1,763,834.00	RJE - 1004	(1,635,468.00) (1,635,468.00)	128,366.00
		1,763,834.00	RJE - 1004		128,366.00
Subtotal [11A1] Subgroup : [11B1] 7050-7350.1	LPN's - Direct Care	1,763,834.00	RJE - 1004	(1,635,468.00)	
Subgroup : [11B1]			RJE - 1004		1,023,865.00 1,023,865.00
Subgroup : [11B1] 7050-7350.1 Subtotal [11B1]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care	0.00	RJE - 1004	(1,635,468.00) 1,023,865.00	1,023,865.00
Subgroup : [11B1] 7050-7350.1 Subtotal [11B1] Subgroup : [11C]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides	0.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00	1,023,865.00 1,023,865.00
Subgroup : [11B1] 7050-7350.1 Subtotal [11B1] Subgroup : [11C] 7050-7350.2	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Nursing Support - Temp Help - CNA	0.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00	1,023,865.00 1,023,865.00 611,603.00
Subgroup : [11B1] 7050-7350.1 Subtotal [11B1] Subgroup : [11C]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides	0.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00	1,023,865.00 1,023,865.00
Subgroup : [11B1] 7050-7350.1 Subtotal [11B1] Subgroup : [11C] 7050-7350.2	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Nursing Support - Temp Help - CNA	0.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00	1,023,865.00 1,023,865.00 611,603.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Other - SNF Only Long term care-Physician	0.00 0.00 0.00 0.00 1,293.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician	0.00 0.00 0.00 0.00 1,293.00 1,204.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Nursing Support - Temp Help - CNA Aides Other - SNF Only Long term care-Physician Post-Acutel/Rehab-Physician Pastoral Services-Purchased Services	0.00 0.00 0.00 0.00 1,293.00 1,204.00 6,780.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,293.00 1,204.00 6,780.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician	0.00 0.00 0.00 0.00 1,293.00 1,204.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Nursing Support - Temp Help - CNA Aides Other - SNF Only Long term care-Physician Post-Acutel/Rehab-Physician Pastoral Services-Purchased Services	0.00 0.00 0.00 0.00 1,293.00 1,204.00 6,780.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,293.00 1,204.00 6,780.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Nursing Support - Temp Help - CNA Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services	0.00 0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,293.00 1,204.00 6,780.00 9,277.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7008-5155	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Nursing Support - Temp Help - CNA Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Hospice-Billing Services	0.00 0.00 0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,293.00 1,294.00 6,780.00 9,277.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7008-5155 7035-3000	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Foundation-Purchased Services Foundation-Purchased Services	0.00 0.00 0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7008-5155 7035-3000 7035-5050	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Nursing Support - Temp Help - CNA Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Hospice-Billing Services Foundation-Purchased Services Friedman Home Care-Purchased Services	0.00 0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7008-5155 7035-3000	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Foundation-Purchased Services Foundation-Purchased Services	0.00 0.00 0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7035-5050 7035-5050 7035-5155 Subtotal [12.22]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Foundation-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Hospice-Purchased Services Other - Non Reimbursible	0.00 0.00 0.00 1,293,00 1,204,00 6,780,00 9,277.00 126,943,00 53,032,00 35,00 1,573,580,00 9,740,00 1,763,330,00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7008-5155 7035-3000 7035-5050 7035-5155	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Nursing Support - Temp Help - CNA Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Hospice-Billing Services Foundation-Purchased Services Fiedman Home Care-Purchased Services Hospice-Purchased Services Hospice-Purchased Services	0.00 0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7008-5155 7035-3000 7035-5050 7035-5155 Subtotal [12.22] Total [13-B]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Nursing Support - Temp Help - CNA Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Hospice-Billing Services Foundation-Purchased Services Fiedman Home Care-Purchased Services Hospice-Purchased Services Hospice-Purchased Services Other - Non Reimbursible Professional Fees	0.00 0.00 0.00 1,293,00 1,204,00 6,780,00 9,277.00 126,943,00 53,032,00 35,00 1,573,580,00 9,740,00 1,763,330,00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7035-5050 7035-5050 7035-5155 Subtotal [12.22]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Foundation-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Hospice-Purchased Services Other - Non Reimbursible	0.00 0.00 0.00 1,293,00 1,204,00 6,780,00 9,277.00 126,943,00 53,032,00 35,00 1,573,580,00 9,740,00 1,763,330,00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7008-5155 7035-3000 7035-5050 7035-5155 Subtotal [12.22] Total [13-B] Group: [15] Subgroup: [141.15] 6565-7200	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Nursing Support - Temp Help - CNA Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Hospice-Billing Services Friedman Home Care-Purchased Services Hospice-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Other - Non Reimbursible Professional Fees Expenditures Other than Salaries Workmen's Compensation Employee Relations-Workers' Comp Insurance	0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,294.00 6,780.00 9,277.00 126,943.00 55,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5155 7035-3000 7035-5050 7035-5155 Subtotal [12.22] Total [13-B] Group: [15] Subgroup: [151,55]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Foundation-Purchased Services Foundation-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Other - Non Reimbursible Professional Fees Expenditures Other than Salaries Workmen's Compensation	0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7035-5050 7035-5050 7035-5155 Subtotal [12.22] Total [13-B] Group: [15] Subgroup: [1A1.15] 6565-7200 Subtotal [1A1.15]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Foundation-Purchased Services Foundation-Purchased Services Friedman Home Care-Purchased Services Hospice-Billing Services Friedman Home Care-Purchased Services Other - Non Reimbursible Professional Fees Expenditures Other than Salaries Workmen's Compensation Employee Relations-Workers' Comp Insurance Workmen's Compensation	0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,294.00 6,780.00 9,277.00 126,943.00 55,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7008-5155 7035-3000 7035-5050 7035-5155 Subtotal [12.22] Total [13-B] Group: [15] Subgroup: [141.15] 6565-7200	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Nursing Support - Temp Help - CNA Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Hospice-Billing Services Friedman Home Care-Purchased Services Hospice-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Other - Non Reimbursible Professional Fees Expenditures Other than Salaries Workmen's Compensation Employee Relations-Workers' Comp Insurance	0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,294.00 6,780.00 9,277.00 126,943.00 55,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5155 7035-3000 7035-5050 7035-5155 Subtotal [12.22] Total [13-B] Group: [15] Subgroup: [151.15] 6565-7200 Subtotal [141.15] Subgroup: [1A1.15]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Foundation-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Other - Non Reimbursible Professional Fees Expenditures Other than Salaries Workmen's Compensation Employee Relations-Workers' Comp Insurance Workmen's Compensation Disability Insurance	0.00 0.00 1,293,00 1,204,00 6,780,00 9,277.00 126,943,00 53,032,00 35,00 1,573,580,00 9,740,00 1,763,330,00 3,664,563,00 1,291,211,00 1,291,211,00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00 1,291,211.00 1,291,211.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7035-5050 7035-5050 7035-5155 Subtotal [12.22] Total [13-B] Group: [15] Subgroup: [1A1.15] 6565-7200 Subtotal [1A1.15] Subgroup: [1A2.15] 6550-7200 Subtotal [1A2.15]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Foundation-Purchased Services Foundation-Purchased Services Friedman Home Care-Purchased Services Hospice-Billing Services Foundation-Purchased Services Other - Non Reimbursible Professional Fees Expenditures Other than Salaries Workmen's Compensation Employee Relations-Workers' Comp Insurance Workmen's Compensation Disability Insurance Employee Relations-Short Term/Long Term Disability Disability Insurance	0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 1,763,330.00 1,291,211.00 1,291,211.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,293.00 1,294.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00 1,291,211.00 1,291,211.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5155 7035-3000 7035-5050 7035-5155 Subtotal [12.22] Total [13-B] Group: [15] Subgroup: [1A1.15] 6565-7200 Subtotal [1A1.15] Subgroup: [1A2.15] 6550-7200 Subtotal [1A2.15] Subgroup: [1A2.15]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Foundation-Purchased Services Friedman Home Care-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Other - Non Reimbursible Professional Fees Expenditures Other than Salaries Workmen's Compensation Employee Relations-Workers' Comp Insurance Workmen's Compensation Disability Insurance Employee Relations-Short Term/Long Term Disability Disability Insurance Unemployment Insurance	0.00 0.00 1,293,00 1,204,00 6,780,00 9,277,00 126,943,00 53,032,00 35,00 1,573,580,00 9,740,00 1,763,330,00 3,664,563,00 1,291,211,00 1,291,211,00 95,736,00 95,736,00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,294.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00 1,291,211.00 1,291,211.00 95,736.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7008-5155 7035-3000 7035-5155 Subtotal [12.22] Total [13-B] Group: [15] Subgroup: [141.15] 6565-7200 Subtotal [141.15] Subgroup: [142.15] 6550-7200 Subtotal [142.15] Subgroup: [143.15] 6555-7200 Subtotal [142.15] Subgroup: [143.15]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Hospice-Billing Services Foundation-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Other - Non Reimbursible Professional Fees Expenditures Other than Salaries Workmen's Compensation Employee Relations-Workers' Comp Insurance Workmen's Compensation Disability Insurance Employee Relations-Short Term/Long Term Disability Disability Insurance Employee Relations-State Unemployment Insurance	0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 1,291,211.00 1,291,211.00 1,291,211.00 95,736.00 95,736.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35,00 1,573,580.00 9,740.00 1,763,330.00 1,291,211.00 1,291,211.00 95,736.00 95,736.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5155 7035-3000 7035-5050 7035-5155 Subtotal [12.22] Total [13-B] Group: [15] Subgroup: [1A1.15] 6565-7200 Subtotal [1A1.15] Subgroup: [1A2.15] 6550-7200 Subtotal [1A2.15] Subgroup: [1A2.15]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Foundation-Purchased Services Friedman Home Care-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Other - Non Reimbursible Professional Fees Expenditures Other than Salaries Workmen's Compensation Employee Relations-Workers' Comp Insurance Workmen's Compensation Disability Insurance Employee Relations-Short Term/Long Term Disability Disability Insurance Unemployment Insurance	0.00 0.00 1,293,00 1,204,00 6,780,00 9,277,00 126,943,00 53,032,00 35,00 1,573,580,00 9,740,00 1,763,330,00 3,664,563,00 1,291,211,00 1,291,211,00 95,736,00 95,736,00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,294.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00 1,291,211.00 1,291,211.00 95,736.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7008-5155 7035-3000 7035-5155 Subtotal [12.22] Total [13-B] Group: [15] Subgroup: [141.15] 6565-7200 Subtotal [141.15] Subgroup: [142.15] 6550-7200 Subtotal [142.15] Subgroup: [143.15] 6555-7200 Subtotal [142.15] Subgroup: [143.15]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Hospice-Billing Services Foundation-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Other - Non Reimbursible Professional Fees Expenditures Other than Salaries Workmen's Compensation Employee Relations-Workers' Comp Insurance Workmen's Compensation Disability Insurance Employee Relations-Short Term/Long Term Disability Disability Insurance Employee Relations-State Unemployment Insurance	0.00 0.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 1,291,211.00 1,291,211.00 1,291,211.00 95,736.00 95,736.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35,00 1,573,580.00 9,740.00 1,763,330.00 1,291,211.00 1,291,211.00 95,736.00 95,736.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7008-5155 7035-3000 7035-5155 Subtotal [12.22] Total [13-B] Group: [15] Subgroup: [1A1.15] 6565-7200 Subtotal [1A2.15] 6555-7200 Subtotal [1A2.15] 6555-7200 Subtotal [1A3.15] Subgroup: [1A3.15] 6555-7200 Subtotal [1A3.15] Subgroup: [1A3.15] 6550-7200 Subtotal [1A3.15]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Post-Acute/Rehab-Physician Post-Acute/Rehab-Physician Post-Buria Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Foundation-Purchased Services Friedman Home Care-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Other - Non Reimbursible Professional Fees Expenditures Other than Salaries Workmen's Compensation Employee Relations-Workers' Comp Insurance Workmen's Compensation Disability Insurance Employee Relations-Short Term/Long Term Disability Disability Insurance Employee Relations-State Unemployment Insurance Unemployment Insurance Employee Relations-State Unemployment Insurance Unemployment Insurance Employee Relations-FICA Expense	0.00 0.00 1,293.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 1,763,330.00 1,763,330.00 1,291,211.00 1,291,211.00 1,291,211.00 95,736.00 95,736.00 36,447.00 36,447.00 36,447.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 35.00 1,573,580.00 9,740.00 1,763,330.00 1,763,330.00 1,291,211.00 1,291,211.00 95,736.00 95,736.00 95,736.00 36,447.00 36,447.00
Subgroup: [11B1] 7050-7350.1 Subtotal [11B1] Subgroup: [11C] 7050-7350.2 Subtotal [11C] Subgroup: [12.10] 6750-1000 6750-2100 7035-7400 Subtotal [12.10] Subgroup: [12.22] 7008-5150 7008-5155 7035-5000 7035-5155 Subtotal [12.22] Total [13-B] Group: [15] Subgroup: [141.15] 6565-7200 Subtotal [142.15] Subgroup: [142.15] 6555-7200 Subtotal [143.15] Subgroup: [143.15] 6555-7200 Subtotal [143.15] Subgroup: [143.15] 6555-7200 Subtotal [143.15] Subgroup: [143.15]	LPN's - Direct Care Nursing Support - Temp Help - LPN LPN's - Direct Care Aides Nursing Support - Temp Help - CNA Aides Other - SNF Only Long term care-Physician Post-Acute/Rehab-Physician Pastoral Services-Purchased Services Other - SNF Only Other - Non Reimbursible Medical Home Care-Billing Services Foundation-Purchased Services Friedman Home Care-Purchased Services Friedman Home Care-Purchased Services Hospice-Purchased Services Other - Non Reimbursible Professional Fees Expenditures Other than Salaries Workmen's Compensation Employee Relations-Workers' Comp Insurance Workmen's Compensation Disability Insurance Employee Relations-Short Term/Long Term Disability Disability Insurance Employee Relations-State Unemployment Insurance Unemployment Insurance Employee Relations-State Unemployment Insurance Unemployment Insurance	0.00 0.00 1,204.00 1,293.00 1,204.00 6,780.00 9,277.00 126,943.00 53,032.00 35.00 1,573,580.00 9,740.00 1,763,330.00 1,763,330.00 1,291,211.00 1,291,211.00 1,291,211.00 95,736.00 95,736.00 95,736.00	RJE - 1004	(1,635,468.00) 1,023,865.00 1,023,865.00 611,603.00 611,603.00 0.00	1,023,865.00 1,023,865.00 611,603.00 611,603.00 1,293.00 1,294.00 6,780.00 9,277.00 126,943.00 35,00 1,573,580.00 9,740.00 1,763,330.00 3,664,563.00 1,291,211.00 1,291,211.00 1,291,211.00 95,736.00 95,736.00 36,447.00

Subgroup : [1A5.15]	Health Insurance	000 004 00	0.00	000 004 00
6510-7200 6515-7200	Employee Relations-Dental Insurance Employee Relations-DPC Deduction	238,924.00 68,791.00	0.00 0.00	238,924.00 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] 6540-7200	Pensions 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 Subtotal [1A9.10]	Employee Relations-Tuition Reimbursement Other	7,190.00 7,190.00	0.00	7,190.00 7,190.00
oubtotui [1745.10]	out.	1,100.00		7,100.00
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]	Logal			
7015-7010	Legal 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
0	Office Occupation ONE Only			
Subgroup : [1G.10] 7425-1480	Office Supplies - SNF Only 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 7430-1260	2b - Office Supplies	548.00 62.00	0.00 0.00	548.00 62.00
7430-1280	2c - Office Supplies 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 7430-1490	4a - Office Supplies 4f - Office Supplies	572.00 3,581.00	0.00 0.00	572.00 3,581.00
7430-1430	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 7425-7250	Administration-Minor Equipment Finance-Minor Equipment	1,300.00 732.00	0.00 0.00	1,300.00 732.00
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 7430-7050	Administrative Services-Office Supplies Admissions-Office Supplies	306.00 3,408.00	0.00 0.00	306.00 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 7430-7275	Finance-Office Supplies Health Information-Office Supplies	10,514.00 8,437.00	0.00 0.00	10,514.00 8,437.00
7430-7275	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 7445-7525	Security-Office Supplies Therapeutic Recreation-Postage	117.00 35.00	0.00 0.00	117.00 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 7455-7300	Health Information - Supplies Expense Information Technology-Sipplies Expense	1,170.00 189.00	0.00 0.00	1,170.00 189.00
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
oubtotui [10.10]	Ciriot Supplies - Split	210,742.00	(00,410.00)	100,020.00
Subgroup : [1G.22]	Office Supplies - Non Reimb			
7425-5015	ADHC-Grasmere-Minor Equipment	1,106.00	0.00	1,106.00
7425-5015		70.00	0.00	70.00
	Medical Home Care-Minor Equipment			
7430-2510 7430-3000	Assisted Living- Office Supplies	3,949.00	0.00	3,949.00
	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 Ecpense	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
7125-7350 7125-7500	Nursing Support-Cell Phone Expense Security-Cell Phone Expense	15,324.00	0.00 0.00	507.00
	= ''			
7125-7500	Security-Cell Phone Expense	507.00	0.00	507.00
7125-7500 7125-7525	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense	507.00 967.00	0.00 0.00	507.00 967.00
7125-7500 7125-7525	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense	507.00 967.00	0.00 0.00	507.00 967.00
7125-7500 7125-7525 Subtotal [1H2.30]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers	507.00 967.00	0.00 0.00	507.00 967.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup : [1K3.03]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only	507.00 967.00 137,994.00	0.00 0.00 0.00	507.00 967.00 137,994.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup : [1K3.03] 7150-7010	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax	507.00 967.00 137,994.00 1,478,298.00	0.00 0.00 0.00	507.00 967.00 137,994.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup : [1K3.03] 7150-7010	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax	507.00 967.00 137,994.00 1,478,298.00	0.00 0.00 0.00	507.00 967.00 137,994.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup : [1K3.03] 7150-7010 Subtotal [1K3.03]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00	0.00 0.00 0.00 0.00	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup : [1K3.03] 7150-7010 Subtotal [1K3.03]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00	0.00 0.00 0.00 0.00	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup : [1K3.03] 7150-7010 Subtotal [1K3.03]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00	0.00 0.00 0.00 0.00	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup : [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group : [16]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00	0.00 0.00 0.00 0.00	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup : [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group : [16] Subgroup : [3]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00	0.00 0.00 0.00 0.00 0.00 (89,413.00)	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup : [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group : [16] Subgroup : [3] 7130-7200	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00	0.00 0.00 0.00 0.00 0.00 (89,413.00)	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup : [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group : [16] Subgroup : [3] 7130-7200	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00	0.00 0.00 0.00 0.00 0.00 (89,413.00)	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup : [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group : [16] Subgroup : [3] 7130-7200 Subtotal [3]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00	0.00 0.00 0.00 0.00 0.00 (89,413.00)	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00	0.00 0.00 0.00 0.00 0.00 (89,413.00)	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 15.00 2,967.00	0.00 0.00 0.00 0.00 0.00 (89,413.00)	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 2,967.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expen	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00	0.00 0.00 0.00 0.00 0.00 (89,413.00)	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 15.00 2,967.00	0.00 0.00 0.00 0.00 0.00 (89,413.00)	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 2,967.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00	0.00 0.00 0.00 0.00 0.00 (89,413.00)	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00
7125-7500 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - SNF Only	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00	0.00 0.00 0.00 0.00 0.00 (89,413.00) 0.00 0.00 0.00 0.00	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00	0.00 0.00 0.00 0.00 0.00 0.00 (89,413.00) 0.00 0.00 0.00 0.00	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00	0.00 0.00 0.00 0.00 0.00 (89,413.00) 0.00 0.00 0.00 0.00 0.00 0.00	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-7100	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing-Business Meals	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 41,879.00 44,861.00 530.00 9,636.00 159.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00	0.00 0.00 0.00 0.00 0.00 (89,413.00) 0.00 0.00 0.00 0.00 0.00 0.00	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-7100	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing-Business Meals	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-7100 7550-3000	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Foundation-Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-7100 7550-3000 7550-3000 7550-3000 7550-3000 7550-3000 7550-3000 7550-3000 7550-3000 7550-5030 7550-5030	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing-Business Meals Foundation-Travel Expense Friedman Home Care-Travel Expense Friedman Home Care-Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-7100 7550-3000 7550-5030 7550-5050 7550-5050 7550-5050	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expen	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 41,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-7100 7550-3000 7550-5030 7550-5050 7550-5050 7550-5050 7550-5060 7550-5070	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expense Travel - SNF Only Nursing Support-Travel Expense Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing—Business Meals Foundation-Travel Expense Senior Choice at Home-Travel Expense Friedman Homecare-Stamford-Travel Expense Friedman Homecare-Stamford-Travel Expense Friedman Homecare-Stamford-Travel Expense Home Together-Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-5030 7505-5030 7550-5050 7550-5050 7550-5050 7550-5070 7550-5075	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Pastoral Services-Travel Expense Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing-Business Meals Foundation-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Friedman Home Care-Travel Expense Friedman Homecare-Stamford-Travel Expense Elder Abuse Prevention-Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 14,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-7100 7550-3000 7550-5030 7550-5050 7550-5050 7550-5050 7550-5075 7550-5075	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing-Business Meals Foundation-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Friedman Home Care-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Institute on Aging-Travel Expense Institute on Aging-Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 14,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 955.00 955.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-5030 7505-5030 7550-5050 7550-5050 7550-5050 7550-5070 7550-5070 7550-5075 7550-5125 7550-5150	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expense Employee Travel - SNF Only Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Foundation-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Institute on Aging-Travel Expense Institute on Aging-Travel Expense Medical Home Care-Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00 42,380.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-7100 7550-3000 7550-5030 7550-5050 7550-5050 7550-5050 7550-5075 7550-5075	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing-Business Meals Foundation-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Friedman Home Care-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Institute on Aging-Travel Expense Institute on Aging-Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 14,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 955.00 955.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-5030 7505-5030 7550-5050 7550-5050 7550-5050 7550-5070 7550-5070 7550-5075 7550-5125 7550-5150	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expense Employee Travel - SNF Only Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Foundation-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Institute on Aging-Travel Expense Institute on Aging-Travel Expense Medical Home Care-Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00 42,380.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-5100 7550-5000 7550-5000 7550-5070 7550-5075 7550-5155	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Pastoral Services-Travel Expense Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing-Business Meals Foundation-Travel Expense Friedman Home Care-Travel Expense Friedman Homecare-Stamford-Travel Expense Elder Abuse Prevention-Travel Expense Institute on Aging-Travel Expense Medical Home Care-Travel Expense Hospice-Travel Expense Friedman Med Homecare-Stamford - Travel Expense Friedman Med Homecare-Stamford - Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00 42,380.00 44,472.00 187.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 143,230.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 935.00 935.00 42,380.00 4,472.00 187.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-5030 7505-5030 7505-5030 7505-5050 7550-5050 7550-5050 7550-5050 7550-5050 7550-5050 7550-5155 7550-5155 7550-5150 7550-5155 7550-5160 7550-7100	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing-Business Meals Foundation-Travel Expense Friedman Home Care-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Institute on Aging-Travel Expense Medical Home Care-Travel Expense Hospice-Travel Expense Friedman Med Homecare-Stamford - Travel Expense Friedman Med Homecare-Stamford - Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00 42,380.00 44,72.00 187.00 721.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00 42,380.00 44,72.00 187.00 721.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7605-3000 7505-5030 7505-5030 7505-5030 7550-5050 7550-5050 7550-5050 7550-5075 7550-5125 7550-5155 7550-5155	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Pastoral Services-Travel Expense Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing-Business Meals Foundation-Travel Expense Friedman Home Care-Travel Expense Friedman Homecare-Stamford-Travel Expense Elder Abuse Prevention-Travel Expense Institute on Aging-Travel Expense Medical Home Care-Travel Expense Hospice-Travel Expense Friedman Med Homecare-Stamford - Travel Expense Friedman Med Homecare-Stamford - Travel Expense	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00 42,380.00 44,472.00 187.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 143,230.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 935.00 935.00 42,380.00 4,472.00 187.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-5030 7505-5030 7505-5050 7550-5050 7550-5050 7550-5155 7550-5155 7550-5155 7550-5155 7550-5160 7550-7100 Subtotal [4.15]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing-Business Meals Soundation-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Institute on Aging-Travel Expense Medical Home Care-Travel Expense Friedman Med Homecare-Stamford - Travel Expense Medical Home Care-Travel Expense Friedman Med Homecare-Stamford - Travel Expense Employee Travel - Non Reimbursible	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00 42,380.00 44,72.00 187.00 721.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00 42,380.00 44,72.00 187.00 721.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-7100 7550-5030 7505-5030 7505-5050 7550-5050 7550-5150 7550-5155 7550-5155 7550-5160 7550-7100 Subtotal [4.15] Subgroup: [4.42]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing-Business Meals Foundation-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Friedman Home Care-Travel Expense Eider Abuse Prevention-Travel Expense Ider Abuse Prevention-Travel Expense Institute on Aging-Travel Expense Medical Home Care-Travel Expense Hospice-Travel Expense Hospice-Travel Expense Friedman Med Homecare-Stamford - Travel Expense Medical Home Care-Travel Expense Friedman Med Homecare-Stamford - Travel Expense Employee Travel - All Programs	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00 42,380.00 42,380.00 44,72.00 187.00 721.00 92,761.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 113,230.00 14,879.00 44,861.00 530.00 9,636.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 935.00 42,380.00 4,472.00 187.00 721.00 92,761.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup : [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group : [16] Subgroup : [3] 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7505-3000 7505-3000 7505-5030 7505-5030 7505-5030 7505-5030 7550-5050 7550-5050 7550-5050 7550-5050 7550-5050 7550-5125 7550-5150 7550-5150 7550-5150 7550-5160 7550-5160 7550-7100 Subtotal [4.15] Subgroup : [4.42] 7505-7010	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other than Salaries Expenditures Other India Salaries Expenditures Other India Salaries Expense Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Inavel Expense Eriedman Home Care-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Home Together-Travel Expense Home Care-Travel Expense Home Care-Travel Expense Friedman Med Homecare-Stamford - Travel Expense Medical Home Care-Travel Expense Friedman Med Homecare-Stamford - Travel Expense Employee Travel - All Programs Administration-Business Meals	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00 42,380.00 4,472.00 187.00 721.00 92,761.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00 42,380.00 4,472.00 187.00 721.00 92,761.00
7125-7500 7125-7505 7125-7525 Subtotal [1H2.30] Subgroup: [1K3.03] 7150-7010 Subtotal [1K3.03] Total [15] Group: [16] Subgroup: [3] 7130-7200 Subtotal [3] Subgroup: [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup: [4.15] 7505-3000 7505-5030 7505-7100 7550-5030 7505-5030 7505-5050 7550-5050 7550-5150 7550-5155 7550-5155 7550-5160 7550-7100 Subtotal [4.15] Subgroup: [4.42]	Security-Cell Phone Expense Therapeutic Recreation - Cell Phone Expense Cellular Phones and Beepers Resident Day User Fee - SNF Only Administration-Nursing Home User Tax Resident Day User Fee - SNF Only Expenditures Other than Salaries Expenditures Other than Salaries (cont'd) - Admin. and General Gifts to Staff and Residents Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Therapeutic Recreation-Travel Expense Employee Travel - SNF Only Employee Travel - SNF Only Employee Travel - Non Reimbursible Foundation-Business Meals Senior Choice at Home-Business Meals Marketing-Business Meals Foundation-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Friedman Home Care-Travel Expense Eider Abuse Prevention-Travel Expense Ider Abuse Prevention-Travel Expense Institute on Aging-Travel Expense Medical Home Care-Travel Expense Hospice-Travel Expense Hospice-Travel Expense Friedman Med Homecare-Stamford - Travel Expense Medical Home Care-Travel Expense Friedman Med Homecare-Stamford - Travel Expense Employee Travel - All Programs	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,489,600.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 853.00 935.00 42,380.00 42,380.00 44,72.00 187.00 721.00 92,761.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	507.00 967.00 137,994.00 1,478,298.00 1,478,298.00 10,400,187.00 113,230.00 113,230.00 15.00 2,967.00 41,879.00 44,861.00 530.00 9,636.00 159.00 1,991.00 3,963.00 24,542.00 1,779.00 613.00 935.00 42,380.00 42,380.00 472.00 187.00 721.00 92,761.00

Subtotal [4.42]	Employee Travel - All Programs	14,502.00	0.00	14,502.00
Subtotal [4.42]	Employee Haver-Air Flograms	14,302.00	0.00	14,302.00
Subgroup : [5.10]	Education Expense - SNF Only			
		1.454.00	0.00	1 151 00
7520-5025	Child Care Center-Education/Inservice Expense	1,151.00		1,151.00
7520-7010	Administration-Education/Inservice Expense	200.00	0.00	200.00
7520-7200 7520-7210	Employee Relations-Education/Inservice Expense	2,579.00 54,333.00	0.00 0.00	2,579.00
	Education-Education/Inservice Expense			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
oubtotal [oo]	Automobile Expense on	21,100.00		21,100.00
Subgroup : [M1.15]	Advertising Help Wanted			
7105-7200	Employee Relations-Advertising-Recruitment	F 406 00	0.00	5,186.00
	, ,	5,186.00 5,186.00	0.00	5,186.00
Subtotal [M1.15]	Advertising Help Wanted	5,100.00	0.00	5,106.00
Subgroup : [M3.22]	Advertising Other - Non Reimb	50.400.00	0.00	E0 100 00
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		51.00	0.00	51.00
	Marketing-Supplies Expense			
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
0				
Subgroup : [M4.10]	Found Policina, ONE			
7400 0000	Fund Raising - SNF			
7133-3000	Foundation-Donor Recognition	1,119.00	0.00	1,119.00
7134-3000	Foundation-Donor Recognition Foundation-Special Events	1,501.00	0.00	1,501.00
	Foundation-Donor Recognition			
7134-3000 Subtotal [M4.10]	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF	1,501.00	0.00	1,501.00
7134-3000 Subtotal [M4.10] Subgroup : [M4.22]	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible	1,501.00 2,620.00	0.00	1,501.00
7134-3000 Subtotal [M4.10]	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF	1,501.00	0.00	1,501.00
7134-3000 Subtotal [M4.10] Subgroup : [M4.22]	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible	1,501.00 2,620.00	0.00	1,501.00 2,620.00
7134-3000 Subtotal [M4.10] Subgroup : [M4.22] 7134-5030	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events	1,501.00 2,620.00 3,206.00	0.00 0.00	1,501.00 2,620.00 3,206.00
7134-3000 Subtotal [M4.10] Subgroup : [M4.22] 7134-5030	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events	1,501.00 2,620.00 3,206.00	0.00 0.00	1,501.00 2,620.00 3,206.00
7134-3000 Subtotal [M4.10] Subgroup : [M4.22] 7134-5030 Subtotal [M4.22]	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible	1,501.00 2,620.00 3,206.00	0.00 0.00	1,501.00 2,620.00 3,206.00
7134-3000 Subtotal [M4.10] Subgroup : [M4.22] 7134-5030 Subtotal [M4.22] Subgroup : [M6.03]	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon	3,206.00 3,400.00	0.00 0.00 0.00 0.00	3,206.00 3,206.00 54,000.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525 7452-7525	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon Therapeutic Recreation-Beauty Salon Supplies	3,206.00 3,206.00 54,000.00 3,026.00	0.00 0.00 0.00 0.00 0.00	3,206.00 3,206.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon	3,206.00 3,400.00	0.00 0.00 0.00 0.00	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525 7452-7525 Subtotal [M6.03]	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon Therapeutic Recreation-Beauty Salon Supplies Barber and Beauty Supplies - SNF	3,206.00 3,206.00 54,000.00 3,026.00	0.00 0.00 0.00 0.00 0.00	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525 7452-7525 Subtotal [M6.03] Subgroup: [M7.10]	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon Therapeutic Recreation-Beauty Salon Supplies Barber and Beauty Supplies - SNF Postage	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00	0.00 0.00 0.00 0.00 0.00 0.00	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525 7452-7525 Subtotal [M6.03] Subgroup: [M7.10] 7445-7010	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon Therapeutic Recreation-Beauty Salon Supplies Barber and Beauty Supplies - SNF Postage Administration-Postage	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525 7452-7525 Subtotal [M6.03] Subgroup: [M7.10] 7445-7010 7445-7250	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon Therapeutic Recreation-Beauty Supplies Barber and Beauty Supplies - SNF Postage Administration-Postage Finance-Postage	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00 39,827.00 79.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525 7452-7525 Subtotal [M6.03] Subgroup: [M7.10] 7445-7010 7445-7250 7445-7450	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon Therapeutic Recreation-Beauty Supplies Barber and Beauty Supplies - SNF Postage Administration-Postage Finance-Postage Purchasing-Postage	1,501.00 2,620.00 3,206.00 54,000.00 3,026.00 57,026.00 39,827.00 79.00 33.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525 7452-7525 Subtotal [M6.03] Subgroup: [M7.10] 7445-7010 7445-7250	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon Therapeutic Recreation-Beauty Supplies Barber and Beauty Supplies - SNF Postage Administration-Postage Finance-Postage	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00 39,827.00 79.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525 7452-7525 Subtotal [M6.03] Subgroup: [M7.10] 7445-7010 7445-7250 7445-7450 Subtotal [M7.10]	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon Therapeutic Recreation-Beauty Supplies Barber and Beauty Supplies - SNF Postage Administration-Postage Finance-Postage Purchasing-Postage Postage	1,501.00 2,620.00 3,206.00 54,000.00 3,026.00 57,026.00 39,827.00 79.00 33.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525 7452-7525 Subtotal [M6.03] Subgroup: [M7.10] 7445-7010 7445-7250 7445-7450 Subtotal [M7.10] Subgroup: [M7.22]	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon Therapeutic Recreation-Beauty Supplies Barber and Beauty Supplies - SNF Postage Administration-Postage Finance-Postage Purchasing-Postage Postage Postage Postage - Non Reimb	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00 39,827.00 79.00 33.00 39,939.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00 39,827.00 79.00 33.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525 7452-7525 Subtotal [M6.03] Subgroup: [M7.10] 7445-7010 7445-7250 7445-7450 Subtotal [M7.10] Subgroup: [M7.22] 7445-3000	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon Therapeutic Recreation-Beauty Supplies Barber and Beauty Supplies - SNF Postage Administration-Postage Finance-Postage Purchasing-Postage Postage Postage - Non Reimb Foundation-Postage	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00 79.00 33.00 39,939.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00 39,827.00 79.00 33.00 39,939.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525 7452-7525 Subtotal [M6.03] Subgroup: [M7.10] 7445-7010 7445-7250 7445-7450 Subtotal [M7.10] Subgroup: [M7.22] 7445-3000 7445-5030	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon Therapeutic Recreation-Beauty Salon Supplies Barber and Beauty Supplies - SNF Postage Administration-Postage Finance-Postage Purchasing-Postage Postage - Non Reimb Foundation-Postage Senior Choice at Home-Postage	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00 39,827.00 79.00 33.00 39,939.00 37.00 971.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00 39,827.00 79.00 33.00 39,939.00
7134-3000 Subtotal [M4.10] Subgroup: [M4.22] 7134-5030 Subtotal [M4.22] Subgroup: [M6.03] 6212-7525 7452-7525 Subtotal [M6.03] Subgroup: [M7.10] 7445-7010 7445-7250 7445-7450 Subtotal [M7.10] Subgroup: [M7.22] 7445-3000	Foundation-Donor Recognition Foundation-Special Events Fund Raising - SNF Fund Raising - NonReimbursible Senior Choice at Home-Special Events Fund Raising - NonReimbursible Barber and Beauty Supplies - SNF Therapeutic Recreation-Salary-Beauty Salon Therapeutic Recreation-Beauty Supplies Barber and Beauty Supplies - SNF Postage Administration-Postage Finance-Postage Purchasing-Postage Postage Postage - Non Reimb Foundation-Postage	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00 79.00 33.00 39,939.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,501.00 2,620.00 3,206.00 3,206.00 54,000.00 3,026.00 57,026.00 39,827.00 79.00 33.00 39,939.00

Subgroup : [M8.10] 7515-7010	Dues and Membership Fees to Professional Associations - Accum Cost Administration-Dues	38,642.00	RJE - 1007	(630.00) (630.00)	38,012.00
7515-7400	Pastoral Services-Dues	450.00		0.00	450.00
Subtotal [M8.10]	Dues and Membership Fees to Professional Associations - Accum Cost Dues and Membership Fees to Professional Associations - Non Reimb	39,092.00		(630.00)	38,462.00
Subgroup : [M8.22] 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 7525-7150	Clinic-Licenses/Permits Dining Services-Licenses/Permits	190.00 2,300.00		0.00 0.00	190.00 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 7540-7450	Education-Subscriptions Purchasing-Subscriptions	5,285.00 860.00		0.00 0.00	5,285.00 860.00
Subtotal [M9.10]	Subscriptions - SNF Only	150,140.00		0.00	150,140.00
Subgroup : [M9.22] 7525-5050	Subscriptions - Non Reimb Friedman Home Care-Licenses/Permits	375.00		0.00	375.00
7525-5050 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 7540-5150	Friedman Home Care-Subscriptions	75.00 10,770.00		0.00 0.00	75.00 10,770.00
7540-5155 7540-5155	Medical Home Care-Subscriptions Hospice-Subscriptions	10,677.00		0.00	10,677.00
Subtotal [M9.22]	Subscriptions - Non Reimb	27,279.00		0.00	27,279.00
0	Our days Develop day to Our front ONE On by			_	
Subgroup : [M11.10] 7008-7250	Services Provided by Contract - SNF Only 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 7050-7200	Administration-Purchased Services Employee Relations-Temporary Help	3,673.00 34,586.00		0.00 0.00	3,673.00 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	4 000 400 00		0.00	4 000 400 00
7035-5070 7035-5150	Home Together - Purchased Services Medical Home Care-Purchased Services	1,099,132.00 108,800.00		0.00 0.00	1,099,132.00 108,800.00
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 7035-5030	Assisted Living-Purchased Services Senior Choice at Home-Purchased Services	3,827.00 2,963,064.00		0.00 116,000.00	3,827.00
7110-5050	Friedman Home Care-Bad Debt Expense	9,165.00		0.00	3,079,064.00 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 7145-5030	ADHC-Grasmere-Miscellaneous Expen Senior Choice at Home-Miscellaneous Expense	412.00 2,268.00		0.00 0.00	412.00 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 7247-7600	Fitness Center - Equipment Maintenance/Contracts Fitness Center - Pool Maintenance	1,475.00 32,844.00		0.00 0.00	1,475.00 32,844.00
7271-7600	Fitness Center - Food Walliterlande	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 7410-5070	Senior Choice at Home-Printing Expense Home Together-Printing Expense	19,867.00 295.00		0.00 0.00	19,867.00 295.00
7410-5070	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 7437-7600	Fitness Center - Large Equipment Fitness Center-Pool Supplies	372.00 6,786.00		0.00 0.00	372.00 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
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Subgroup : [M13.25]	Other - Accum Costs			
6545-7200	Employee Relations-Pre-Employment Screening	88,412.00	0.00	88,412.00
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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
	Other - Accum Costs			
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
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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
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Subgroup : [2A1.22]	Raw Food - Non Reimb			
7085-3000		4.005.00	2.22	4.005.00
	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
		10,020.00	0.50	.5,020.00
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		0.00	18,184.00
		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
7000-7100				

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			0.00	
	Dining Services-Direct Expenses-Morrison	138,657.00		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
	Distanty Dutile for American or Costs	0,2 10,000.00	0.00	0,210,000.00
Group : [19]	Laundry-Basis for Allocation of Costs			
Subgroup : [3A1.10]	Bed Linens, etcwashed, ironed			
7415-7325	Laundry-Linen & Bedding	14,027.00	0.00	14,027.00
Subtotal [3A1.10]	Bed Linens, etcwashed, 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
Cubtotal [CD:10]	T dichased services	07,020.00	0.55	07,020.00
0	04			
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
	Education of Costs	111,000.00		,
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
	Environmental Services-Official Expense	023.00	0.00	
Subtotal [4A1.02]	In-House Care Supplies - Sqft	41,274.00	0.00	41,274.00
Subtotal [4A1.02]	In-House Care Supplies - Sqft			
Subtotal [4A1.02] Subgroup : [4B.02]	In-House Care Supplies - Sqft Purchased Services - Sqft	41,274.00	0.00	41,274.00
Subtotal [4A1.02] Subgroup : [4B.02] 7011-7225	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso	41,274.00 7,322.00	0.00	41,274.00 7,322.00
Subtotal [4A1.02] Subgroup : [4B.02]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison	41,274.00 7,322.00 80,297.00	0.00 0.00 0.00	7,322.00 80,297.00
Subtotal [4A1.02] Subgroup : [4B.02] 7011-7225	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso	41,274.00 7,322.00	0.00	41,274.00 7,322.00
Subtotal [4A1.02] Subgroup : [4B.02] 7011-7225 7459-7225	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison	41,274.00 7,322.00 80,297.00	0.00 0.00 0.00	7,322.00 80,297.00
Subtotal [4A1.02] Subgroup : [4B.02] 7011-7225 7459-7225 Subtotal [4B.02]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison	41,274.00 7,322.00 80,297.00	0.00 0.00 0.00	7,322.00 80,297.00
Subtotal [4A1.02] Subgroup : [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup : [4D]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other	7,322.00 80,297.00 87,619.00	0.00 0.00 0.00 0.00	7,322.00 80,297.00 87,619.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison	7,322.00 80,297.00 87,619.00	0.00 0.00 0.00 0.00	7,322.00 80,297.00 87,619.00
Subtotal [4A1.02] Subgroup : [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup : [4D]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other	7,322.00 80,297.00 87,619.00	0.00 0.00 0.00 0.00	7,322.00 80,297.00 87,619.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other	7,322.00 80,297.00 87,619.00	0.00 0.00 0.00 0.00	7,322.00 80,297.00 87,619.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF	7,322.00 80,297.00 87,619.00 24,634.00	0.00 0.00 0.00 0.00	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00	0.00 0.00 0.00 0.00 0.00	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF	7,322.00 80,297.00 87,619.00 24,634.00	0.00 0.00 0.00 0.00	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00	0.00 0.00 0.00 0.00 0.00	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-5155	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00	0.00 0.00 0.00 0.00 0.00 0.00	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acutel/Rehab-Pharmacy Expense Hospice-Pharmacy Expense	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00	0.00 0.00 0.00 0.00 0.00 0.00	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00	0.00 0.00 0.00 0.00 0.00 0.00	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acutel/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acutel/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10]	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Medical and Therapeutic Supplies - SNF Only	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00 5,821.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1190	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00 5,821.00 53,461.00 27,725.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 53,461.00 27,725.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1190 6735-1240	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acutel/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 11 - Medical/Surgical Supplies 2a - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00 5,821.00 53,461.00 27,725.00 29,961.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 53,461.00 27,725.00 29,961.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-2105 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1100 6735-1240 6735-1250	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 11 - Medical/Surgical Supplies 22 - Medical/Surgical Supplies 25 - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 53,461.00 27,725.00 29,961.00 37,968.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 53,461.00 27,725.00 29,961.00 37,968.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-25 Subtotal [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1240 6735-1250 6735-1250 6735-1250	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Long term care-Medical/Surgical Supplies 11 - Medical/Surgical Supplies 22 - Medical/Surgical Supplies 25 - Medical/Surgical Supplies 26 - Medical/Surgical Supplies 26 - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1200 6735-1240 6735-1250 6735-1260 6735-1270	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2d - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 5,821.00 29,961.00 37,968.00 16,472.00 30,553.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1240 6735-1250 6735-1260 6735-1270 6735-1270 6735-1270	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2e - Medical/Surgical Supplies 2e - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00 5,821.00 53,461.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 53,461.00 27,725.00 29,961.00 37,968.00 16,472.00 28,595.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1100 6735-1240 6735-1250 6735-1260 6735-1270 6735-1280 6735-1280	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2d - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 5,821.00 29,961.00 37,968.00 16,472.00 30,553.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1240 6735-1250 6735-1260 6735-1270 6735-1270 6735-1270	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2e - Medical/Surgical Supplies 2e - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00 5,821.00 53,461.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 53,461.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1100 6735-1240 6735-1250 6735-1260 6735-1270 6735-1280 6735-1280	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acutel/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2d - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 29,961.00 37,968.00 16,472.00 28,595.00 27,363.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1190 6735-1200 6735-1240 6735-1250 6735-1270 6735-1280 6735-1290 6735-1290 6735-1290 6735-1240 6735-1250 6735-1250 6735-1240 6735-1250 6735-1250 6735-1250 6735-1250 6735-1250	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acutel/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 11 - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2e - Medical/Surgical Supplies 2e - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 3a - Medical/Surgical Supplies 3a - Medical/Surgical Supplies 3b - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 25,987.00 28,448.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 25,987.00 25,887.00 28,448.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-2100 6745-7075 Subtotal [5B.10] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1200 6735-1240 6735-1250 6735-1250 6735-1260 6735-1270 6735-1280 6735-1280 6735-1340 6735-1350 6735-1350 6735-1350	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 3f - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 25,987.00 28,448.00 26,605.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 28,595.00 27,363.00 28,595.00 28,484.00 26,605.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-7075 Subtotal [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1200 6735-1240 6735-1240 6735-1250 6735-1280 6735-1280 6735-1290 6735-1360 6735-1350 6735-1350 6735-1350 6735-1360 6735-1370	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Long term care-Medical/Surgical Supplies 11 - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 3f - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 78,493.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 28,597.00 28,448.00 26,605.00 25,507.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 25,987.00 26,605.00 25,507.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-5155 Subtotal [5B.10] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1200 6735-1240 6735-1250 6735-1250 6735-1280 6735-1290 6735-1340 6735-1350 6735-1360 6735-1360 6735-1370 6735-1370 6735-1370	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Wedical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 11 - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 3a - Medical/Surgical Supplies 3b - Medical/Surgical Supplies 3c - Medical/Surgical Supplies 3b - Medical/Surgical Supplies 3c - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3e - Medical/Surgical Supplies 3e - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 40,499.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 28,480.00 26,605.00 26,605.00 27,475.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 28,448.00 26,605.00 25,507.00 27,475.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1200 6735-1240 6735-1250 6735-1260 6735-1270 6735-1280 6735-1290 6735-1290 6735-1340 6735-1350 6735-1340 6735-1350 6735-1350 6735-1380 6735-1380 6735-1380	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 11 - Medical/Surgical Supplies 22 - Medical/Surgical Supplies 24 - Medical/Surgical Supplies 26 - Medical/Surgical Supplies 26 - Medical/Surgical Supplies 27 - Medical/Surgical Supplies 28 - Medical/Surgical Supplies 30 - Medical/Surgical Supplies 31 - Medical/Surgical Supplies 32 - Medical/Surgical Supplies 33 - Medical/Surgical Supplies 34 - Medical/Surgical Supplies 36 - Medical/Surgical Supplies 36 - Medical/Surgical Supplies 36 - Medical/Surgical Supplies 36 - Medical/Surgical Supplies 36 - Medical/Surgical Supplies 36 - Medical/Surgical Supplies 36 - Medical/Surgical Supplies 36 - Medical/Surgical Supplies 36 - Medical/Surgical Supplies 36 - Medical/Surgical Supplies 36 - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 28,595.00 27,363.00 28,448.00 26,605.00 25,507.00 27,475.00 27,475.00 25,209.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 28,695.00 25,507.00 27,475.00 25,507.00 27,475.00 25,209.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-6155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1240 6735-1240 6735-1250 6735-1250 6735-1270 6735-1280 6735-1280 6735-1360 6735-1360 6735-1350 6735-1380 6735-1380 6735-1390 6735-1390 6735-1390 6735-1390	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acutel/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 3f - Medical/Surgical Supplies 3f - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 4a - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 5,821.00 27,725.00 29,961.00 30,553.00 28,595.00 27,363.00 25,997.00 28,448.00 26,605.00 25,507.00 27,475.00 25,209.00 27,232.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 29,961.00 37,968.00 16,472.00 28,595.00 28,595.00 27,363.00 28,695.00 27,475.00 27,475.00 27,475.00 27,232.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1200 6735-1240 6735-1250 6735-1260 6735-1270 6735-1280 6735-1290 6735-1290 6735-1340 6735-1350 6735-1340 6735-1350 6735-1350 6735-1380 6735-1380 6735-1380	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 3a - Medical/Surgical Supplies 3b - Medical/Surgical Supplies 3c - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 28,595.00 27,363.00 28,448.00 26,605.00 25,507.00 27,475.00 27,475.00 25,209.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 28,695.00 25,507.00 27,475.00 25,507.00 27,475.00 25,209.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-6155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1240 6735-1240 6735-1250 6735-1250 6735-1270 6735-1280 6735-1280 6735-1360 6735-1360 6735-1350 6735-1360 6735-1380 6735-1380 6735-1390 6735-1390 6735-1390 6735-1440	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acutel/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 3f - Medical/Surgical Supplies 3f - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 4a - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 5,821.00 27,725.00 29,961.00 30,553.00 28,595.00 27,363.00 25,997.00 28,448.00 26,605.00 25,507.00 27,475.00 25,209.00 27,232.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 192,884.00 40,499.00 311,876.00 5,821.00 5,821.00 29,961.00 37,968.00 16,472.00 28,595.00 28,595.00 27,363.00 28,695.00 27,475.00 27,475.00 27,475.00 27,232.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1190 6735-1200 6735-1240 6735-1250 6735-1270 6735-1280 6735-1290 6735-1340 6735-1340 6735-1340 6735-1340 6735-1340 6735-1340 6735-1340 6735-1340 6735-1340 6735-1340 6735-1340 6735-1340 6735-1340 6735-1340 6735-1340 6735-1340	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 11 - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 4a - Medical/Surgical Supplies 4b - Medical/Surgical Supplies 4c - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 311,876.00 5,821.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 28,595.00 27,363.00 28,448.00 26,605.00 27,475.00 27,475.00 25,209.00 27,475.00 25,209.00 27,475.00 25,944.00 30,559.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 26,969.00 27,363.00 28,595.00 27,363.00 25,987.00 25,987.00 25,987.00 27,475.00 27,232.00 27,232.00 27,232.00 25,944.00 30,559.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1200 6735-1240 6735-1250 6735-1250 6735-1280 6735-1280 6735-1280 6735-1340 6735-1350 6735-1350 6735-1360 6735-1390 6735-1390 6735-1440 6735-1450 6735-1450 6735-1460 6735-1460 6735-1460 6735-1470	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medical and Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 3a - Medical/Surgical Supplies 3c - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4a - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 25,987.00 28,448.00 26,605.00 27,475.00 27,475.00 27,232.00 25,944.00 30,559.00 32,822.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 28,595.00 27,363.00 28,595.00 27,363.00 28,595.00 27,475.00 28,448.00 28,605.00 25,507.00 27,475.00 27,475.00 25,209.00 27,232.00 25,944.00 30,559.00 30,559.00 32,822.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1200 6735-1240 6735-1250 6735-1250 6735-1270 6735-1280 6735-1300 6735-1300 6735-1300 6735-1300 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1460 6735-1470 6735-1470	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acutel/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medical And Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 4a - Medical/Surgical Supplies 4b - Medical/Surgical Supplies 4c - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 311,876.00 5,821.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 25,987.00 28,448.00 26,605.00 27,475.00 27,475.00 25,904.00 30,559.00 27,232.00 25,944.00 30,559.00 32,822.00 25,944.00 30,559.00 32,822.00 27,555.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 5,821.00 29,961.00 37,968.00 16,472.00 28,595.00 28,595.00 27,363.00 26,605.00 25,507.00 27,475.00 25,209.00 27,475.00 25,944.00 30,555.00 25,944.00 27,232.00 25,944.00 30,555.00 27,375.00 27,475.00 27,475.00 27,475.00 27,475.00 27,475.00 27,475.00 27,475.00 27,555.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-5155 Subtotal [5A.03] Subgroup: [5B.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1200 6735-1240 6735-1250 6735-1250 6735-1270 6735-1280 6735-1290 6735-1340 6735-1350 6735-1340 6735-1350 6735-1340 6735-1350 6735-1340 6735-1350 6735-1360 6735-1360 6735-1360 6735-1360 6735-1360 6735-1360 6735-1360 6735-1400 6735-1440 6735-1440 6735-1440	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicial And Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 11 - Medical/Surgical Supplies 22 - Medical/Surgical Supplies 24 - Medical/Surgical Supplies 26 - Medical/Surgical Supplies 27 - Medical/Surgical Supplies 28 - Medical/Surgical Supplies 39 - Medical/Surgical Supplies 30 - Medical/Surgical Supplies 30 - Medical/Surgical Supplies 31 - Medical/Surgical Supplies 32 - Medical/Surgical Supplies 33 - Medical/Surgical Supplies 34 - Medical/Surgical Supplies 35 - Medical/Surgical Supplies 36 - Medical/Surgical Supplies 37 - Medical/Surgical Supplies 38 - Medical/Surgical Supplies 40 - Medical/Surgical Supplies 41 - Medical/Surgical Supplies 42 - Medical/Surgical Supplies 44 - Medical/Surgical Supplies 45 - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 311,876.00 5,821.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 28,595.00 27,363.00 28,448.00 26,605.00 25,507.00 27,475.00 25,209.00 27,232.00 25,944.00 30,559.00 32,822.00 27,555.00 25,466.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 26,595.00 27,363.00 25,987.00 28,448.00 26,605.00 27,475.00 27,232.00 27,232.00 27,232.00 27,232.00 27,355.00 27,369.00 27,369.00 27,369.00 27,369.00 27,369.00 27,369.00 28,448.00 26,605.00 27,555.00 27,369.00 27,555.00 25,944.00 30,559.00 32,822.00 27,555.00 27,466.00
Subtotal [4A1.02] Subgroup: [4B.02] 7011-7225 7459-7225 Subtotal [4B.02] Subgroup: [4D] 7020-7225 Subtotal [4D] Subgroup: [5A.03] 6745-1000 6745-2100 6745-2100 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6745-7075 Subtotal [5B.10] Subgroup: [5C.10] 6735-1000 6735-1200 6735-1240 6735-1250 6735-1250 6735-1270 6735-1280 6735-1300 6735-1300 6735-1300 6735-1300 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1350 6735-1460 6735-1470 6735-1470	In-House Care Supplies - Sqft Purchased Services - Sqft Environmental Services-Consulting Services-Morriso Environmental Services-Direct Expenses-Morrison Purchased Services - Sqft Other Environmental Services-Management Fee-Morrison Other Purchased From - SNF Long term care-Pharmacy Expense Post-Acutel/Rehab-Pharmacy Expense Hospice-Pharmacy Expense Purchased From - SNF Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medicine Cabinet Drugs - SNF Only Clinical Support Svcs-Pharmacy Expense Medical And Therapeutic Supplies - SNF Only Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies 2a - Medical/Surgical Supplies 2b - Medical/Surgical Supplies 2c - Medical/Surgical Supplies 2d - Medical/Surgical Supplies 2f - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 3d - Medical/Surgical Supplies 4a - Medical/Surgical Supplies 4b - Medical/Surgical Supplies 4c - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies 4d - Medical/Surgical Supplies	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 311,876.00 5,821.00 5,821.00 5,821.00 27,725.00 29,961.00 37,968.00 16,472.00 30,553.00 28,595.00 27,363.00 25,987.00 28,448.00 26,605.00 27,475.00 27,475.00 25,904.00 30,559.00 27,232.00 25,944.00 30,559.00 32,822.00 25,944.00 30,559.00 32,822.00 27,555.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,322.00 80,297.00 87,619.00 24,634.00 24,634.00 24,634.00 311,876.00 5,821.00 5,821.00 5,821.00 29,961.00 37,968.00 16,472.00 28,595.00 28,595.00 27,363.00 26,605.00 25,507.00 27,475.00 25,209.00 27,475.00 25,944.00 30,555.00 25,944.00 27,232.00 25,944.00 30,555.00 27,375.00 27,475.00 27,475.00 27,475.00 27,475.00 27,475.00 27,475.00 27,475.00 27,555.00

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
C.,hana	Abulance/limensine			
Subgroup : [5D.03] 6705-2100	Abulance/Limousine	2.418.00	0.00	0.440.00
	Post-Acute/Rehab-Ambulance Expense	,	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
Subtotal [Sn. 10]	Laboratory - SINF	125,056.00	0.00	125,056.00
Subgroup : [5l.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		641.00	0.00	641.00
	3d - Recreation Supplies & Activities			
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 [5l.10]				
	· · · · · · · · · · · · · · · · · · ·			177,277.00
	Recreation - SNF Only	177,277.00	0.00	177,277.00
Subgroup : [5],221	Recreation - SNF Only			177,277.00
Subgroup : [5l.22] 7450-2510	Recreation - SNF Only Recreation - Non Reimb	177,277.00	0.00	
7450-2510	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities	177,277.00 19,643.00	0.00	19,643.00
7450-2510 7450-2520	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies &	177,277.00 19,643.00 969.00	0.00 0.00 0.00	19,643.00 969.00
7450-2510 7450-2520 7450-5015	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities	177,277.00 19,643.00 969.00 7,584.00	0.00 0.00 0.00 0.00	19,643.00 969.00 7,584.00
7450-2510 7450-2520 7450-5015 7451-5015	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies	177,277.00 19,643.00 969.00 7,584.00 3,225.00	0.00 0.00 0.00 0.00 0.00	19,643.00 969.00 7,584.00 3,225.00
7450-2510 7450-2520 7450-5015 7451-5015 7455-2510	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00	0.00 0.00 0.00 0.00 0.00 0.00	19,643.00 969.00 7,584.00 3,225.00 373.00
7450-2510 7450-2520 7450-5015 7451-5015	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies	177,277.00 19,643.00 969.00 7,584.00 3,225.00	0.00 0.00 0.00 0.00 0.00	19,643.00 969.00 7,584.00 3,225.00
7450-2510 7450-2520 7450-5015 7451-5015 7455-2510 Subtotal [51.22]	Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense Recreation - Non Reimb	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00	0.00 0.00 0.00 0.00 0.00 0.00	19,643.00 969.00 7,584.00 3,225.00 373.00
7450-2510 7450-2520 7450-25015 7451-5015 7455-2510 Subtotal [51.22] Subgroup : [5L.03]	Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense Recreation - Non Reimb Other - SNF	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00
7450-2510 7450-2520 7450-5015 7451-5015 7455-2510 Subtotal [5l.22] Subgroup: [5L.03] 6765-1000	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense Recreation - Non Reimb Other - SNF Long term care-Therapy Supplies & Expense	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00	19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00
7450-2510 7450-2520 7450-5015 7451-5015 7455-2510 Subtotal [5I.22] Subgroup : [5L.03] 6765-1000 6765-5220	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies ASsisted Living-Supplies Expense Recreation - Non Reimb Other - SNF Long term care-Therapy Supplies & Expense Inpatient Therapy-Therapy Supplies & Expense	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 432.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 (432.00) 432.00	19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00
7450-2510 7450-2520 7450-2520 7451-5015 7451-5015 7455-2510 Subtotal [51.22] Subgroup : [5L.03] 6765-1000 6765-5220 7010-5220	Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense Recreation - Non Reimb Other - SNF Long term care-Therapy Supplies & Expense Inpatient Therapy-Therapy Supplies & Expense Inpatient Therapy-Consulting Services	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 432.00 0.00 5,040.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 (432.00) 432.00 0.00	19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00
7450-2510 7450-2520 7450-2520 7450-5015 7451-5015 7455-2510 Subtotal [51.22] Subgroup : [5L.03] 6765-1000 6765-5220 7010-5220 7010-7075	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense Recreation - Non Reimb Other - SNF Long term care-Therapy Supplies & Expense Inpatient Therapy-Cnsulting Services Clinical Support Services-Consulting	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 432.00 0.00 5,040.00 26,898.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 (432.00) 432.00 0.00 0.00	19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 0.00 432.00 5,040.00 26,898.00
7450-2510 7450-2520 7450-5015 7451-5015 7455-2510 Subtotal [5l.22] Subgroup: [5L.03] 6765-1000 6765-5220 7010-5220 7010-7075 7035-5220	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense Recreation - Non Reimb Other - SNF Long term care-Therapy Supplies & Expense Inpatient Therapy-Consulting Services Clinical Support Services-Consulting Inpatient Therapy-Purchased Service	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 432.00 0.00 5,040.00 26,898.00 6,770.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 (432.00) 432.00 0.00 0.00 0.00	19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 0.00 432.00 5,040.00 26,898.00 6,770.00
7450-2510 7450-2520 7450-2520 7450-5015 7451-5015 7455-2510 Subtotal [51.22] Subgroup : [5L.03] 6765-1000 6765-5220 7010-5220 7010-7075	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense Recreation - Non Reimb Other - SNF Long term care-Therapy Supplies & Expense Inpatient Therapy-Cnsulting Services Clinical Support Services-Consulting	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 432.00 0.00 5,040.00 26,898.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 (432.00) 432.00 0.00 0.00	19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 0.00 432.00 5,040.00 26,898.00
7450-2510 7450-2520 7450-5015 7451-5015 7455-2510 Subtotal [5l.22] Subgroup: [5L.03] 6765-1000 6765-5220 7010-5220 7010-7075 7035-5220	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense Recreation - Non Reimb Other - SNF Long term care-Therapy Supplies & Expense Inpatient Therapy-Consulting Services Clinical Support Services-Consulting Inpatient Therapy-Purchased Service	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 432.00 0.00 5,040.00 26,898.00 6,770.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 (432.00) 432.00 0.00 0.00 0.00	19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 0.00 432.00 5,040.00 26,898.00 6,770.00
7450-2510 7450-2520 7450-5015 7451-5015 7455-2510 Subtotal [5l.22] Subgroup : [5L.03] 6765-1000 6765-5220 7010-5220 7010-7075 7035-5220 7155-7350	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense Recreation - Non Reimb Other - SNF Long term care-Therapy Supplies & Expense Inpatient Therapy-Therapy Supplies & Expense Inpatient Therapy-Consulting Services Clinical Support Services-Consulting Inpatient Therapy-Purchased Service Nursing Support-Patient Lost Articles	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 432.00 0.00 5,040.00 26,898.00 6,770.00 1,659.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 432.00 0.00 0.00 0.00 0.00	19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 0.00 432.00 5,040.00 26,898.00 6,770.00 1,659.00
7450-2510 7450-2520 7450-2520 7450-5015 7451-5015 7455-2510 Subtotal [51.22] Subgroup: [5L.03] 6765-1000 6765-5220 7010-7075 7035-5220 7155-7350 7425-6220 7425-7350	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense Recreation - Non Reimb Other - SNF Long term care-Therapy Supplies & Expense Inpatient Therapy-Therapy Supplies & Expense Inpatient Therapy-Crossulting Services Clinical Support Services-Consulting Inpatient Therapy-Hurchased Service Nursing Support-Patient Lost Articles Inpatient Therapy-Minor Equipment Nursing Support-Minor Equipment	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 432.00 0.00 5,040.00 26,898.00 6,770.00 1,659.00 145.00 2,331.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 0.00 432.00 5,040.00 26,898.00 6,770.00 1,659.00 1,45.00 2,331.00
7450-2510 7450-2520 7450-2520 7451-5015 7451-5015 7455-2510 Subtotal [51.22] Subgroup: [5L.03] 6765-1000 6765-5220 7010-7075 7035-5220 7155-7350 7425-5220 7425-7350 7455-5025	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense Recreation - Non Reimb Other - SNF Long term care-Therapy Supplies & Expense Inpatient Therapy-Therapy Supplies & Expense Inpatient Therapy-Consulting Services Clinical Support Services-Consulting Inpatient Therapy-Purchased Service Nursing Support-Patient Lost Articles Inpatient Therapy-Minor Equipment Nursing Support-Minor Equipment Child Care Center-Supplies Expense	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 432.00 0.00 5,040.00 26,898.00 6,770.00 1,659.00 145.00 2,331.00 1,142.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 0.00 432.00 5,040.00 26,898.00 6,770.00 1,659.00 145.00 2,331.00 1,142.00
7450-2510 7450-2520 7450-2520 7450-5015 7451-5015 7455-2510 Subtotal [51.22] Subgroup: [5L.03] 6765-1000 6765-5220 7010-7075 7035-5220 7155-7350 7425-6220 7425-7350	Recreation - SNF Only Recreation - Non Reimb Assisted Living-Recreation Supplies & Activities Assisted Living/Memory Care-Recreation Supplies & ADHC-Grasmere-Recreation Supplies & Activities ADHC-Grasmere-EML-Recreation Supplies Assisted Living-Supplies Expense Recreation - Non Reimb Other - SNF Long term care-Therapy Supplies & Expense Inpatient Therapy-Therapy Supplies & Expense Inpatient Therapy-Crossulting Services Clinical Support Services-Consulting Inpatient Therapy-Hurchased Service Nursing Support-Patient Lost Articles Inpatient Therapy-Minor Equipment Nursing Support-Minor Equipment	177,277.00 19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 432.00 0.00 5,040.00 26,898.00 6,770.00 1,659.00 145.00 2,331.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	19,643.00 969.00 7,584.00 3,225.00 373.00 31,794.00 0.00 432.00 5,040.00 26,898.00 6,770.00 1,659.00 1,45.00 2,331.00

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
Subtotal [SE.03]	Other - SNF	57,040.00	0.00	97,040.00
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
Oubtotal [OL.10]	other - out	71,150.00	0.00	71,150.00
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
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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
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Subgroup : [6D.33]	Water - Sqft			
		38.999.00	0.00	38.999.00
7305-7425	Physical Plant-Water	38,999.00 38,999.00	0.00	38,999.00
		38,999.00 38,999.00	0.00	38,999.00 38,999.00
7305-7425 Subtotal [6D.33]	Physical Plant-Water Water - Sqft			
7305-7425 Subtotal [6D.33] Subgroup : [6E]	Physical Plant-Water Water - Sqft Equipment Lease	38,999.00	0.00	38,999.00
7305-7425 Subtotal [6D.33] Subgroup : [6E] 7805-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease	38,999.00 7,023.00	0.00	38,999.00 7,023.00
7305-7425 Subtotal [6D.33] Subgroup : [6E] 7805-7425 7805-7450b	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease	38,999.00 7,023.00 0.00	0.00 0.00 89,413.00	7,023.00 89,413.00
7305-7425 Subtotal [6D.33] Subgroup : [6E] 7805-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease	38,999.00 7,023.00	0.00	38,999.00 7,023.00
7305-7425 Subtotal [6D.33] Subgroup : [6E] 7805-7425 7805-7450b Subtotal [6E]	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease	38,999.00 7,023.00 0.00	0.00 0.00 89,413.00	7,023.00 89,413.00
7305-7425 Subtotal [6D.33] Subgroup : [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup : [6F.02]	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft	38,999.00 7,023.00 0.00 7,023.00	0.00 0.00 89,413.00 89,413.00	7,023.00 89,413.00 96,436.00
7305-7425 Subtotal [6D.33] Subgroup : [6E] 7805-7425 7805-7450b Subtotal [6E]	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease	38,999.00 7,023.00 0.00	0.00 0.00 89,413.00	7,023.00 89,413.00
7305-7425 Subtotal [6D.33] Subgroup : [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup : [6F.02]	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft	38,999.00 7,023.00 0.00 7,023.00	0.00 0.00 89,413.00 89,413.00	7,023.00 89,413.00 96,436.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services	7,023.00 0.00 7,023.00	0.00 0.00 89,413.00 89,413.00	7,023.00 89,413.00 96,436.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00	0.00 0.00 89,413.00 89,413.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7285-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Snow Removal	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7290-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Snow Removal Physical Plant-Solid Waste Removal	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7285-7425 7290-7425 7425-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment Lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Sow Removal Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7285-7425 7290-7425 7425-7425 7425-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Sow Removal Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Supplies Expense	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7290-7425 7455-7425 7455-7425 7455-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Snow Removal Physical Plant-Solid Waste Removal Physical Plant-Sulid Waste Removal Physical Plant-Sulid Plant-Supplies Expense Security-Supplies Expense	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7285-7425 7490-7425 7490-7425 7455-7425 7455-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment Lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7290-7425 7425-7425 7455-7500 7460-7425 7460-7500	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Sow Removal Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7285-7425 7490-7425 7490-7425 7455-7425 7455-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment Lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7290-7425 7425-7425 7455-7500 7460-7425 7460-7500	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Sow Removal Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7290-7425 7425-7425 7455-7425 7455-7500 7460-7425 7460-7425 7460-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sonw Removal Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Uniform Expense Physical Plant-Uniform Expense Physical Plant-Software	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 1,087.00 1,500.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7290-7425 7425-7425 7455-7425 7455-7500 7460-7425 7460-7425 7460-7425	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sonw Removal Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Uniform Expense Physical Plant-Uniform Expense Physical Plant-Software	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,500.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7425 7455-7425 7450-7500 7460-7425 Subtotal [6F.02]	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Sonw Removal Physical Plant-Solf Waste Removal Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Uniform Expense Security-Supplies Expense Security-Uniform Expense Physical Plant-Uniform Expense Physical Plant-Software Other - Sqft	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 1,087.00 1,500.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7290-7425 7425-7425 7455-7500 7460-7425 7460-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10]	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Sow Removal Physical Plant-Solid Waste Removal Physical Plant-Sulid Waste Removal Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7500 7460-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Snow Removal Physical Plant-Snow Removal Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,500.00 550,583.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7500 7460-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Snow Removal Physical Plant-Snow Removal Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,500.00 550,583.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7490-7425 7490-7425 7455-7425 7455-7500 7460-7500 7615-7425 Subtotal [6F.02]	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sow Removal Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,500.00 550,583.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7425 7455-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subgroup: [7C.10] 8150-7720B	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Induscaping Physical Plant-Snow Removal Physical Plant-Snow Removal Physical Plant-Solid Waste Removal Physical Plant-Suplies Expense Security-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,587.00 550,583.00 3,337,292.00 3,337,292.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7500 7460-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7B.10] Subgroup: [7C.10]	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sow Removal Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7425 7455-7500 7460-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7B.10] 8150-7720B Subtotal [7C.10]	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sowage Physical Plant-Sow Removal Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Loriform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7425 7455-7425 7450-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7B.10] 8150-7720B Subtotal [7C.10] Subgroup: [7C.10] 8150-7720B Subtotal [7C.10]	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sowage Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass Non-movable Equipment - SNF Only	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 0.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 131,587.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7240-7425 7280-7425 7285-7425 7495-7425 7495-7425 7455-7425 7450-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7C.10] 8150-7720B Subtotal [7C.10] Subgroup: [7D.10] 8110-7720	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment Lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Sowage Physical Plant-Sowage Physical Plant-Sow Removal Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Security-Supplies Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass Non-movable Equipment - SNF Only Movable Equipment - SNF Depreciation-Depreciation - Computers/Software	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 0.00 0.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 131,587.00 131,587.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7425 7455-7500 7460-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7C.10] 8150-7720B Subtotal [7C.10] 8110-7720 Subgroup: [7D.10] 8110-7720 8115-7720 8115-7720	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment Lease Equipment Lease (Conter - Sqft) Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sow Removal Physical Plant-Sow Removal Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Uniform Expense Security-Supplies Expense Security-Juniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass Non-movable Equipment - SNF Only Movable Equipment - SNF Only Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Furniture/Fixtures	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 0.00 0.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,500.00 3,337,292.00 3,337,292.00 131,587.00 12,405.00 232,126.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] 7035-7425 7240-7425 7280-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7500 7450-7425 7450-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7B.10] Subgroup: [7C.10] 8150-7720B Subtotal [7C.10] 8110-7720 Subgroup: [7D.10] 8110-7720 8110-7720 8110-7720 8130-7720 8130-7720	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sowage Physical Plant-Sowage Physical Plant-Solid Waste Removal Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass Non-movable Equipment - SNF Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Vehicles	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 0.00 0.00 92,405.00 232,126.00 15,991.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 131,587.00 92,405.00 232,126.00 15,991.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7425 7455-7425 7450-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7C.10] 8150-7720B Subtotal [7C.10] 8110-7720 8115-7720 8115-7720 8115-7720 8130-77208 8150-77208	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment Lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Snow Removal Physical Plant-Snow Removal Physical Plant-Subjese Expense Security-Supplies Expense Security-Uniform Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass Non-movable Equipment - SNF Only Movable Equipment - SNF Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Vehicles Depreciation-Depreciation - Non-movable Reclass	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 0.00 0.00 92,405.00 232,126.00 15,991.00 0.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 131,587.00 131,587.00 15,991.00 (131,587.00) (131,587.00)
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] 7035-7425 7240-7425 7280-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7500 7450-7425 7450-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7B.10] Subgroup: [7C.10] 8150-7720B Subtotal [7C.10] 8110-7720 Subgroup: [7D.10] 8110-7720 8110-7720 8110-7720 8130-7720 8130-7720	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sowage Physical Plant-Sowage Physical Plant-Solid Waste Removal Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass Non-movable Equipment - SNF Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Vehicles	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 0.00 0.00 92,405.00 232,126.00 15,991.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 131,587.00 92,405.00 232,126.00 15,991.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7425 7455-7425 7450-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7C.10] 8150-7720B Subtotal [7C.10] 8110-7720 8115-7720 8115-7720 8115-7720 8130-77208 8150-77208	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment Lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Snow Removal Physical Plant-Snow Removal Physical Plant-Subjese Expense Security-Supplies Expense Security-Uniform Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass Non-movable Equipment - SNF Only Movable Equipment - SNF Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Vehicles Depreciation-Depreciation - Non-movable Reclass	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 0.00 0.00 92,405.00 232,126.00 15,991.00 0.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 131,587.00 131,587.00 15,991.00 (131,587.00) (131,587.00)
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7425 7455-7425 7450-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7C.10] 8150-7720B Subtotal [7C.10] 8110-7720 8115-7720 8115-7720 8115-7720 8130-77208 8150-77208	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment Lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Snow Removal Physical Plant-Snow Removal Physical Plant-Subjese Expense Security-Supplies Expense Security-Uniform Expense Physical Plant-Uniform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass Non-movable Equipment - SNF Only Movable Equipment - SNF Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Vehicles Depreciation-Depreciation - Non-movable Reclass	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 0.00 0.00 92,405.00 232,126.00 15,991.00 0.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 131,587.00 131,587.00 15,991.00 (131,587.00) (131,587.00)
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7425 7455-7500 7460-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7C.10] 8150-7720B Subtotal [7C.10] 8110-7720 8115-7720 8130-7720 8130-7720 8150-7720	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sowage Physical Plant-Sowage Physical Plant-Sowage Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Uniform Expense Security-Supplies Expense Security-Juniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Movable Equipment - SNF Only Movable Equipment - SNF Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Furniture/Fixtures Depreciation-Depreciation - Non-movable Reclass Movable Equipment - SNF	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 0.00 0.00 92,405.00 232,126.00 15,991.00 0.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 131,587.00 131,587.00 15,991.00 (131,587.00) (131,587.00)
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7425-7425 7425-7425 7455-7500 7460-7425 7450-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7B.10] Subgroup: [7C.10] 8150-7720B Subtotal [7C.10] Subgroup: [7D.10] 8110-7720 8130-77208 Subtotal [7D.10] Subgroup: [7D.10] 8110-7720 8130-7720 8130-7720 8130-7720 8150-7720A Subtotal [7D.10] Subgroup: [8B.33]	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sowage Physical Plant-Sowage Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Uniform Expense Security-Supplies Expense Physical Plant-Loriform Expense Security-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass Non-movable Equipment - SNF Only Movable Equipment - SNF Only Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Furniture/Fixtures Depreciation-Depreciation - Vehicles Depreciation-Depreciation - Non-movable Reclass Movable Equipment - SNF Mortgage Expense	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,\$83.00 3,337,292.00 3,337,292.00 0.00 0.00 92,405.00 232,126.00 15,991.00 0.00 340,522.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 414.00 1,087.00 260.00 1,500.00 3,377,292.00 3,337,292.00 131,587.00 131,587.00 232,126.00 15,991.00 (131,587.00) (131,587.00)
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7425 7455-7425 7450-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7B.10] 8150-7720B Subtotal [7C.10] 8150-7720B Subtotal [7C.10] 8150-7720B Subgroup: [7D.10] 8110-7720 8110-7720 8110-7720 8130-7720A Subtotal [7D.10] Subgroup: [8B.33] 8040-7250	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment Lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Sowage Physical Plant-Sowage Physical Plant-Sowage Physical Plant-Solid Waste Removal Physical Plant-Supplies Expense Security-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass Non-movable Equipment - SNF Only Movable Equipment - SNF Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Vehicles Depreciation-Depreciation - Vehicles Depreciation-Depreciation - Non-movable Reclass Movable Equipment - SNF Mortgage Expense Finance-Bond Expense	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 0.00 0.00 92,405.00 232,126.00 15,991.00 0.00 340,522.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,590.00 3,376.00 414.00 1,590.00 550,583.00 3,337,292.00 3,337,292.00 131,587.00 131,587.00 122,126.00 15,991.00 (131,587.00) 208,935.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7425 7455-7425 7450-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7B.10] 8150-7720B Subtotal [7C.10] 8150-7720B Subtotal [7C.10] 8150-7720B Subgroup: [7D.10] 8110-7720 8110-7720 8110-7720 8130-7720A Subtotal [7D.10] Subgroup: [8B.33] 8040-7250	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment Lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sewage Physical Plant-Sowage Physical Plant-Sowage Physical Plant-Sowage Physical Plant-Solid Waste Removal Physical Plant-Supplies Expense Security-Supplies Expense Security-Supplies Expense Physical Plant-Uniform Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass Non-movable Equipment - SNF Only Movable Equipment - SNF Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Vehicles Depreciation-Depreciation - Vehicles Depreciation-Depreciation - Non-movable Reclass Movable Equipment - SNF Mortgage Expense Finance-Bond Expense	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 0.00 0.00 92,405.00 232,126.00 15,991.00 0.00 340,522.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,590.00 3,376.00 414.00 1,590.00 550,583.00 3,337,292.00 3,337,292.00 131,587.00 131,587.00 122,126.00 15,991.00 (131,587.00) 208,935.00
7305-7425 Subtotal [6D.33] Subgroup: [6E] 7805-7425 7805-7450b Subtotal [6E] Subgroup: [6F.02] 7035-7425 7240-7425 7280-7425 7280-7425 7425-7425 7425-7425 7455-7425 7455-7425 7455-7500 7460-7500 7615-7425 Subtotal [6F.02] Subgroup: [7B.10] 8105-7720 Subtotal [7B.10] Subgroup: [7C.10] 8150-7720B Subtotal [7C.10] 8100-7720B Subtotal [7D.10] 8110-7720 8130-7720A Subtotal [7D.10] Subgroup: [8B.33] 8040-7250 Subtotal [8B.33]	Physical Plant-Water Water - Sqft Equipment Lease Physical Plant-Auto/Equipment Lease Equipment Lease Equipment Lease Other - Sqft Physical Plant-Purchased Services Physical Plant-Landscaping Physical Plant-Sowage Physical Plant-Solid Waste Removal Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Minor Equipment Physical Plant-Uniform Expense Security-Supplies Expense Physical Plant-Software Other - Sqft Building & Building Improvements - Sqft Depreciation-Depreciation - Building Building & Building Improvements - Sqft Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass Non-movable Equipment - SNF Only Movable Equipment - SNF Depreciation-Depreciation - Computers/Software Depreciation-Depreciation - Furniture/Fixtures Depreciation-Depreciation - Vehicles Depreciation-Depreciation - Non-movable Reclass Movable Equipment - SNF Mortgage Expense Finance-Bond Expense Mortgage Expense	38,999.00 7,023.00 0.00 7,023.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 103,376.00 414.00 1,087.00 260.00 1,500.00 550,583.00 3,337,292.00 3,337,292.00 0.00 0.00 92,405.00 232,126.00 15,991.00 0.00 340,522.00	0.00 89,413.00 89,413.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	38,999.00 7,023.00 89,413.00 96,436.00 132,404.00 50,397.00 89,060.00 4,946.00 166,599.00 540.00 1,087.00 260.00 1,590.00 3,376.00 414.00 1,590.00 550,583.00 3,337,292.00 3,337,292.00 131,587.00 131,587.00 122,126.00 15,991.00 (131,587.00) 208,935.00

0400 5400					
8100-5160	Friedman Med Homecare-Stamford-Amoritization	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
T-4-1 [00]	Malatanana and Barrata	5 700 700 00	_	00.440.00	5 000 440 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	B.E. 4000	(601,238.00)	103,546.00
0	Incompany on Property ONE	704 704 00	RJE - 1006 _	(601,238.00)	400 540 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
770070100	modulation of o croup	0.00	RJE - 1006	16,000.00	10,000.00
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			440.400.00	
7705-7010D	Umbrella Insurance	0.00	D.IE. 1006	448,463.00 448,463.00	448,463.00
Subtotal [14C4]	Umbrella	0.00	RJE - 1006	448,463.00	448,463.00
Subtotal [14C1]	Official	0.00	_	440,463.00	440,463.00
Subgroup : [14C3.10]	Other - SNF Only				
7705-7010E	Day Care Insurance	0.00		11,866.00	11,866.00
	•		RJE - 1006	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	0.00		24 202 00	24 202 00
7705-7010F	Crime & Fiduciary / Cyber	0.00		34,203.00	34,203.00
			D IE 1006	24 202 00	
Subtotal [14C3 42]	Other - Accum Costs	0.00	RJE - 1006	34,203.00 34 203.00	34 203 00
Subtotal [14C3.42]	Other - Accum Costs	0.00	RJE - 1006 _	34,203.00 34,203.00	34,203.00
	Other - Accum Costs Interest and Insurance	706,622.00	RJE - 1006	34,203.00	
Subtotal [14C3.42] Total [27]			RJE - 1006		34,203.00 633,748.00
			RJE - 1006	34,203.00	
Total [27]	Interest and Insurance	706,622.00	RJE - 1006	34,203.00	
Total [27] Group : [30] Subgroup : [11A.10] 4103-1000	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid	706,622.00 53,060.00	RJE - 1006	34,203.00 (72,874.00)	633,748.00 53,060.00
Total [27] Group : [30] Subgroup : [11A.10] 4103-1000 4400-1000	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid	706,622.00 53,060.00 (44,885,816.00)	RJE - 1006 _ _ _ _ _	34,203.00 (72,874.00)	53,060.00 (44,885,816.00)
Total [27] Group : [30] Subgroup : [11A.10] 4103-1000 4400-1000 4400-2040	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid	706,622.00 53,060.00 (44,885,816.00) (866,176.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00	53,060.00 (44,885,816.00) (866,176.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-1000 4400-2040 4401-1000	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-1000 4400-2040 4401-1000 4401-2040	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00	RJE - 1006 _ = _ = _ = _ = _ = _ = _ = _ = _ = _	34,203.00 (72,874.00)	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-1000 4400-2040 4401-1000	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00
Total [27] Group: [30] Subgroup: [11A.10] 4103-1000 4400-1000 4400-2040 4401-1000 4401-2040 Subtotal [11A.10]	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00	RJE - 1006	34,203.00 (72,874.00)	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-1000 4400-2040 4401-1000 4401-2040	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00	RJE - 1006	34,203.00 (72,874.00)	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-1000 4400-2040 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10]	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00)	RJE - 1006	0.00 0.00 0.00 0.00 0.00 0.00 0.00	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-1000 4400-2040 4401-1000 4401-2040 Subtotal [1A.10] Subgroup: [I3A.10] 4200-1000	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00)
Total [27] Group: [30] Subgroup: [11A.10] 4103-1000 4400-2040 4401-1000 4401-2040 Subtotal [1A.10] Subgroup: [13A.10] 4200-1000 4200-2040	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,866.00 (24,550,033.00) (973,764.00) (6,992,191.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-2040 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4201-2040 4201-1000	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Long term care-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00)
Total [27] Group: [30] Subgroup: [11A.10] 4103-1000 4400-2040 4401-1000 4401-2040 Subtotal [1A.10] Subgroup: [13A.10] 4200-1000 4200-2040 4201-1000 4201-2040 Subtotal [13A.10]	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.00	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,856,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-1000 4401-2040 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4201-2040 4201-1000 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10]	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Long term care-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	633,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-1000 4401-2040 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4201-2040 4201-1000 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10]	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	633,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-2040 4401-1000 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4200-2040 4201-1000 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] 4100-1000 4100-2040	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private Post-acute/Rehab-Room and Board-Private	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-1000 4400-2040 4401-2040 Subtotal [11A.10] Subgroup: [I3A.10] 4200-1000 4201-2040 4201-1000 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] 4100-1000 4201-2040 4201-2040 4201-2040 4201-1000	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-2040 4401-1000 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4200-2040 4201-1000 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] 4100-1000 4100-2040	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Long term care-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private Post-acute/Rehab-Room and Board-Private Long term care-Room and Board-Private	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (13,64,365.00) (709,324.00) (3,208,121.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-1000 4400-2040 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4201-2040 4201-1000 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] Subgroup: [I4A.10] 4100-1000 4100-2040 4500-1000 4500-2000	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private Post-acute/Rehab-Room and Board-Private Long term care-Room and Board-Private Long term care-Room and Board-Medicare Mgd Care Post-Acute/Rehab-Room and Board-Medicare Managed Car	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-2040 4401-1000 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4200-2040 4201-1000 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] Subgroup: [I4A.10] 4100-1000 4100-2040 4500-2000 4500-2000	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private Post-acute/Rehab-Room and Board-Private Long term care-Room and Board-Medicare Myd Care Post-Acute/Rehab-Room & Board-Medicare Myd Care Post-Acute/Rehab-Room & Board-Medicare Myd Care Post-Acute/Rehab-Room & Board-Medicare Myd Care Post-Acute/Rehab-Room & Board-Medicare Myd Care	(44,865,816.00) (866,176.00) (866,176.00) (20,604,043.00) (544,856.00) (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) (91,853.00) (2,033,701.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2.033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-2040 4401-1000 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4200-2040 4201-1000 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] 4100-1000 4201-2040 4201-2040 4201-2040 4500-1000 4500-2000 4500-2000 4500-2040 4501-1000	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private Post-acute/Rehab-Room & Board-Medicare Mgd Care Long term care-Room and Board-Medicare Mgd Care Post-Acute/Rehab-Room & Board-Medicare Mgd Care Long term care-Room & Board-Medicare Managed Car Post-Acute/Rehab-Room & Board-Medicare Mgd Care Long term care-Room & Board Allow-Mdcare Mgd Care Long term care-Room & Board Allow-Mdcare Mgd Care Long term care-Room & Board Allow-Mdcare Mgd Care	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) (836,274.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) 836,274.00
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-2040 4401-1000 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4200-2040 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] 4100-1000 4100-2040 4500-1000 4500-2040 4501-1000 4501-2040 4501-2040 4600-1000 4600-2040 4600-1000 4600-2040	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private Post-acute/Rehab-Room & Board-Medicare Mgd Care Post-acute/Rehab-Room & Board-Medicare Mgd Care Post-acute/Rehab-Room & Board-Medicare Mgd Care Long term care-Room and Board-Medicare Mgd Care Long term care-Room & Board-Micare Mgd Care Long term care-Room & Board Allow-Mcdare Mgd Long term care-Room & Board Allow-Mcdare Mgd Long term care-Room & Board Allow-Mcdare Mgd Long term care-Room & Board Allow-Mcdare Mgd Long term care-Room and Board-Commercial Post-acute/Rehab-Room & Board Allow-Mcdare Mgd Long term care-Room and Board-Commercial	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) (63,284.00) (586,526.00) (194,324.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) (362,84.00) (586,526.00) (194,324.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-2040 4401-1000 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4200-2040 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] 4100-2040 4201-2040 4201-1000 4200-2040 4500-1000 4500-2040 4500-1000 4500-2040 4501-2040 4601-1000 4600-2040 4601-1000	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Long term care-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private Post-acute/Rehab-Room and Board-Private Long term care-Room and Board-Medicare Mgd Care Post-acute/Rehab-Room & Board-Medicare Managed Car Post-acute/Rehab-Room & Board-Medicare Mgd Care Long term care-Room & Board-Michare Mgd Care Post-acute/Rehab-Room & Board-Michare Mgd Care Post-acute/Rehab-Room & Board-Michare Mgd Care Post-acute/Rehab-Room & Board Allow-Micare Mgd Long term care-Room and Board-Commercial Post-acute/Rehab-Room & Board-Commercial Long term care-Room & Board-Commercial Long term care-Room & Board-Commercial Long term care-Room & Board-Commercial	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) 836,274.00 63,284.00 (586,526.00) (194,324.00) 228,334.00	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) (3,208,121.00) (41,220.00) (586,526.00) (194,324.00) (288,324.00) (288,324.00) (288,324.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-2040 4401-2040 Subtotal [11A.10] Subgroup: [I3A.10] 4200-1000 4201-2040 4201-1000 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] 4100-1000 4100-2040 4500-1000 4500-2040 4501-1000 4501-2040 46001-1000 4601-2040 4601-2040 4601-2040	Interest and Insurance Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Private Pending Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private Long term care-Room and Board-Private Long term care-Room and Board-Medicare Mgd Care Post-acute/Rehab-Room & Board-Medicare Mgd Care Long term care-Room & Board-Midcare Mgd Care Long term care-Room & Board Allow-Medare Mgd Care Post-acute/Rehab-Room & Board Allow-Medare Mgd Long term care-Room & Board Allow-Medare Mgd Long term care-Room & Board Allow-Medare Mgd Long term care-Room & Board Allow-Commercial Post-acute/Rehab-Room & Board Allow-Commercial Post-acute/Rehab-Room & Board Allow-Commercial Post-acute/Rehab-Room & Board Allow-Commercial Post-acute/Rehab-Room & Board Allow-Commercial	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) 836,274.00 63,284.00 (586,526.00) (194,324.00) 228,334.00 93,937.00	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) 836,274.00 63,284.00 (586,526.00) (194,324.00) 228,334.00 93,937.00
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-2040 4401-1000 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4200-2040 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] Subgroup: [I4A.10] 4100-2040 4201-2040 4201-2040 4201-2040 4500-2000 4500-2000 4500-2000 4501-2040 4501-1000 4601-2040 4601-1000 4601-2040 4601-1000 4601-2040 4601-1000	Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private Post-acute/Rehab-Room and Board-Private Long term care-Room and Board-Medicare Mgd Care Post-Acute/Rehab-Room & Board-Medicare Mgd Care Post-Acute/Rehab-Room & Board-Medicare Mgd Care Long term care-Room & Board-Medicare Mgd Care Long term care-Room & Board-Micare Mgd Care Long term care-Room & Board-Allow-Micare Mgd Care Post-acute/Rehab-Room & Board-Allow-Micare Mgd Long term care-Room and Board-Commercial Post-acute/Rehab-Room & Board Allow-Mocare Mgd Long term care-Room & Board-Allow-Commercial Post-acute/Rehab-Room & Board-Commercial Long term care-Room & Board-Evercare	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) 836,274.00 63,284.00 (586,526.00) (194,324.00) 228,334.00 93,937.00 (67,060.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,748.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2.033,701.00 (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) 836,274.00 63,284.00 (586,526.00) (194,324.00) 228,334.00 93,937.00 (57,060.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-2040 4401-1000 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4200-2040 4201-1000 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] 4100-1000 4100-2040 4500-1000 4500-2000 4501-2040 4501-1000 4501-2040 4601-1000 4601-2040 4601-1000 4601-2040 4700-1000 4701-1000	Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private Post-acute/Rehab-Room and Board-Private Long term care-Room and Board-Medicare Mgd Care Post-Acute/Rehab-Room & Board-Medicare Managed Car Post-acute/Rehab-Room & Board-Medicare Mgd Care Long term care-Room and Board-Private Long term care-Room & Board Allow-Mcare Mgd Care Post-acute/Rehab-Room & Board Allow-Mcare Mgd Long term care-Room and Board-Commercial Post-acute/Rehab-Room and Board-Commercial Long term care-Room & Board Allow-Commercial Long term care-Room & Board Allow-Evercare Long term care-Room & Board Allow-Evercare	706,622.00 63,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) (3208,121.00) (41,220.00) (586,526.00) (194,324.00) 228,334.00 93,937.00 (57,060.00) 16,695.00	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) (41,220.00) (586,526.00) (586,526.00) (194,324.00) 228,334.00 93,937.00 (57,060.00) 16,695.00
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-2040 4401-1000 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4200-2040 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] Subgroup: [I4A.10] 4100-2040 4201-2040 4201-2040 4201-2040 4500-2000 4500-2000 4500-2000 4501-2040 4501-1000 4601-2040 4601-1000 4601-2040 4601-1000 4601-2040 4601-1000	Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private Post-acute/Rehab-Room and Board-Private Long term care-Room and Board-Medicare Mgd Care Post-Acute/Rehab-Room & Board-Medicare Mgd Care Post-Acute/Rehab-Room & Board-Medicare Mgd Care Long term care-Room & Board-Medicare Mgd Care Long term care-Room & Board-Micare Mgd Care Long term care-Room & Board-Allow-Micare Mgd Care Post-acute/Rehab-Room & Board-Allow-Micare Mgd Long term care-Room and Board-Commercial Post-acute/Rehab-Room & Board Allow-Mocare Mgd Long term care-Room & Board-Allow-Commercial Post-acute/Rehab-Room & Board-Commercial Long term care-Room & Board-Evercare	706,622.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) 836,274.00 63,284.00 (586,526.00) (194,324.00) 228,334.00 93,937.00 (67,060.00)	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,748.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2.033,701.00 (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) 836,274.00 63,284.00 (586,526.00) (194,324.00) 228,334.00 93,937.00 (57,060.00)
Total [27] Group: [30] Subgroup: [I1A.10] 4103-1000 4400-2040 4401-1000 4401-2040 Subtotal [I1A.10] Subgroup: [I3A.10] 4200-1000 4200-2040 4201-1000 4201-2040 Subtotal [I3A.10] Subgroup: [I4A.10] 4100-1000 4100-2040 4500-1000 4500-2000 4501-2040 4501-1000 4501-2040 4601-1000 4601-2040 4601-1000 4601-2040 4700-1000 4701-1000	Statement of Revenue Medicaid R&B SNF Only Long term care-Private Pending Medicaid Long term care-Room and Board-Medicaid Post-acute/Rehab-Room and Board-Medicaid Long term care-Room & Board Allow-Medicaid Long term care-Room & Board Allow-Medicaid Post-acute/Rehab-Room & Board Allow-Medicaid Medicaid R&B SNF Only Medicare R&B - SNF Only Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A Long term care-Room & Board Allow-Medicare A Post-acute/Rehab-Room & Board Allow-Medicare A Medicare R&B - SNF Only Private Pay R&B - SNF Only Long term care-Room and Board-Private Post-acute/Rehab-Room and Board-Private Long term care-Room and Board-Medicare Mgd Care Post-Acute/Rehab-Room & Board-Medicare Managed Car Post-acute/Rehab-Room & Board-Medicare Mgd Care Long term care-Room and Board-Private Long term care-Room & Board Allow-Mcare Mgd Care Post-acute/Rehab-Room & Board Allow-Mcare Mgd Long term care-Room and Board-Commercial Post-acute/Rehab-Room and Board-Commercial Long term care-Room & Board Allow-Commercial Long term care-Room & Board Allow-Evercare Long term care-Room & Board Allow-Evercare	706,622.00 63,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) (3208,121.00) (41,220.00) (586,526.00) (194,324.00) 228,334.00 93,937.00 (57,060.00) 16,695.00	RJE - 1006	34,203.00 (72,874.00) 0.00 0.00 0.00 0.00 0.00 0.00 0.0	53,748.00 53,060.00 (44,885,816.00) (866,176.00) 20,604,043.00 544,856.00 (24,550,033.00) (973,764.00) (6,992,191.00) (91,853.00) 2,033,701.00 (6,024,107.00) (12,196,122.00) (1,364,365.00) (709,324.00) (3,208,121.00) (41,220.00) (41,220.00) (586,526.00) (586,526.00) (194,324.00) 228,334.00 93,937.00 (57,060.00) 16,695.00

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 [II1A.10]	Prescrition Drugs Medicare - SNF Only	0.00	0.00	0.00
Subgroup : [II1C.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 [II1C.10]	Prescription Drugs Non-Medicare - SNF Only	0.00	0.00	0.00
Subgroup : [II3A.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 [II3A.10]	PT Medicare - SNF Only	(287,320.00)	0.00	(287,320.00)
				
Subgroup : [II3C.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 [II3C.10]	PT Non Medicare - SNF Only	290,780.00	0.00	290,780.00
oubtotal [lico. re]	1 1 Non-medicare - ON Only	200,100.00	0.00	250,700.00
Subgroup : [II4A.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 [II4A.10]	ST Medicare - SNF Only	(60,191.00)	0.00	(60,191.00)
Subtotal [II4A. 10]	31 Medicare - SNF Offiy	(60,131.00)	0.00	(60,191.00)
Subgroup : [II4C.10]	ST Other - SNF Only			
4140-1000		(6.207.00)	0.00	(6.207.00)
	Long term care-ST (in patient)-Private	(6,207.00)		(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 [II4C.10]	ST Other - SNF Only	(72,951.00)	0.00	(72,951.00)
Subgroup : [II5A.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 [II5A.10]	OT Medicare - SNF Only	(156,821.00)	0.00	(156,821.00)
Subgroup : [II5C.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 [II5C.10]	OT Non Medicare - SNF Only	(204,526.00)	0.00	(204,526.00)
Subgroup : [II6A.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 [II6A.10]	Other Medicare - SNF Only	(9,360.00)	0.00	(9,360.00)
Subgroup : [II6B.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 [II6B.10]	Other Non Medicare - SNF Only	(6,997.00)	0.00	(6,997.00)
oubtotui [iiobiio]	ono non monouro on only	(0,001.00)		(0,001.100)
Subgroup : [II6B.22]	Other Non Medicare - A/L			
4190-1000	Long term care-Dental-Private	(8,805.00)	0.00	(8,805.00)
Subtotal [II6B.22]	Other Non Medicare - A/L	(8,805.00)	0.00	(8,805.00)
Oubtotui [iiob.zz]	Other Non Medicare - 702	(0,500.00)		(0,000.00)
Subgroup : [IV8.22]	Other - Non Reimbursible			
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 - I mate Assisted Living/Memory Care - Private	(1,422,259.00)	0.00	(1,422,259.00)
4803-2510	Assisted Living-Memory Care - Trivate Assisted Living-Levels of Care	(130,058.00)	0.00	(130,058.00)
4803-2520	Assisted Living-Levels of Care 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-Memory Care-Medicatin Fackages 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)
	Friedman Home Care-Revenue	· · · · · · · · · · · · · · · · · · ·	0.00	(4,354,453.00)
5000-5050 5000-5060	Friedman Home Care-Revenue Friedman Homecare-Stamford-Revenue	(4,354,453.00)	0.00	· ·
		(494,753.00)		(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]	Other - SNF Only			
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-Vending Machine Other Operating-Congregate Food Program	(12,100.00)	0.00	(12,100.00)
5550-6000	Other Operating-Congregate Food Frogram 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 - Restricted Non-Operating-Investment Income - Temp Restricted	(128,209.00)	0.00	(182,862.00)
		(102,002.00)	0.00	(141,417.00)
				(141,417.00)
5605-7710	Non-Operating-Bank Interest			
5605-7710 5615-7710	Non-Operating-Bank Interest Non-Operating-Gain/Loss on Sale of Assets	18,283.00	0.00	18,283.00
5605-7710 5615-7710 5620-7710	Non-Operating-Bank Interest Non-Operating-Gain/Loss on Sale of Assets Non-Operating-Interest Income	18,283.00 (761.00)	0.00 0.00	18,283.00 (761.00)
5605-7710 5615-7710 5620-7710 5621-7710	Non-Operating-Bank Interest Non-Operating-Gain/Loss on Sale of Assets Non-Operating-Interest Income Non-Operating-Realized Gain/Loss-Unrestricted	18,283.00 (761.00) (7,046.00)	0.00 0.00 0.00	18,283.00 (761.00) (7,046.00)
5605-7710 5615-7710 5620-7710 5621-7710 5623-7710	Non-Operating-Bank Interest Non-Operating-Gain/Loss on Sale of Assets Non-Operating-Interest Income Non-Operating-Realized Gain/Loss-Unrestricted Non-Operating-Realized Gain/Loss-Endowment	18,283.00 (761.00) (7,046.00) (6,694.00)	0.00 0.00 0.00 0.00	18,283.00 (761.00) (7,046.00) (6,694.00)
5605-7710 5615-7710 5620-7710 5621-7710 5623-7710 5624-7710	Non-Operating-Bank Interest Non-Operating-Gain/Loss on Sale of Assets Non-Operating-Interest Income Non-Operating-Realized Gain/Loss-Unrestricted Non-Operating-Realized Gain/Loss-Endowment Non-Operating-Realized Gain/Loss-Temporarily Restr	18,283.00 (761.00) (7,046.00) (6,694.00) (56,720.00)	0.00 0.00 0.00 0.00 0.00	18,283.00 (761.00) (7,046.00) (6,694.00) (56,720.00)
5605-7710 5615-7710 5620-7710 5621-7710 5623-7710 5624-7710 5630-6000	Non-Operating-Bank Interest Non-Operating-Gain/Loss on Sale of Assets Non-Operating-Interest Income Non-Operating-Realized Gain/Loss-Unrestricted Non-Operating-Realized Gain/Loss-Endowment Non-Operating-Realized Gain/Loss-Temporarily Restr Other Operating-Miscellanenous Income	18,283.00 (761.00) (7,046.00) (6,694.00) (56,720.00) (18,176.00)	0.00 0.00 0.00 0.00 0.00 0.00	18,283.00 (761.00) (7,046.00) (6,694.00) (56,720.00) (18,176.00)
5605-7710 5615-7710 5620-7710 5620-7710 5623-7710 5623-7710 5630-6000 5632-1000	Non-Operating-Bank Interest Non-Operating-Gain/Loss on Sale of Assets Non-Operating-Interest Income Non-Operating-Realized Gain/Loss-Unrestricted Non-Operating-Realized Gain/Loss-Endowment Non-Operating-Realized Gain/Loss-Temporarily Restr Other Operating-Miscellanenous Income Long term care-Late Fee	18,283.00 (761.00) (7,046.00) (6,694.00) (56,720.00) (18,176.00) (3,157.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	18,283.00 (761.00) (7,046.00) (6,694.00) (56,720.00) (18,176.00) (3,157.00)
5605-7710 5615-7710 5620-7710 5620-7710 5623-7710 5623-7710 5630-6000 5632-1000 5641-7710	Non-Operating-Bank Interest Non-Operating-Gain/Loss on Sale of Assets Non-Operating-Interest Income Non-Operating-Realized Gain/Loss-Unrestricted Non-Operating-Realized Gain/Loss-Endowment Non-Operating-Realized Gain/Loss-Temporarily Restr Other Operating-Miscellanenous Income Long term care-Late Fee Non-Operating-Unrealized Gain/Loss - Unrestricted	18,283.00 (761.00) (7,046.00) (6,684.00) (56,720.00) (18,176.00) (3,157.00) (89,085.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	18,283.00 (761.00) (7,046.00) (6,694.00) (56,720.00) (18,176.00) (3,157.00) (89,085.00)
5605-7710 5615-7710 5620-7710 5620-7710 5623-7710 5624-7710 5630-6000 5632-1000 5641-7710 5643-7710	Non-Operating-Bank Interest Non-Operating-Gain/Loss on Sale of Assets Non-Operating-Interest Income Non-Operating-Realized Gain/Loss-Unrestricted Non-Operating-Realized Gain/Loss-Endowment Non-Operating-Realized Gain/Loss-Temporarily Restr Other Operating-Miscellanenous Income Long term care-Late Fee Non-Operating-Unrealized Gain/Loss - Unrestricted Non-Operating-Unrealized Gain/Loss - Restricted	18,283.00 (761.00) (7,046.00) (6,684.00) (56,720.00) (18,176.00) (3,157.00) (89,085.00) (140,211.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	18,283.00 (761.00) (7,046.00) (6,694.00) (56,720.00) (18,176.00) (3,157.00) (89,085.00) (140,211.00)
5605-7710 5615-7710 5620-7710 5621-7710 5623-7710 5623-7710 5634-7710 5630-6000 5632-1000 5641-7710 5644-7710	Non-Operating-Bank Interest Non-Operating-Gain/Loss on Sale of Assets Non-Operating-Interest Income Non-Operating-Realized Gain/Loss-Unrestricted Non-Operating-Realized Gain/Loss-Endowment Non-Operating-Realized Gain/Loss-Endowment Other Operating-Miscellanenous Income Long term care-Late Fee Non-Operating-Unrealized Gain/Loss - Unrestricted Non-Operating-Unrealized Gain/Loss - Temp Restricted Non-Operating-Unrealized Gain/Loss - Temp Restrict	18,283.00 (761.00) (7,046.00) (6,684.00) (56,720.00) (18,176.00) (3,157.00) (89,085.00) (140,211.00) (746,476.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	18,283.00 (761.00) (7,046.00) (6,694.00) (56,720.00) (18,176.00) (3,157.00) (89,085.00) (140,211.00) (746,476.00)
5605-7710 5615-7710 5620-7710 5620-7710 5623-7710 5624-7710 5630-6000 5632-1000 5641-7710 5643-7710	Non-Operating-Bank Interest Non-Operating-Gain/Loss on Sale of Assets Non-Operating-Interest Income Non-Operating-Realized Gain/Loss-Unrestricted Non-Operating-Realized Gain/Loss-Endowment Non-Operating-Realized Gain/Loss-Temporarily Restr Other Operating-Miscellanenous Income Long term care-Late Fee Non-Operating-Unrealized Gain/Loss - Unrestricted Non-Operating-Unrealized Gain/Loss - Restricted	18,283.00 (761.00) (7,046.00) (6,684.00) (56,720.00) (18,176.00) (3,157.00) (89,085.00) (140,211.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	18,283.00 (761.00) (7,046.00) (6,694.00) (56,720.00) (18,176.00) (3,157.00) (89,085.00) (140,211.00)

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 Restric	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)
. 0 [00]	Classification of November	(66): 66,666.667		(60): 60):600:600
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			
Subtotal [A1]	Cash	1,000.00 5,148,130.00	0.00	1,000.00 5,148,130.00
Subtotal [A1]	Casii	5,146,130.00	0.00	5, 146, 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				91,207.00
1245	A/R MEDICARE A SECONDARY A/R MEDICARE B SECONDARY	91,207.00 11,899.00	0.00 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
	MED SURG INVENTORY			
1520		31,717.00 116,114.00	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
0	B. Udina Incompany			
Subgroup : [B3]	Building Improvements	02 020 170 00	0.00	02 020 170 00
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
		<u> </u>		
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 MORGAN STANLEY - UNRESTRICTED	055 447 00	0.00	0EE 447.00
1101		855,417.00	0.00	855,417.00 9,644,907.00
1103	MORGAN STANLEY - ENDOWMENT	9,644,907.00	0.00	
1104 1123	MORGAN STANLEY - TEMPORARILY RESTRICTED MERRILL LYNCH - HW	1,203,636.00	0.00	1,203,636.00
Subtotal [D5]	Investments Related to Resident Care	1,133,157.00 12,837,117.00	0.00	1,133,157.00 12,837,117.00
Subtotal [DS]	investments Related to Resident Gale	12,037,117.00		12,037,117.00
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			(47.050.00)
2170	FICA PAYABLE	(47,250.00)	0.00	(47,250.00)
2170 Subtotal [A6]	FICA PAYABLE Accrued Payroll Taxes Payable	(47,250.00) (47,250.00)	0.00 0.00	(47,250.00) (47,250.00)
Subtotal [A6]	Accrued Payroll Taxes Payable			
Subtotal [A6] Subgroup : [A9]	Accrued Payroll Taxes Payable Mortgage Payable	(47,250.00)	0.00	(47,250.00)
Subtotal [A6] Subgroup : [A9] 2449	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T	(47,250.00) (2,446,667.00)	0.00	(47,250.00)
Subtotal [A6] Subgroup : [A9]	Accrued Payroll Taxes Payable Mortgage Payable	(47,250.00)	0.00	(47,250.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9]	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable	(47,250.00) (2,446,667.00)	0.00	(47,250.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12]	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities	(47,250.00) (2,446,667.00) (2,446,667.00)	0.00 0.00 0.00	(2,446,667.00) (2,446,667.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES	(2,446,667.00) (2,446,667.00) (2,446,667.00)	0.00 0.00 0.00	(2,446,667.00) (2,446,667.00) (2,446,667.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12]	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities	(47,250.00) (2,446,667.00) (2,446,667.00)	0.00 0.00 0.00	(2,446,667.00) (2,446,667.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00)	0.00 0.00 0.00	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110 2150 2165	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00)	0.00 0.00 0.00 0.00 0.00 0.00	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110 2150 2165 2200	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110 2150 2165 2200 2220	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110 2150 2165 2200 2220 2225	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,286.00) (4,543.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(47,250.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110 2150 2165 2200 2220 2220 2220 2230	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(2,446,667.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 4578 PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (49,625.00) (46,024.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,884.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (46,024.00) (950,700.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110 2150 2165 2200 2220 2225 2225 2230 2290 2305 2310 2320 2322	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE-ADHC Deferred Revenue-Grants	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2322 2335	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE-Grants DEFERRED REVENUE-Grants DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,884.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,656.00) (132,180.00) (283,894.00) (4,286.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110 2150 2165 2200 2225 2230 2290 2305 2310 2320 2322 2335 2337	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE-ADHC Deferred Revenue-Grants DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living	(47,250.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,286.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (43,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (298,852.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2322 2335 2337 2350	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 4578 PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI DEPOSITS-ASSISTED LIVING RESIDENT BANK - EQUITY	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,266.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00)
Subtotal [A6] Subgroup : [A9] 2449 Subtotal [A9] Subgroup : [A12] 2110 2150 2165 2200 2225 2230 2290 2305 2310 2320 2322 2335 2337	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE-ADHC Deferred Revenue-Grants DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living	(47,250.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,286.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (43,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (298,852.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2322 2335 2337 2350 Subtotal [A12]	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE-ADHC Deferred Revenue-Grants DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,266.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2310 2320 2322 2335 2337 2350 Subtotal [A12] Subgroup: [B2]	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE WIH EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (42,88.00) (4,286.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (298,852.00) (170,286.00) (4,242,039.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2322 2335 2337 2350 Subtotal [A12] Subgroup: [B2]	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 4578 PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable BOND LIABILITY - L/T	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (432,894.00) (4,286.00) (4,543.00) (49,625.00) (40,024.00) (950,700.00) (30,662.00) (73,545.00) (28,855.00) (298,852.00) (47,0286.00) (4242,039.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2310 2320 2322 2335 2337 2350 Subtotal [A12] Subgroup: [B2]	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE WIH EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (42,88.00) (4,286.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (298,852.00) (170,286.00) (4,242,039.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2322 2335 2337 2350 Subtotal [A12] Subgroup: [B2] 2450 Subtotal [B2]	Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE WIH EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE-ADHC Deferred Revenue-Grants DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable BOND LIABILITY - L/T Mortgage payable	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (432,894.00) (4,286.00) (4,543.00) (49,625.00) (40,024.00) (950,700.00) (30,662.00) (73,545.00) (28,855.00) (298,852.00) (47,0286.00) (4242,039.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2322 2335 2337 2350 Subtotal [A12] Subgroup: [B2] 2450 Subtotal [B2] Subgroup: [B4]	Accrued Payroll Taxes Payable Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 4578 PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable BOND LIABILITY - L/T	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,266.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (42,88.00) (42,88.00) (49,625.00) (46,024.00) (950,700.00) (135,45.00) (8,855.00) (170,286.00) (42,42,039.00) (45,567,500.00) (45,567,500.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2322 2335 2337 2350 Subtotal [A12] Subgroup: [B2] 2450 Subtotal [B2] Subgroup: [B4] 1800	Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED EXPENSES ACCRUED VACATION 4578 PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable BOND LIABILITY - L/T Mortgage payable Other Long Term Liabilities PREPAID PENSION EXPENSE	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00) (170,286.00) (45,567,500.00) (45,567,500.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2322 2335 2337 2350 Subtotal [A12] Subgroup: [B2] 2450 Subtotal [B2] Subgroup: [B4]	Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED EXPENSES ACCRUED VACATION 4578 PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable BOND LIABILITY - L/T Mortgage payable Other Long Term Liabilities	(2,446,667.00) (2,446,667.00) (2,446,667.00) (782,413.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00) (45,567,500.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (43,543.00) (4,286.00) (4,543.00) (950,700.00) (154,516.00) (8,855.00) (298,852.00) (298,852.00) (44,242,039.00) (45,567,500.00) (45,567,500.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2322 2335 2337 2350 Subtotal [A12] Subgroup: [B2] 2450 Subtotal [B2] Subgroup: [B4] 1800 1930	Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE WIH EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable Other Long Term Liabilities PREPAID PENSION EXPENSE DEFERRED BENSION EXPENSE DEFERRED BOND COST	(2,446,667.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (1,32,180.00) (2,83,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00) (45,67,500.00) (367,927.00) 656,850.00 (4,746,636.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (12,413.00) (1,251,658.00) (132,180.00) (42,86.00) (4,286.00) (45,625.00) (46,024.00) (950,700.00) (154,516.00) (154,516.00) (154,567.500.00) (42,242,039.00) (45,567,500.00) (45,567,500.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2332 2335 2337 2350 Subtotal [A12] Subgroup: [B2] 2450 Subtotal [B2] Subgroup: [B4] 1800 1930 2330 2400	Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 4578 PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE WIH EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable BOND LIABILITY - LT Mortgage payable Other Long Term Liabilities PREPAID PENSION ECST	(2,446,667.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (350,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00) (45,567,500.00) (656,850.00 (4,746,636.00) (137,799.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (43,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (30,662.00) (73,545.00) (8,855.00) (170,286.00) (42,42,039.00) (45,567,500.00) (45,667,500.00) (48,62,636.00) (48,62,636.00) (137,799.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2310 2320 2335 Subtotal [A12] Subgroup: [B2] 2450 Subtotal [B2] Subgroup: [B4] 1800 1930 2330	Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED EXPENSES ACCRUED VACATION 4578 PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI DEPOSITS-ASSISTED LIVING RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable BOND LIABILITY - L/T Mortgage payable Other Long Term Liabilities PREPAID PENSION EXPENSE DEFERRED REVENUE - SENIOR CHOICE - DEPOSITION OF THE PROPRIED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable BOND LIABILITY - L/T Mortgage Payable DOTHER COORDINATION OF THE PROPRIED BOND COST Deferred Revenue-Senior Choice at Home GIFT ANNUITY LIABILITY	(2,446,667.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (1,32,180.00) (2,83,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00) (45,67,500.00) (367,927.00) 656,850.00 (4,746,636.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (12,413.00) (1,251,658.00) (132,180.00) (42,86.00) (4,286.00) (45,625.00) (46,024.00) (950,700.00) (154,516.00) (154,516.00) (154,567.500.00) (42,242,039.00) (45,567,500.00) (45,567,500.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2332 2335 2337 2350 Subtotal [A12] Subgroup: [B2] 2450 Subtotal [B2] Subgroup: [B4] 1800 1930 2330 2400	Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED EXPENSES ACCRUED VACATION 4578 PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI DEPOSITS-ASSISTED LIVING RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable BOND LIABILITY - L/T Mortgage payable Other Long Term Liabilities PREPAID PENSION EXPENSE DEFERRED REVENUE - SENIOR CHOICE - DEPOSITION OF THE PROPRIED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable BOND LIABILITY - L/T Mortgage Payable DOTHER COORDINATION OF THE PROPRIED BOND COST Deferred Revenue-Senior Choice at Home GIFT ANNUITY LIABILITY	(2,446,667.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (283,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00) (45,567,500.00) (656,850.00 (4,746,636.00) (137,799.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (43,894.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (950,700.00) (30,662.00) (73,545.00) (8,855.00) (170,286.00) (42,42,039.00) (45,567,500.00) (45,667,500.00) (48,62,636.00) (48,62,636.00) (137,799.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2322 2335 2337 2350 Subtotal [A12] Subgroup: [B2] 2450 Subtotal [B2] Subgroup: [B4] 1800 1930 2330 2400 Subtotal [B4]	Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 4578 PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE WIH EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable Other Long Term Liabilities PREPAID PENSION EXPENSE DEFERRED BOND COST Deferred Revenue-Senior Choice at Home GIFT ANNUITY LIABILITY Other Long Term Liabilities	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (4,286.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00) (45,567,500.00) (367,927.00) 656,850.00 (4,746,636.00) (137,799.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,656.00) (1,251,656.00) (283,894.00) (4,286.00) (4,543.00) (46,024.00) (950,700.00) (154,516.00) (30,662.00) (73,545.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00) (45,567,500.00) (48,626,36.00) (137,799.00) (47,11,512.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2322 2335 2337 2350 Subtotal [A12] Subgroup: [B2] 2450 Subtotal [B2] Subgroup: [B4] 1800 1930 2330 2400 Subtotal [B4]	Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 4578 PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE WIH EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable Other Long Term Liabilities PREPAID PENSION EXPENSE DEFERRED BOND COST Deferred Revenue-Senior Choice at Home GIFT ANNUITY LIABILITY Other Long Term Liabilities	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (4,286.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00) (45,567,500.00) (367,927.00) 656,850.00 (4,746,636.00) (137,799.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,656.00) (1,251,656.00) (283,894.00) (4,286.00) (4,543.00) (46,024.00) (950,700.00) (154,516.00) (283,852.00) (173,545.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00) (45,567,500.00) (48,626,360.00) (137,799.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2337 2350 Subtotal [A12] Subgroup: [B2] 2450 Subtotal [B2] Subgroup: [B4] 1800 1930 2330 2400 Subtotal [B4] Total [32 - 34]	Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 457B PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable BOND LIABILITY - L/T Mortgage Payable DEFERRED BOND COST Deferred Revenue-Senior Choice at Home GIFT ANNUITY LIABILITY Other Long Term Liabilities Liabilities	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (4,286.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00) (45,567,500.00) (367,927.00) 656,850.00 (4,746,636.00) (137,799.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,656.00) (1,251,656.00) (283,894.00) (4,286.00) (4,543.00) (46,024.00) (950,700.00) (154,516.00) (283,852.00) (173,545.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00) (45,567,500.00) (48,626,360.00) (137,799.00)
Subtotal [A6] Subgroup: [A9] 2449 Subtotal [A9] Subgroup: [A12] 2110 2150 2165 2200 2220 2225 2230 2290 2305 2310 2320 2322 2335 2337 2350 Subtotal [A12] Subgroup: [B2] 2450 Subtotal [B2] Subgroup: [B4] 1800 1930 2330 2400 Subtotal [B4] Total [32 - 34] Group: [35]	Mortgage Payable BOND LIABILITY - S/T Mortgage Payable Other Current Liabilities ACCRUED EXPENSES ACCRUED VACATION 4578 PENSION PLAN HOSPICE PASS THRU PAID FAMILY LEAVE HEALTH SAVINGS ACCOUNT VOLUNTARY CHOICE CARE W/H EMPLOYEE GIVING FUND DEFERRED REVENUE - STIMULUS DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - RECEIVABLES DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI Deposits-Assisted Living RESIDENT BANK - EQUITY Other Current Liabilities Mortgage payable BOND LIABILITY - L/T Mortgage payable DOTHER DEPOSION EXPENSE DEFERRED BOND COST Deferred Revenue-Senior Choice at Home GIFT ANNUITY LIABILITY Other Long Term Liabilities Liabilities Equity	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,658.00) (132,180.00) (4,286.00) (4,286.00) (4,543.00) (49,625.00) (46,024.00) (30,662.00) (73,545.00) (8,855.00) (298,852.00) (170,286.00) (4,242,039.00) (45,567,500.00) (45,567,500.00) (367,927.00) 656,850.00 (4,746,636.00) (137,799.00)	0.00 0.00	(47,250.00) (2,446,667.00) (2,446,667.00) (1,251,656.00) (1,251,656.00) (283,894.00) (4,286.00) (4,543.00) (45,567.500.00) (48,024.00) (8,855.00) (298,852.00) (170,286.00) (45,567,500.00) (45,567,500.00) (45,667,500.00)

3013 3014 Subtotal [B5]	NET ASSETS - ENDOWMENT-PERM RESTRICTED NET ASSETS - TEMP RESRTICTED Cumulated Earnings	(11,117,101.00) (2,048,491.00) (44,459,367.00)	0.00 (11,117,101.00) 0.00 (2,048,491.00) 0.00 (44,459,367.00)
Total [35]	Equity	(44,459,367.00)	0.00 (44,459,367.00)
		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: H.01 - Combined Journal Entries Report

W/P Ref Debit Description Credit Account **Reclassifying Journal Entries** Reclassifying Journal Entries JE # 1001 Per Client Conversation 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 H.01a 7035-5030 Senior Choice at Home-Purchased Services 116,000.00 2330 Deferred Revenue-Senior Choice at Home 116,000.00 116,000.00 116,000.00 Reclassifying Journal Entries JE # 1003 D.01 - Salaries To reclass salaries per PBC document 50011 00 VP OF OPERATIONS/BUSINESS 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 Marketing Salaries - Accumulated Cost 33,098.00 Marcum 101 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 Inpatient Therapy-Salary Expense - ST 6250-5220 213.00 203.00 6255-5220 Inpatient Therapy-Rehab Program Manager Total 1.396.475.00 1.396.475.00 Reclassifying Journal Entries JE # 1004 D.01 - Tab I To reclass nursing purchased services 7050-7350.1 Nursing Support - Temp Help - LPN 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 E.03 To reclass equipment leases 7805-7450a Equipment lease 7,023.00 7805-7450b Equipment lease 96,436.00 7805-7450a Equipment lease 96.436.00 7805-7450b Equipment lease 7.023.00 103,459.00 Total 103,459.00 E.02 Reclassifying Journal Entries JE # 1006 To reclass insurance expense 7705-7010A Directors and Officers Insurance 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 D.01 - Tab O To reclass expenses not related to dues 7515-7010.1 License Fee 630.00 7515-7010 630.00 Administration-Dues Total 630.00 630.00 Reclassifying Journal Entries JE # 1008 K.02 To reclass non-movable equipmen 8150-7720B Depreciation-Depreciation - Non-movable Reclass 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



Workpaper Index:

Prepared By:

Reviewed By:

Workpaper Date:

Run Date: 2/2/2024

400.2

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? Request insurance cards and current vehicle registration.				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: